

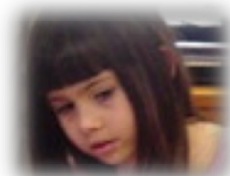
FINAL DRAFT

Children and Families Commission of San Luis Obispo County

AND, HOW ARE THE CHILDREN?

FIRST 5 SAN LUIS OBISPO COUNTY

OUTCOME EVALUATION REPORT 2018



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Table of Contents

	Page
Introduction	1
Advocacy Agenda	2
Funded Programs	4
Perinatal Readiness Priority Area	4
BABES (Babes At Breast Education and Support)	5
Baby’s First Breath	6
Perinatal Parental Mental Health Support Services	7
Child Health & Development Priority Area	8
BEST PALS (Behavior Education Screening Parenting And Life Skills)	9
County Oral Health Program Manager	10
Health Access Trainer	11
Tolosa Children’s Dental Center Central Region Dental Access	12
Vision Screening Program	13
WIC Oral Health Program	14
Early Learning Priority Area	15
Early Learning for All	16
First 5/California State Preschools Program	17
School Readiness Site Coordinators	18
Family Strengthening Priority Area	22
Early Childhood Family Advocate Services	23
Family Advocates (School Readiness Neighborhoods)	24
Family Support Counselors School Readiness Neighborhoods	25
North County	25
Parents Helping Parents	26
IMPACT SLO	27
QRIS (Quality Rating and Improvement System)	28
Supplemental Activities:	
Eclectic Professional Development & SEFEL Trainings	30
Raising a Reader	31
Distribution of Kits for New Parents	32
Appendix: Evaluation Data Supplement 2018	33

*And, how are the children?
Masai Greeting*

The Strategic Plan

First 5 SLO County finished its most recent strategic planning process with the publication of its Strategic Plan 2016-2020, *And, How Are the Children?* The Plan outlines the paths the Commission intends to take in continuing its legacy of investment and leadership in reinforcing the all-important beginning years of life for the youngest members of our community.

The Commission has approved nearly \$9 million during these four years for advocacy and funded programs in four key Priority Areas:

- **Perinatal Readiness**
- **Child Health and Development**
- **Early Learning**
- **Family Strengthening**

We are also partnering with the CA State Commission in a five-year effort to ensure quality in early childhood services:

- **IMPACT SLO**

In all of our work we rely on many community partners to help young children get the optimal start in life. We want to ensure that the answer in SLO County to the question *And, how are the children?* is always *The children are well.*

Introduction

Program evaluation was mandated by the *California Children's and Families Act* as an integral part of First 5's work. The Act required the State and County Commissions to *use outcome-based accountability to determine future expenditures.*

The State Commission's current role in evaluation is to review county annual reports and to collect and compile data to measure activities statewide. The County Commissions' roles in evaluation are:

- Adopt strategic plans with measurable outcomes
- Conduct local evaluation activities to document program activities and assess program results
- Prepare an annual audit and report covering implementation, progress toward program goals and objectives, and the measurement of specific outcomes

The data collected through the evaluation serve a number of purposes. They document the development and implementation of activities that are intended to benefit young children and their families. The data often provide feedback about how those activities might be improved or strengthened. And, the data demonstrate the results of the Commission's activities in improving the lives of the county's young children and their families.

The First 5 SLO County *Outcome Evaluation Report 2018* summarizes the data collected during 2017/18. It is organized by the two major sets of activities:

- 1) Advocacy Agenda
- 2) Funded Activities

These, in turn, are structured through the Commission's four Priority Areas: Perinatal Readiness; Child Health & Development; Early Learning; and Family Strengthening, along with IMPACT SLO, SLO County's implementation of the State's IMPACT initiative. For more detailed data and discussion, please see the Appendix to this report, *Evaluation Data Supplement 2018*.

Too often we give our children answers to remember rather than problems to solve.

Roger Lewin

Levels of Efficacy

Evaluation has played an increasingly important role in health, education, and social service programs. One result of this has been a growing body of literature supporting certain practices as having proven to be effective. Due to the complex nature of this research, there are three such categories of efficacy that are generally thought to support the use of any given practice:

- **Evidence Based:** outcomes are proven through documented scientific research involving comparison and/or control groups
- **Evidence Informed:** based on a clearly articulated theory of change along with some outcome evaluation in multiple settings
- **Promising Practice:** based on a clearly articulated theory of change with either some fidelity to an evidence-based practice or a general acceptance in the field as to its outcomes

The *Evaluation Plan 2018* seeks, when possible, to identify data that further validate the effectiveness of local activities.

Advocacy Agenda

The Children’s Bill of Rights & General Advocacy

What Did We Accomplish?

- First 5 SLO County selected 12 *Hands-On Heroes*, one for each of the Rights, during 2017/18. The campaign featured videos about each of the heroes that were disseminated through SLOCOE's cable television channel, the First 5 website, social media, and other media platforms.
- The heroes were: Pat Maduena (SLOCOE); Kunchang Lee (Paso Robles Youth Arts Foundation); Julie Martin (San Luis Coastal Parent Participation Program); Paula Lewis (Big Brothers Big Sisters of SLO County); Annie Storrs (United Way Youth Board); Margaret Kensinger-Klopfner (County of SLO Libraries); Janet Wallace (SLO County Department of Social Services); Andrea Herron (Central Coast Breastfeeding Coalition); Maureen Marquis (Assistance League of SLO County); Tom Dobyns (CASA of SLO County); Sarah Sullivan (Parents Helping Parents); and Gina Sears (Transitions Mental Health Association).

Talk. Read. Sing.

What Did We Accomplish?

- *Talk. Read. Sing.* messages aired on local broadcast media. Signage was placed on buses and billboards, and ads ran at local movie houses. A *Talk. Read. Sing.* night was held at the local semi-pro *Blues* baseball game, and First 5 SLO County sponsored the *Kidz Zone* (children’s playground) at games during the season. Other outreach included materials such as parent and educator toolkits, books, musical toys, and baby clothes.

Priority Areas

Perinatal Readiness

What Did We Accomplish?

Expanded Home-Visiting Options for New Families

- Helped convene a community planning meeting with providers (e.g., CAPSLO, Public Health, and DSS) to identify gaps, and to align services throughout the county to meet them.
- Supported Public Health in applying for state funding for home visiting for CalWORKS families.

Increased Awareness about Health Impacts of Marijuana Use on Young Children and Their Families

- Participated in a public roundtable on *Trends in Prenatal and Postnatal Drug Abuse Among Local Families*.
- Worked with other public agencies to launch planning effort about calibrating efforts to assess and begin to address the issue.

If you bungle raising your children, I don't think whatever else you do well matters very much.

— Jacqueline Kennedy Onassis

Why Is This Important?

Children's futures depend to a large degree on the decisions that adults make on their behalf. Parents do their best, but it is policy and decision makers who allocate resources for specific activities that impact health, education, and social-service programs that serve young children and their families.

First 5 SLO County works hard to serve children, but resources are simply insufficient, and the Commission must make difficult choices as to which needs are prioritized, and to what extent they are addressed.

As part of a balanced approach, First 5 SLO County has identified Advocacy themes that are aligned with the priorities identified in the Strategic Plan. The Commission has also supported specific activities that meet their two-pronged definition of Advocacy. By raising awareness in the broader community and by working to support specific policies and systems changes, First 5 SLO County hopes to bring more resources to bear in ensuring that young children and their families are supported in reaching their maximum potential.

Child Health & Development

What Did We Accomplish?

Stronger Alignment of Systems that Track and Address Developmental Milestones in Young Children

- Hosted an initial planning meeting for SLO County *Help Me Grow Initiative*. The event featured speakers from across the state, and was attended by over 60 stakeholders.
- Convened two (2) working sessions for *Help Me Grow*: one on outreach to the pediatric medical community, and one on the development of a centralized access point for families.
- Supported the local Federally Qualified Health Center (Community Health Centers of the Central Coast) in developing a pilot project to integrate developmental screening into well-child visits.
- Developed an application to the Innovation component of the Mental Health Services Oversight and Accountability Office to develop a pilot project to test several approaches to universal screening.

Increased Access to Pediatric Oral Health Care and Disease Prevention

- Participated in the SLO County Oral Health Coalition's update of the SLO County Oral Health Strategic Plan.

Early Learning

What Did We Accomplish?

Increased Parent Engagement as a Child's First Teacher

- Established a story-hour program at the ECHO (El Camino Homeless Organization) Shelter in the North County, and planned for a similar program at the new 40 Prado Homeless Services Center in SLO upon its opening.
- Worked with Head Start field staff to incorporate *Talk. Read. Sing.* materials into their family/community educational curriculum.

Community Investment in Quality and Affordable Access to Early Childhood Education

- Continued to take a lead role in facilitating countywide collaboration on *Quality Counts*.
- Worked with Assemblyman Cunningham's office to identify a Family Childcare provider as the recipient of one of his office's awards for Small Business of the Month.

Family Strengthening

What Did We Accomplish?

Increased Access to Safe and Affordable Housing for Families with Young Children

- Attended SLO Chamber of Commerce housing summit, and advocated for focus on families.
- Continued membership on SLO Chamber's Legislative Action Committee, representing families' needs for affordable housing as an issue worthy of consideration.

Increased Culture of Family-Friendly Workplaces that Support Young Families

- Provided detailed input to the SLO Chamber of Commerce in crafting its Economic Vision Statement to include language about family-friendly workplaces.
- Began development of an awards program for local businesses that develop family-friendly workplace policies.

Funded Programs

Perinatal Readiness Priority Area

First 5 SLO County funded three programs/activities under this Priority Area in 2017/18.

- **BABES (Babes at Breast Education and Support):** the Public Health Department provides two support services to help women successfully breastfeed their children: 1) certified lactation consultation; and 2) peer counseling. Both are offered at six WIC clinics throughout SLO County.
- **Baby's First Breath:** the Public Health Department provides tobacco cessation for pregnant women and parents and other family members of children, 0-5, in order to prevent the children's exposure to environmental tobacco smoke.
- **Perinatal Mental Health Support Services:** the Center for Family Strengthening builds capacity and provides direct services for parents who are encountering mood disorders during or after pregnancy.

A person's a person, no matter how small.

Dr. Seuss

Why Is This Important?

Getting ready for a baby doesn't happen on the way home from the hospital. The perinatal period begins the moment a woman realizes she is (or decides to become) pregnant, and continues through the first six months of the child's life.

Many things go into Perinatal Readiness, ranging from the mother's health to home safety, from the parents'/caregivers' relationship to finances.

A number of different services can help prepare families for a new child, including: obstetrical care, dental care, health coverage, pediatric care, healthcare navigation, home visitation, tobacco cessation counseling, parenting education, nutritional counseling and fitness support, counseling and mental health services, financial support, early literacy, father involvement, and lactation education and support. Some families need help in one area, some need help in all areas.

The important thing is that the family (whether a single mother and her first child to a multi-generational extended family) is ready to help the child get the best start possible.

BABES (Babes at Breast Education and Support)

Annual Funding \$171,870

What Did We Accomplish?

DATA NUGGETS:

- The 338 women who received peer counseling (PC) were 29% MORE LIKELY to report EXCLUSIVE breastfeeding (BF) at six months than women without PC, and 29% MORE LIKELY to report ANY BF.
- The lactation consultant made 627 contacts with 548 women about 1,309 issues at 204 clinic days for a mean of 2.4 issues/woman.

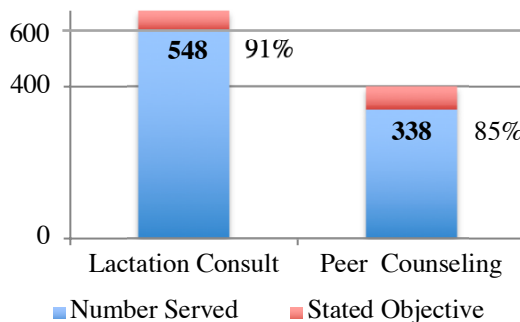
Objective 1: By June 30, 2018 to provide breastfeeding education and support for at least 600 unduplicated breastfeeding mothers, annually, at six satellite WIC clinics.

2017/18
548 women counseled – 91% of objective

Objective 2A: By June 30, 2018 to provide individual mother-to-mother peer support at WIC clinics for at least 400 unduplicated pregnant and breastfeeding women annually.

2017/18
**338 women received peer support
 85% of objective**

Number of Women Receiving Types of Breastfeeding Support, Served & Objective, 2017/18



Objective 2B: By June 30, 2018 annual reports will show at least 50% of participating women are breast-feeding at six months post birth.

2017/18
**67% ANY breastfeeding @ 6 mos
 134% of objective**

**42% EXCLUSIVE breastfeeding @ 6 mos
 84% of objective**

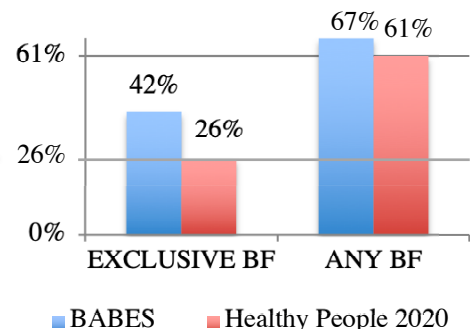
BABES PC breastfeeding rates compare favorably to the objectives set by *Healthy People 2020*. The EXCLUSIVE breastfeeding rate is 165% of the objective, and the ANY breastfeeding rate is 111% of the objective.

Why Is This Important?

The health effects of breastfeeding are well recognized. Breastmilk is uniquely suited to the human infant's nutritional needs, and is a live substance with unparalleled immunological and anti-inflammatory properties that protect against a host of illnesses and diseases. Breastfeeding benefits mothers, too, in the form of reduced risk of certain diseases, easier recovery from pregnancy-related weight gain, and facilitated bonding with the child.

Both lactation consultation and peer support are **Evidence-based Practices.**

Percent BABES PC Women Breastfeeding at 6 Months vs Healthy People 2020 Objectives, 2017/18



Baby's First Breath (Tobacco Cessation)

Annual Funding \$55,670

What Did We Accomplish?

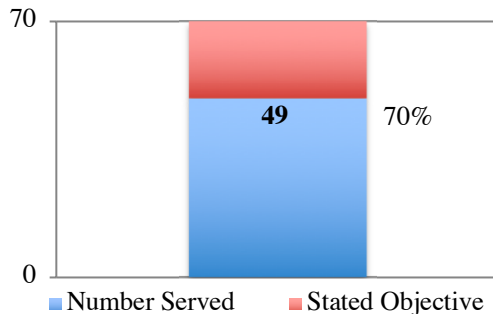
DATA NUGGETS:

- Forty-nine (49) persons participated in cessation counseling in 2017/18: 84% parents and 16% pregnant women.
- There were challenges in that two-of-three sites where classes are held stopped cessation groups during the year for some period of time. By the end of the year a new site was established and groups were being offered at two sites.
- Another challenge was that referrals were down 38% the last two years (\bar{x} = 47) compared to the previous three years (\bar{x} = 75).

Objective 1A: By June 30, 2018 to provide tobacco cessation services to at least 70 pregnant women and/or parents & family members of children, 0-5, annually.

2017/18
 49 received cessation counseling
 70% of objective

Number of Pregnant Women, Parents, and Other Family Members in Tobacco Cessation, Served & Objective, 2017/18



During 2017/18:

- Eighty-one percent (81%) of those in counseling received Nicotine Replacement Therapy in support of their cessation.
- Cessation services were offered at three sites at the beginning of 2017/18: Atascadero POEG (Drug & Alcohol Services Perinatal Outreach Extended Group); Grover Beach POEG; and Bryan's House, a sober-living facility in Paso Robles. Grover Beach POEG suspended cessation groups during the second and third quarters. Bryan's House suspended them in the fourth quarter. Atascadero POEG rescheduled groups to a time that was inconvenient for clients. The Paso Robles POEG reopened, and groups began in the fourth quarter.

Objective 1B: By June 30, 2018 to achieve at least a 25% tobacco quit rate at six months after cessation program enrollment.

2017/18
 Insufficient data

Follow-up sampling rates have been low such that quit rates have not been reported for the past three years due to questionable validity. The sixth-month response rate was 27% in 2017/18.

Why Is This Important?

Children are particularly susceptible to the harmful effects of environmental tobacco smoke (ETS) during pregnancy and after birth. Before birth ETS is associated with intra-uterine growth retardation, preterm birth, and perinatal mortality. After birth ETS has been linked to respiratory illness, including asthma, middle ear infections, neurobehavioral problems, and poor performance in school.

Tobacco cessation counseling has been researched, and is an **Evidence-based Adjunct** to California's population-based cessation strategies.

Perinatal Mental Health Support Services

Annual Funding \$6,767

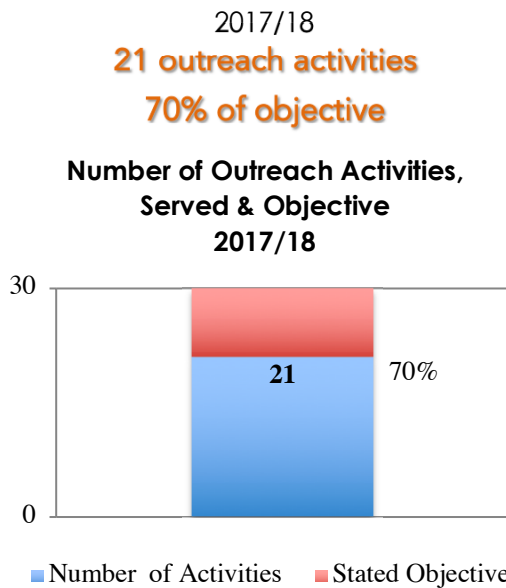
What Did We Accomplish?

DATA NUGGETS:

- The Perinatal Mental Health Support Services works with a larger County Public Health-led initiative, Perinatal Mood and Anxiety Disorders, to raise awareness and enhance systems alignment.
- Thirty-seven (37) of the 203 parent callers (18%) to the Postpartum Depression Support Line received support on the phone (13), or were referred to counseling (24).
- Nineteen (19) parents received 21 in-person counseling sessions.

Objective 1: By June 30, 2018 to provide at least 30 outreach activities, annually, to promote awareness of Perinatal Mental Health issues (i.e., depression, anxiety, etc.) and to encourage utilization of local resources.

Twenty-one (21) outreach activities were reported. Eleven (11) of them (52%) were public outreach at community events, and ten (10 or 48%) were for service agencies and organizations.



Why Is This Important?

Birth can be a stressful experience, and having a new baby in the household can be equally difficult. New parents can experience mood disorders that can add to the challenges they face in parenting their baby and in relating to each other. Parents need all their strength, teamwork, and concentration to effectively raise their new child. Identifying mood disorders early and helping parents find qualified support can prevent serious issues from ever happening.

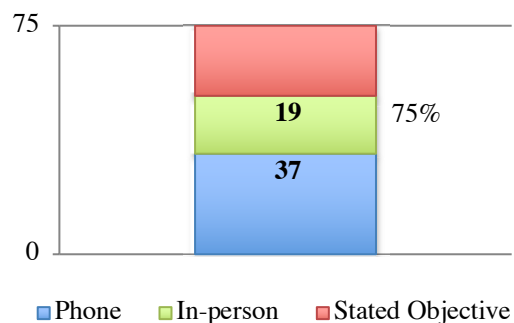
Both capacity building and the Support Line are **Promising Practices.**

Objective 2: By June 30, 2018 to provide support services to at least 75 parents, annually, for perinatal mood disorders and anxiety.

2017/18
56 parents received support
75% of objective

There were 209 calls to the Support Line. Twenty-four (24 or 11%) were referred for counseling. Thirteen (13 or 6%) received support on the phone. Nineteen (19) individuals attended in-person counseling. There was a total of 21 of the in-person counseling sessions.

Parents Receiving Mental Health Support Services, Served & Objective, 2017/18



Child Health & Development Priority Area

First 5 SLO County funded six programs/activities under this Priority Area in 2017/18.

- BEST PALS (Babes at Breast Education and Support):** Pediatric Physical Therapy And Services, Inc. operates BEST PALS, a program of developmental and behavioral assessments and short-term treatment for children with minor-to-moderate delays who do not qualify for services elsewhere (e.g., Tri Counties Regional Center (TCRC) or the schools). Progress of children in treatment is monitored through the Developmental Assessment for Young Children (DAYC).
- County Oral Health Program Manager:** the Public Health Department provides: 1) coordination of and support for the Oral Health Coalition; 2) preventive services to children (e.g., screening, fluoride varnish treatments, and referrals to a dental home); and 3) oral health education for parents and caregivers.
- Health Access Trainer:** the Carsel Group provides wide-ranging health-related professional-development and in-service trainings to anyone who works with children, 0-5, and their families. They also advocate for improving children’s healthcare systems.
- Tolosa Children’s Dental Center Central Region Dental Access:** operates a children’s dental clinic in San Luis Obispo to provide a dental home for low-income children. First 5 SLO County funds support preventive treatment for children, 0-5.
- WIC Oral Health Program:** the Public Health Department schedules classes for and provides individual education to pregnant women and new mothers in maximizing the oral health of themselves and their children.
- Vision Screening:** Optometric Care Associates operates a program to screen children, ages 2-5, for vision problems, and then links them to treatment, if indicated.

Children are the hands by which we take hold of heaven.

Henry Ward Beecher

Why Is This Important?

It may be obvious that a young child’s health and development are important. Growth, learning, and development are maximized when there is strong general health, good oral health, and regular achievement of milestones. Physical, behavioral and emotional. Issues with health and development in a child can impede learning and growth, and can have long-lasting effects.

Health insurance may be available to all children in California, but coverage does not ensure access. In SLO County obtaining healthcare for children on Medi-Cal can be challenging, as systems can be complex and difficult to navigate.

Children undergo development in areas ranging from social-emotional growth to physical growth. Any delays, if not addressed, can also have lasting consequences.

Activities that support early health and development, as well as those that seek early identification of those who need care, are critical to helping families ensure that their children get the best possible start.

FINAL DRAFT

BEST PALS (Behavior Education Screening Parenting and Life Skills)

What Did We Accomplish?

Annual Funding \$45,000

DATA NUGGET:

- Forty (40) children were assessed through BEST PALS in 2017/18. Thirty-four (34) of them entered treatment there, and nine (9) continued treatment from 2016/17. Five (5) were referred at intake for treatment at Tri Counties Regional Center. Only one (1) was deemed to be an inappropriate referral. Thus, 39 of the 40 children screened entered treatment at either BEST PALS or TCRC.

98% of children assessed at BEST PALS received the treatment they needed

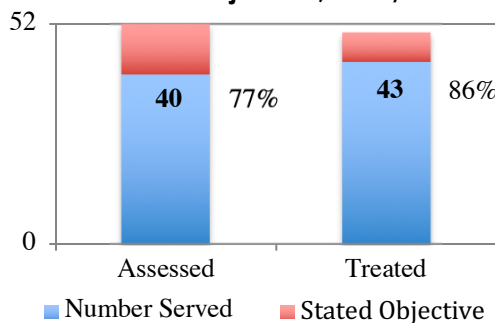
Objective 1: By June 30, 2018 to provide developmental assessments to at least 52 children, 0-5, annually, with possible mild developmental and/or behavioral delays.

2017/18
40 children assessed – 77% of objective

Objective 2A: By June 30, 2018 to provide treatment for mild delays to at least 50 children, 0-5, annually.

2017/18
43 children treated – 86% of objective

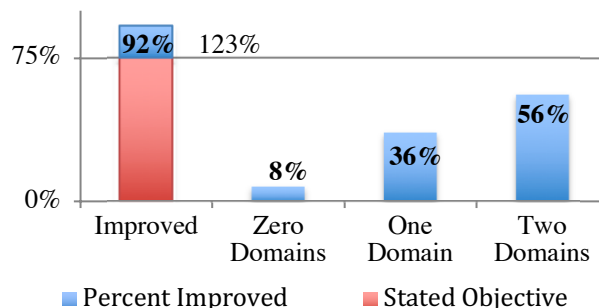
Number of Children Assessed & Treated, Served & Objective, 2017/18



Objective 2B: By June 30, 2018 at least 75% of children completing a minimum of 6 interventions will demonstrate improvement of at least one level in relevant a domain(s) on the DAYC assessment tool.

2017/18
23 of 25 children (92%) ending treatment were improved – 123% of objective

Percent of Children Improved on DAYC, and Number of Domains of Improvement 2017/18



Why Is This Important?

Children with mild developmental delays and/or behavior problems can be ineligible for treatment in the safety net, and can easily fall through the cracks in the system. Small delays can escalate over time as children fall further and further behind their peers. Early assessment and intervention can have two positive outcomes: the child catches up; or the child is determined to be eligible for treatment at a safety-net provider.

BEST PALS has not been subjected to scientific analysis, so it is considered to be **Evidence Informed**.

County Oral Health Program Manager

Annual Funding \$40,000

What Did We Accomplish?

DATA NUGGETS:

- The Oral Health Program Manager (OHPM) position is in the County Public Health Department. The staff turned over at the end of 2017, with the new OHPM beginning work at the end of February 2018. Consequently, activities were down during the transition and training period (see note below).
- Seven hundred nineteen (719) children, 0-5, were screened at 69 events with 99% of the children receiving oral health preventive care. Forty (40) pregnant women and 41 children, 6-18, also received oral health screening.
- Three hundred ninety-one (391) parents at screenings and 40 pregnant women received education about their children's oral health.

Objective 1: By June 30, 2018 to implement at least 3-5 policies/system-change strategies from the goals identified in the SLO County Children's Oral Health Strategic Plan related to Prevention and Treatment Access.

2017/18

0 systems changes – 0% of objective

The Oral Health Coalition met 4 times with a mean attendance of 13. The OHPM targeted three areas: Access to Oral Disease Prevention Programming (11 activities); Outreach (11 activities); and Workforce Development (3 activities). Systems-change activities were limited during the transition to a new Coordinator.

Objective 2A: By June 30, 2018 to provide preventive oral health services to at least 1,100 low-income children, 0-5, annually.

Objective 2B: By June 30, 2018 to provide education about children's preventive dental care to at least 1,350 parents of children, 0-5, annually.

2017/18

719 children screened – 65% of objective*

431 parents educated – 32% of objective*

Why Is This Important?

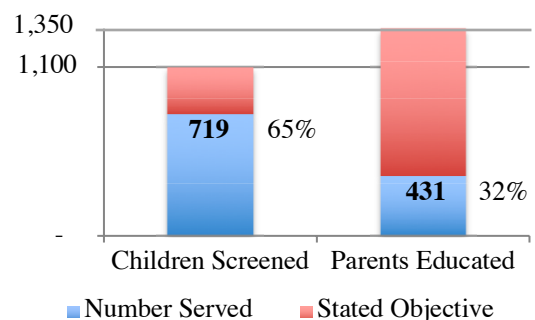
Good oral health is important for children, so they need access to a dental home.

As early childhood caries is an entirely preventable disease, children's oral health services must focus on primary and secondary prevention strategies.

Children should be screened early (at least by their first birthday), and high-risk children should be treated with a fluoride varnish regularly.

Oral health screening and preventive services range from **Evidence-informed** to **Evidence-based Practices**.

Number of Children with Preventive Oral Health Services and Number of Parents Being Educated Served & Objective, 2017/18



* While a part-time contractor provided some services during the transition to a new OHPM, the lower numbers reflect the transition, as well as training and orientation of new staff.

Health Access Trainer

Annual Funding \$34,260

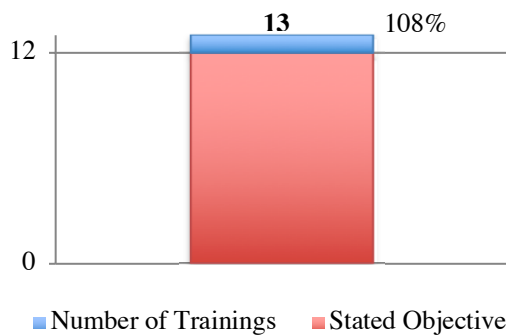
What Did We Accomplish?

DATA NUGGETS:

- The Health Access Trainer provided 13 professional development opportunities to 272 (duplicated) child-serving professionals in 2017/18.
- One of the issues on which the HAT focused this year was educating providers on a new policy for Medi-Cal allowing for expanded transportation services.
- Continuing to respond to an emerging issue the HAT held two community forums for child-serving professionals on *Promoting Healthy Immigrant Families*.

Objective 1: By June 30, 2018 to provide at least 12 professional development activities, annually, to increase capacity in SLO County to connect children, 0-5, with available healthcare services.

2017/18
13 trainings offered – 108% of objective
Number of Health-related Professional Development Trainings, Actual & Objective, 2017/18



The following trainings were offered:

- *New Medi-Cal Transportation Policies* was offered seven (7) times for 107 participants.
- *Trauma Reduction/Asset Development, Supporting Mild Speech Delays in the Classroom, Family Workplace Laws, and Trends in Prenatal and Postnatal Parental Drug Use* were each offered once for 23, 38, 22, and 18 participants, respectively.
- *Promoting Healthy Immigrant Families* was offered two (2) times for 64 participants.

The HAT published four (4) newsletters, and distributed them to a list of 373 providers.

The HAT met with partners 11 times. In addition, the HAT attended 21 meetings with providers, and had 194 meetings and contacts with other groups. To assist and advocate for healthcare access the HAT met with healthcare professionals 11 times, and made 3 presentations.

The SLOHealthAccess website was kept updated with local resources and information (including updates on immigration and the Affordable Care Act), an updated directory of Family Resource Centers, and upcoming training announcements.

Why Is This Important?

While all children, 0-5, in California are eligible for health coverage, accessing healthcare can still pose a challenge to many families. Language, poverty, and transportation can all be barriers. Facilitating connections between families and providers is crucial.

So is keeping up with emerging issues and the changing healthcare landscape. Professional development can help keep providers up to date. And, advocacy can help promote better systems.

The HAT has not been researched, and so it is considered to be a **Promising Practice**.

Tolosa Children’s Dental Center Central Region Dental Access

What Did We Accomplish?

Annual Funding \$45,000

DATA NUGGETS:

- One hundred sixty-two (162) children, 0-5, received preventive dental care in 2017/18 through 341 appointments. Of the 97 new patients, 68 (70%) were making their first visit to a dentist at the SLO clinic.
- One hundred ninety-nine (199) children, 0-5, had dental appointments in 2017/18, 131* of them (66%) for restorative treatment.
- Tolosa is serving high-need clients in its SLO location. Half (51%) of the children had previous or current decay, contrasted with the 12% estimate countywide for low-income children.
- The plurality of the children at the clinic come from SLO (42%), but a majority come from elsewhere: South County, 29%; and Coastal Region, 27%, reflecting a lack of capacity for dental care in other areas of the county.
- The SLO clinic simply does not have the capacity to serve the number of children in need. In fact, TCDC has been looking for larger space for over two years.

Why Is This Important?

In a study into the capacity in SLO County to deliver oral health services to low-income children, the Central Region was one of the most underserved areas.

As stated earlier, oral disease in low-income children can exact serious consequences that can affect the children for life. Providing a dental home that can help prevent disease is critical in ensuring that children are healthy and ready to learn in school.

Oral health preventive services are an **Evidence-based Practice**.

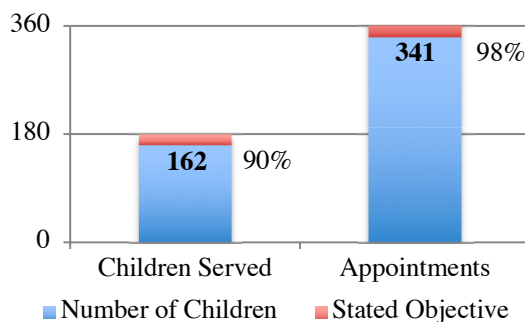
Objective 1: By June 30, 2018 to contribute to providing a dental home to at least 180 children, 0-5, annually in the Central Coast Region through up to 360 preventive dental care appointments.

2017/18

162 children received preventive treatment – 90% of objective

341 appointments – 98% of objective

Number of Children with Preventive Treatment & Number of Appointments, Served & Objective, 2017/18



* The 162 preventive patients and 132 restorative patients total to more than the 199 patients due to those who received both types of services.

Vision Screening

Annual Funding \$30,000

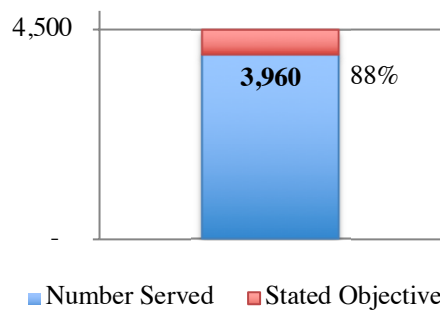
What Did We Accomplish?

DATA NUGGETS:

- Almost 4,000 children, 2-5, were screened for vision issues.
- Two hundred ninety-eight (298) children were identified as having vision problems (8% of those screened). Another 123 children (3%) were rated borderline, and advised to undergo screening again within the next year. So, 11% of the children screened were identified as having vision issues.
- Eighty-three percent (83%) of the children identified as having a vision problem were successfully linked with vision treatment.

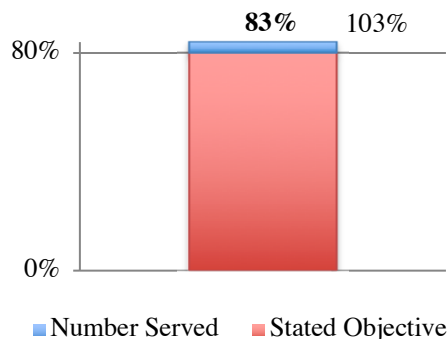
Objective 1: By June 30, 2018 to provide vision screening to at least 4,500 children, 2-5, annually.

2017/18
3,960 children screened – 88% of objective
 Number of Children Screened for Vision Problems,
 Served & Objective, 2017/18



Objective 2: By June 30, 2018 to refer screened children with vision disorders such that at least 80% of them connect with needed treatment.

2017/18
83% children treated – 103% of objective
 Number of Children Receiving Treatment for Vision Problems,
 Served & Objective, 2017/18



Why Is This Important?

Vision is a key component of development and early learning. Equal input from both eyes is important to building the brain's vision centers. If a child's eyes cannot send clear images to the brain, the resulting deficits can be permanent and untreatable.

The American Association of Ophthalmology recommends screenings at birth, infancy, preschool, and elementary school. Early identification is key to proper treatment, certainly before a child enters school. Vision screening for children, 3 years old or older, is an **Evidence-based Practice**.

WIC Oral Health Education

Annual Funding \$7,500

What Did We Accomplish?

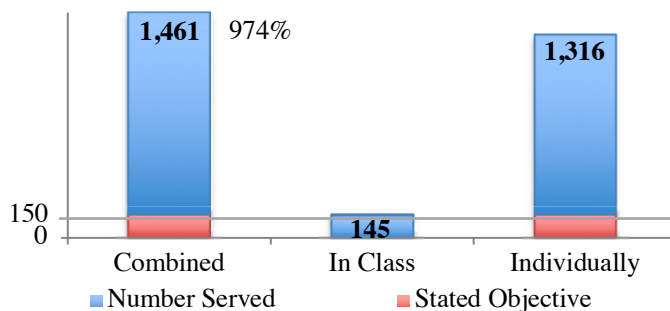
DATA NUGGETS:

- Dental health education classes were held at WIC sites during April, May, and June 2018. Sixty (60) 20-minute classes were scheduled, which were attended by 145 parents/caregivers for a mean of 2.4 individuals per class.
- An additional 1,316 families received one-on-one education during their WIC appointments.
- The classes were taught in English and Spanish by a Registered Dietician. The theme this year was *Happy Teeth*. The content emphasized key dental health tips to keep infant, child, and adult teeth healthy.

Objective 1: By June 30, 2018 to provide dental health educational classes to at least 150 unduplicated WIC parents and caregivers, annually, with children, 0-5.

2017/18
1,461 parents and caregivers educated*
974% of objective*

Number of Parents & Caregivers Educated, in Classes & Individually, Served & Objective, 2017/18



Why Is This Important?

Promoting oral health in children rests largely in the hands of parents and caregivers. Oral hygiene practices in young children must be monitored and supported by them. Understanding the importance of oral healthcare, as well as the methods for achieving it, are critical in helping them do so.

WIC is in a unique position to provide education to parents and caregivers of young children, 0-5.

Oral health education for parents and caregivers in order to improve a child's oral health is a **Promising Practice**.

* In past years the program has encountered difficulty in drawing women into the classes. Mean enrollment remains low (2.4 per class this year). To increase access to the education, during the months the classes are offered the program covers the material in individual WIC sessions for those women who do not attend a class. This results in vastly more women being served than projected in the Scope of Work.

Early Learning Priority Area

First 5 SLO County funded three programs/activities under this Priority Area in 2017/18.

- **Early Learning for All (ELFA):** the SLO County Office of Education's ELFA program offers professional development opportunities for ECE providers throughout SLO County, as well as advocating for early childhood education and development.
- **First 5/California State Preschool (CSPP) Program:** CSPPs are located at eight sites throughout the county. Their ten classrooms offer high-quality preschool to families who can meet the income requirements. Under this program First 5 SLO County subsidizes families who are low income, but who are slightly above the CSPP threshold. This allows full enrollment at the sites, and serves families who might not otherwise be able to afford preschool for their children.
- **School Readiness Site Coordinators:** employed by their school districts, they are responsible for monitoring all School Readiness (SR) activities, as well as directly offering a number of them. They work closely with SR partners, and regularly coordinate with the school principals, teachers, and staff. They also offer programming themselves, including transition programs, early literacy opportunities, and parent education and support. And, they act as single-points-of-contact, helping families connect with local resources that can help them meet their needs.

Children must be taught how to think, not what to think.

Margaret Mead

Why Is This Important?

Children are born with all of the brain cells they are ever going to have. It's the connections between the cells that grow and develop over time, and it's what those cells and connections learn to do that determines all that a person will become.

Research is discovering the immense importance of early learning. By age 3 a child's brain is 80% developed. From birth talking, reading, singing, hugging, rocking, and dancing with a child all help her brain develop.

The number of words a young child hears is directly related to how well he will read in school. The more words, the better.

But, there are other aspects of development that are also critical to a child's readiness for school. The experience, management, and expression of emotions and the ability to form positive and rewarding relationships with others are even better predictors of success in school than a child's cognitive skills and family background. High-quality early care and education set the stage for school. And, preschools and schools need to be ready for children, too.

ELFA (Early Learning for All)

Annual Funding \$44,409

What Did We Accomplish?

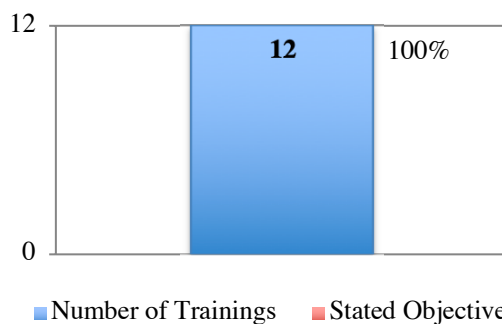
DATA NUGGETS:

- Twelve (12) professional development activities were conducted in 2017/18. They were attended by 288 (duplicated) Early Childhood Education (ECE) professionals.
- Two (2) SEFEL (Social-Emotional Foundations of Learning) trainings were provided for 39 ECE providers. Other trainings included: Mantle of Leadership (2x - one for 44 past participants and one for 15 new providers); and four (4) CPIN (California Preschool Instructional Network) trainings: Preschool Foundations and Frameworks (32 attendees); Visual and Performing Arts - Dance (29) and Drama (46); and Life Sciences (30).
- Accommodating Spanish speakers in ELFA activities proved to be a continuing challenge. A Cuesta College Mentor Teacher has been helping with translating some materials, but more is needed. A trainer capable of facilitating Spanish-language SEFEL workshops is a priority.

Objective 1: By June 30, 2018 to provide at least 12 professional development activities, annually, in Early Childhood Education.

2017/18
12 professional development activities provided
100% of objective

Number of Professional Development Activities, Actual & Objective, 2017/18



Why Is This Important?

Teachers don't stop learning once they become professionals. Quality childcare and early education require continual professional development. But, many teachers and childcare workers can't attend classes at colleges or universities because of scheduling, cost, and/or language. Low-to-no-cost professional development during evening hours in English and Spanish that addresses issues that matter locally is the answer for many ECE professionals.

Professional development is considered to be an **Evidence-based Practice.**

First 5/California State Preschool Program

Annual Funding \$192,104

What Did We Accomplish?

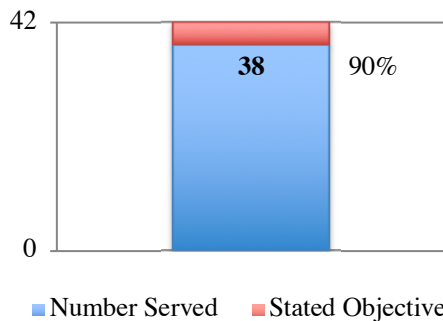
DATA NUGGETS:

- Thirty-eight (38) students whose parents were “over-income” were enrolled at the eight California State Preschool (CSPP) sites. The sites’ ten classrooms averaged 95% of capacity.
- 90%) of these students were rated at *Building* or *Integrating** on average on the DRDP-2015.

Objective 1A: By June 30, 2018 to provide three-hour programming at ten CSPP classrooms for up to 42 children, ages 3-5, annually, whose families are over the CSPP income-eligibility rate.

2017/18
 38 children enrolled
 90% of objective

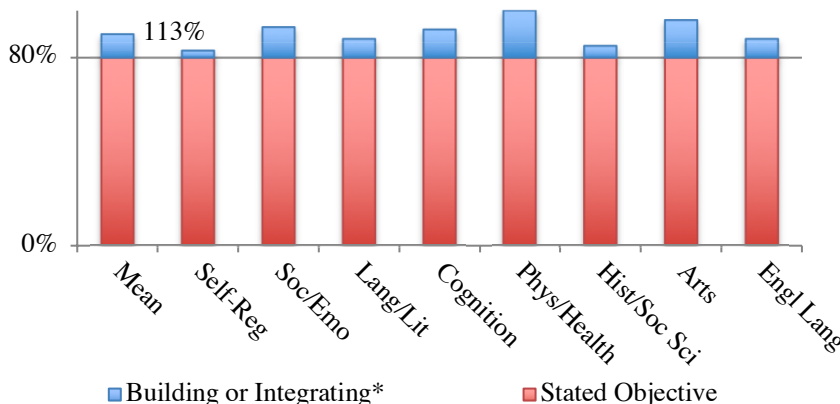
Number of Students Enrolled from Families “Over-income,” Served & Objective, 2017/18



Objective 1B: By June 30, 2018 at least 80% of participating four-year-olds will be prepared to enter kindergarten as measured by the Desired Results Development Profile-2015 (DRDP-2015).

2017/18
 90% prepared to enter school
 113% of objective

Mean Scores on Items in the Eight Domains of the DRDP-2015, Served & Objective, 2017/18



Why Is This Important?

Quality preschools are proven to be effective in helping children get ready for school. The California State Preschool Program offers high-quality ECE for families who are low income. But, not all classes are full, and an empty seat is a missed opportunity.

The First 5/CSPP Program subsidizes children whose families are low income, but above CSPP's income requirements. The children get an education and the CSPP classes are more fully utilized.

Quality preschool is considered to be an **Evidence-based Practice.**

* *Building* and *Integrating* are the two highest levels on the DRDP, and are considered demonstrative of competency in the elements within each domain.

School Readiness Site Coordinators

Annual Funding \$104,381 (GB) - \$97,585 (Oc)

Family Support

What Did We Accomplish?

DATA NUGGETS:

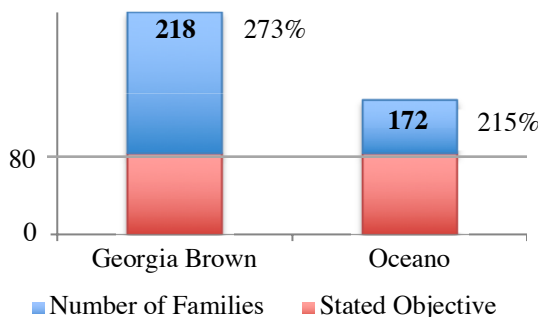
- The Georgia Brown Site Coordinator reported working as a single-point-of-contact with 218 families in 2017/18, reporting 519 contacts with or about these families, for a mean of 2.4 contacts per family.
- The topic of school transition was covered in over half of the Georgia Brown contacts (57%), early childcare and preschool accounted for 22% of the contacts, while family-support and family-literacy contacts were 15%. Translation and transportation were 6%, and health contacts were 2% of all contacts.
- The Oceano Site Coordinator reported working as a single-point-of-contact with 172 families in 2017/18, reporting 561 contacts with or about these families, for a mean of 4.8 contacts per family.
- The topic of school transition made up 27% of the Oceano contacts with families. Family-support and literacy contacts was an issue for 22%. Childcare and preschool totaled 22%. Family functioning accounted for 19%, as did translation. Health contacts were 15%.

Objective 1: By June 30, 2018 to serve as a single-point-of-contact for at least 80 unduplicated families, annually, in the Georgia Brown/Oceano school-communities.

2017/18
Georgia Brown:
 218 families served as a single-point-of-contact
 273% of objective

Oceano
 172 families served as a single-point-of-contact
 215% of objective

Mean Number of Families Contacted and/or Referred, Served & Objective, 2017/18



Why Is This Important?

The Site Coordinators act as a bridge between children, 0-5, and their families and SR activities, the elementary school, and local community resources.

Acting as a single-point-of-contact the coordinators interact with families through the activities they conduct as well as at school and community activities. They build relationships with and recruit and engage families, connecting them with the needed resources and referrals.

SR Site Coordinators are considered to be an **Evidence-based Practice.**

School Readiness Site Coordinators

Annual Funding \$104,381 (GB) - \$97.585 (Oc)

Early Education and Literacy

What Did We Accomplish?

DATA NUGGETS:

- The Georgia Brown Site Coordinator reported 97 *Literatura de la Familia* groups in 2017/18, for 139 unduplicated children and 81 unduplicated parents.
- Three different *Literatura de la Familia* groups were held each week. One was held at the GB School Readiness Center (in Spanish), and two (one in Spanish and one in English) were held at the Oak Park Public Housing Community Center. The mix of children (infants to preschoolers) can be challenging, but the Site Coordinator mixes in various activities to keep everyone involved.
- The Oceano Site Coordinator reported 27 *Hora de Literatura* groups in 2017/18, for 25 unduplicated children and 20 unduplicated parents.
- The attendance at *Hora de Literatura* peaked in the first quarter (summer) at 17 children. It diminished steadily after that, losing 6 children each quarter, until only three (3) children attended during the final quarter. The Site Coordinator decreased the emphasis on early education and literacy groups in favor of an increased emphasis on parent education groups (see the next page).

Objective 2: By June 30, 2018 to provide at least 80 groups in early learning/family literacy/parent engagement, annually, to at least 70 unduplicated families (children, 0-5, and parents).

2017/18

Georgia Brown:

97 early literacy groups held – 121% of objective

81 families participated – 120% of objective

Oceano

27 early literacy groups held – 34% of objective

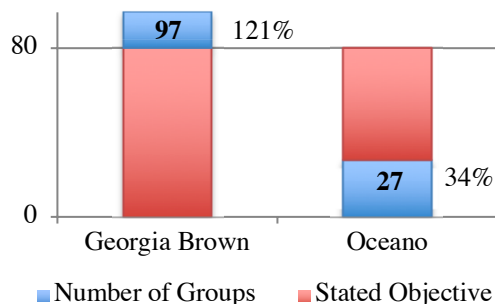
21 families participated – 29% of objective

Why Is This Important?

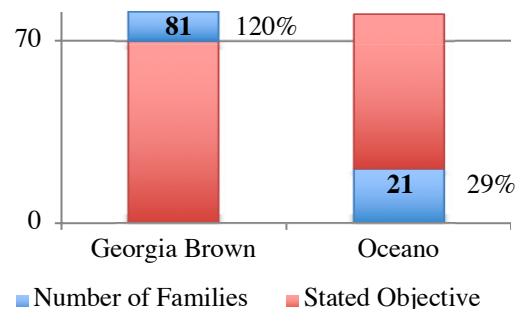
The Site Coordinators conduct early-learning, family-literacy, and parent-engagement activities. Reading, storytelling, singing, playing with shapes and colors, and other early learning activities are structured to encourage parent-child connection and parent involvement in early learning and literacy. At Georgia Brown the group is called *Literatura de la Familia*, (Literature for the Family) and at Oceano it's *Hora de Literatura* (Literature Hour).

The early literacy/parent engagement activities are considered to be **Evidence-informed.**

Number of Groups, Actual & Objective, 2017/18



Number of Families, Served & Objective, 2017/18



School Readiness Site Coordinators

Annual Funding \$104,381 (GB) - \$97.585 (Oc)

Parent Education

What Did We Accomplish?

DATA NUGGETS:

- The Georgia Brown Site Coordinator reported facilitating 30 *Cuentos Familiares* groups in 2017/18, for 34 unduplicated parents.
- The Oceano Site Coordinator reported 82 parent groups in 2017/18. Eighty-three parents (83) participated. The Site Coordinator increased the emphasis on parent education groups while decreasing the emphasis on early education and literacy groups (see the previous page).
- The parent groups in Oceano were made up of three different tracts. *First 5 Fridays* combined presentations by providers on topics of interest mixed with *Pyjama Drama*, a program to integrate drama, music and imaginative play into ECE environments. The second tract was *Little Puppet and I*, a facilitated learning program. And, the final set of groups was *Grow It, Try It, Like It*, where parents participated in the school garden, growing healthy foods for their children.

Why Is This Important?

The Site Coordinators also facilitate parent groups that meet weekly. Georgia Brown's *Cuentos Familiares* (Family Stories) and Oceano's *First 5 Fridays* and other groups offer support and education in issues facing parents and families. Sometimes the group involves a presentation by an expert from a program that both educates and builds connections between families and local resources. The groups also offer an opportunity for parents to meet, support, and learn from each other.

The parent groups are considered to be **Evidence-informed.**

Objective 3: By June 30, 2018 to provide at least 30 groups in parent education/support, annually, to at least 35 unduplicated parents.

2017/18

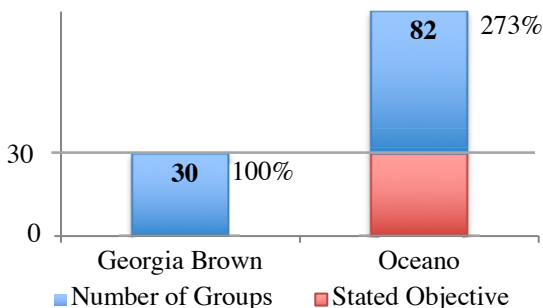
Georgia Brown:

30 parent education groups held – 100% of objective
 34 families participated – 97% of objective

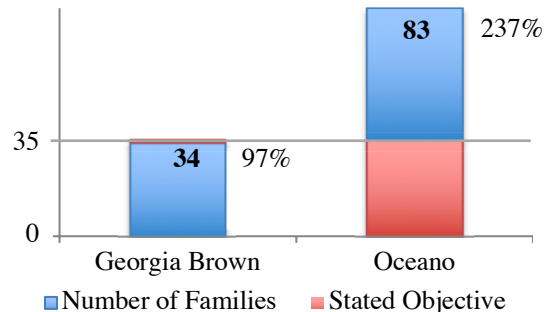
Oceano

82 parent education groups held – 273% of objective
 83 families participated – 237% of objective

Number of Groups, Actual & Objective, 2017/18



Number of Families, Served & Objective, 2017/18



School Readiness Site Coordinators

Annual Funding \$104,381 (GB) - \$97.585 (Oc)

Kindergarten Transition

What Did We Accomplish?

DATA NUGGETS:

- Neither SR Site Coordinator organized transition activities, though they did participate in activities organized by others. The Georgia Brown Site Coordinator helped with registration at four (4) school-organized events. The Oceano Site Coordinator participated in two (2) activities organized by the school, both of which were Kindergarten Roundups.
- Georgia Brown held six (6) classes at the Summer Pre-K Camps for 104 of its incoming students (58%), with 115 parents. Oceano did not hold a camp due to construction on campus.
- Data from parent surveys were available from Georgia Brown. They indicated that almost all children benefited from camp (e.g., enjoyed it (99%), met more children (97%), felt more comfortable in the classroom (97%), and learned about the school (95%). Parents reported feeling more comfortable with the school (95%), learning about changes at the school (88%), meeting school personnel (84%), and meeting other parents (78%). Fewer parents learned how to volunteer at the school (40%).

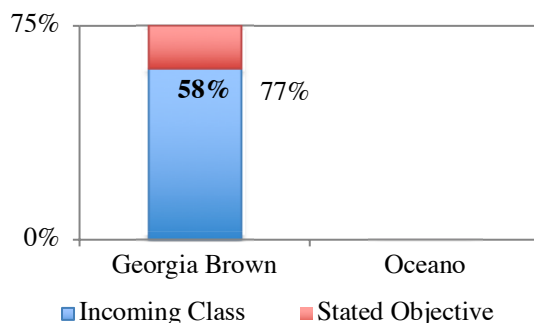
Objective 4A: By June 30, 2018 to provide at least 8-10 activities, annually, that assist children (and/or their parents) in their transition into PreK/TK/K.

2017/18
Georgia Brown & Oceano:
0 activities organized – 0% of objective

Objective 4B: By June 30, 2018 to provide annual Summer Pre-K Camps for at least 75% of incoming kindergarten students.

2017/18
Georgia Brown:
58% of incoming students at camp – 77% of objective
Oceano
No camp due to campus construction

Percent of Incoming Students at Summer Pre-K Camp, Served & Objective, 2017/18



Why Is This Important?

Even for children who have been in preschool the first day of kindergarten can be scary. Spending time on a school campus in a classroom before that first day can be of tremendous help.

The two-week camps bring children into the classroom with kindergarten teachers for lessons, lunch, play, and more. Parents are involved, too, as they attend parent meetings during the camp's first week.

Research on the effectiveness of transition summer camps range from **Evidence-informed to Evidence-based Practices.**

Family Strengthening Priority Area

First 5 SLO County funded five active programs/activities under this Priority Area in 2017/18. A sixth funded program, the SLO Born Learning Pilot Project, was in the planning and hiring stages during the second half of the year.

- Early Childhood Family Advocacy Services:** the Center for Family Strengthening provides Family Advocates (FAs) in three different communities in SLO County: Atascadero/Paso Robles, San Luis Obispo, and Nipomo. Their primary activity is to provide case management services for families of children, 0-5. They also provide brief contacts to assist families who do not require intensive support.
- Family Advocates (School Readiness Neighborhoods):** the School Readiness Family Advocates provide case management services for families of children, 0-5. They also support the work of the Site Coordinators in terms of family literacy, parent education and support, school transitions, and summer camps. In these interactions, they may also act as a single-point-of-contact, providing information or referring families to local resources. The FA in the Georgia Brown school-community also facilitates a parent education/support group.
- Family Support Counseling:** two different providers offer therapeutic interventions to families in need. One works at the two SR sites, and the other works in North County communities. Families are referred through the Family Advocates. Providing individual and family counseling to parents, young children, and older siblings the counselors intervene in and help the family resolve crises that threaten their wellbeing.
- Parents Helping Parents:** operates three Family Resource Centers (FRCs) in SLO County: one in San Luis Obispo, one in Atascadero, and one in Grover Beach. The FRCs include libraries that are stocked with resources to help parents learn about their child's needs and how to address them. Trainings are offered for parents in autism, Down Syndrome, and other special needs. And, parents are connected with each other to promote peer support.

The family is one of nature's masterpieces.

George Santayana

Why Is This Important?

Children don't grow up in isolation. They grow up in families. Even children living away from their parents grow up in a group of some kind.

Early social interaction is key to early development - not only brain development, but person development. Involved, loving, and supportive parents or caregivers are crucial to full human development. Families instill values, promote social and emotional development, and foster responsibility and resilience.

Families are where children learn to give and take, to communicate effectively, to resolve conflicts, and to solve problems. Strong family relationships teach children to develop, recognize, and appreciate strong relationships outside of the family.

Research has identified five protective factors that contribute to family strength:

- Parental resilience
- Social connections
- Knowledge of parent and child development
- Concrete support in times of need
- Social and emotional competence of children

Early Childhood Family Advocacy Services

Annual Funding \$88,000

What Did We Accomplish?

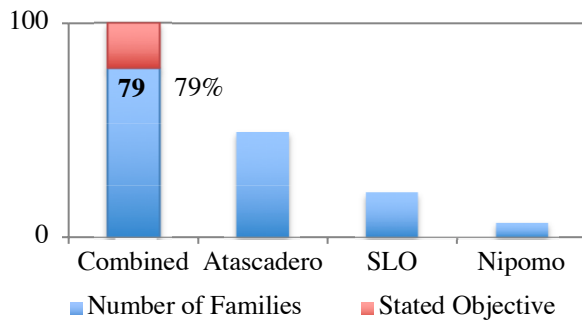
DATA NUGGETS:

- The Family Advocates worked with the following number of families: 51 at the LINK in Atascadero; 21 at the Child Development Resource Center in SLO; and seven (7) in Nipomo.
- The FAs also made brief contacts with: 35 families at the LINK in Atascadero; six (6) families at the Child Development Resource Center in SLO; and 20 families in Nipomo.

Objective 1A: By June 30, 2019 to provide family advocacy/case management for at least 100 unduplicated pregnant women and their partners and parents and primary caregivers with children, 0-5, annually.

2017/18
79 families case managed – 79% of objective

Number of Families Receiving Case Management Served & Objective, 2017/18



Why Is This Important?

Family Advocates (FAs) are knowledgeable about the needs of the families they serve, and they are familiar with the available resources in their communities. They apply a systems-of-care approach that is community based, family focused, and culturally competent. FAs are easily accessed, and collaborate with providers to offer consistent strength-based supports that are individualized to the needs of each family.

Family Advocacy in this context is considered to be an **Evidence-informed Practice**.

Objective 1B: By June 30, 2019 for at least 80% of families with at least 3 contacts to demonstrate improvement in at least one area of the Apricot Client Assessment.

2017/18
Insufficient data

Initial self-sufficiency assessments were administered to 74 of the 79 case-managed families (94%). Post-assessments were completed by 27 families for a sampling rate of 36%. While 22 of the 27 post-assessments indicated slight improvement (pre-score \bar{X} = 62.0 and post-score \bar{X} = 65.0, an increase of 5%), the sample is too small to draw any firm conclusions).

Family Advocates (School Readiness Neighborhoods)

What Did We Accomplish?

Annual Funding \$44,000 (GB) - \$44,000 (Oc)

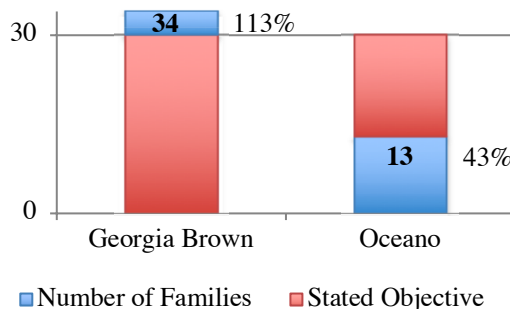
DATA NUGGETS:

- The Georgia Brown Family Advocate provided case management to 34 families in 2017/18, and the Oceano FA case managed 13 families.
- The Georgia Brown Family Advocate acted as a single-point-of-contact for 159 families, and the Oceano FA was a single-point-of-contact for 110 families.

Objective 1: By June 30, 2018 to provide family advocacy/case management for at least 30 unduplicated families with children, 0-5, annually, in the Georgia Brown and Oceano school-communities.

2017/18
Georgia Brown:
 34 families case managed – 113% of objective
Oceano
 13 families case managed – 43% of objective

Number of Families Receiving Case Management Served & Objective, 2017/18



Why Is This Important?

Family Advocacy can help young children be more ready for school by helping to alleviate family issues that can hold children back. It was one of the first service gaps identified in the two School Readiness Plans.

FAs not only help families, but they support the SR activities by assisting the Site Coordinators in implementation. They also forge bonds with families by participating in SR activities.

Family Advocacy in this context is considered to be an **Evidence-informed Practice**.

Objective 2: By June 30, 2018 to serve as a single-point-of-contact for at least 50 unduplicated families with children, 0-5, annually, in the Georgia Brown and Oceano school-communities.

2017/18
Georgia Brown:
 159 families served – 318% of objective
Oceano
 110 families served – 220% of objective

Objective 3: By June 30, 2018 to provide at least 30 groups in parent education/support, annually, to at least 25 unduplicated parents of children, 0-5, in the Georgia Brown school-community.

2017/18
Georgia Brown:
 44 groups – 147% of objective
 45 families – 180% of objective

Family Support Counselor (School Readiness Neighborhoods)

What Did We Accomplish?

Annual Funding \$60,000

DATA NUGGET:

- The SR Family Support Counselor saw 23 families in counseling at Georgia Brown, while maintaining a mean quarterly caseload of 10.0 clients. At Oceano she saw 11 families in counseling, while maintaining a mean quarterly caseload of 6.7 clients.

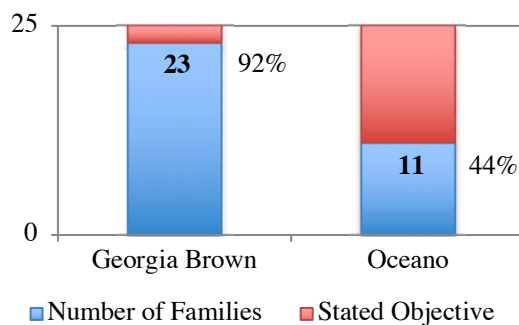
Objective 1: By June 30, 2018 to provide Family Support Counseling services for at least 25 families, annually, while maintaining an on-going caseload of 8 families in each of the Georgia Brown and Oceano school-communities.

2017/18

Georgia Brown:
 23 families counseled – 92% of objective
 10.0 client caseload – 130% of objective

Oceano
 11 families counseled – 44% of objective
 6.7 client caseload – 80% of objective

Number of Families Receiving Counseling Served & Objective, 2017/18



Why Is This Important?

Stressors on families can have direct and indirect impacts on children, 0-5, even though the stress itself may have nothing to do with them.

Parental conflicts, struggling with basic needs, acting out by an older (or younger) sibling can all impact a child.

Family Support Counseling offers short-term individual and family counseling to overcome specific problems and alleviate the family's stress.

Family Support Counseling is considered to be **Evidence Based.**

Family Support Counselor (North County)

What Did We Accomplish? Annual Funding \$20,050 (\$2,842 Billed)

DATA NUGGET:

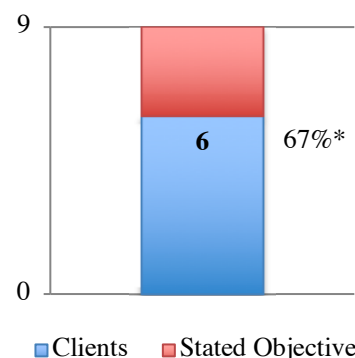
- The Family Support Counselor saw six (6) families in counseling at the LINK, while maintaining a mean quarterly caseload of 3.0 clients (* In nine months, or 75% of the year).

Objective 1: By June 30, 2019 to provide Family Support Counseling services for at least 12 families with children, 0-5 years old, annually, while maintaining an on-going caseload of 8 families.

2017/18

6 families counseled – 67% of objective*
3.0 client caseload – 50% of objective*

Number of Families Receiving Counseling Served & Objective, 2017/18



Parents Helping Parents

Annual Funding \$41,566

What Did We Accomplish?

DATA NUGGETS:

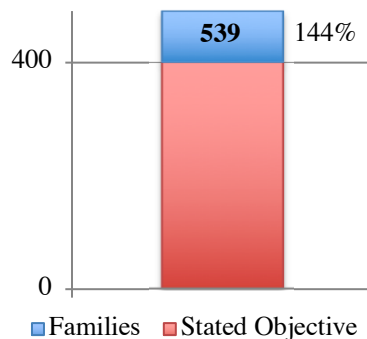
- Parents Helping Parents (PHP) provided services to 539 unduplicated families in 2017/18. There were 1,603 duplicated contacts.
- The most common support activities were *Get Connected* meetings (12x), which were held at the three resources libraries, and allowed parents to meet and connect with other parents. Other support activities included; *Parent Orientation to Special Needs*, *Dual Diagnosis*, *Alternatives to Conservatorship*, and *Heading Off Crisis*. In all, 39 support activities were provided.
- Six (6) of the trainings were in Spanish in 2017/18. A total of 585 contacts (duplicated) were in Spanish (36% of the total).

Objective 1: By June 30, 2018 to provide access to various PHP resources and services to at least 400 families, annually, who include children, 0-5 with special needs or who are at risk for delays.

2017/18

539 families served – 144% of objective

Number of Families Receiving Resources & Services Served & Objective, 2017/18



Why Is This Important?

Parents of children with special needs often feel lost, confused, and alone in raising their children.

Parents Helping Parents operates three Family Resource Centers that provide information and support to help parents understand and begin to cope. Targeted training, help in learning to navigate the system, a readily available library of books, videos and other resources, and support from other parents all can help ease isolation.

Family Resource Centers are considered to be an **Evidence-based Practice.**

IMPACT SLO

IMPACT (Improve and Maximize Programs so that All Children Thrive) is a five-year statewide project of First 5 CA. Its overarching purpose is to support quality in early learning settings through a network of partners in each county.

In partnership with the California Department of Education, First 5 has adopted QRIS (Quality Rating and Improvement System) as the general structure for IMPACT. QRIS is a systematic approach that utilizes three categories of activities: 1) Assessment of identified elements of quality through an array of rating tools; 2) Enhancement of quality through specific pathways that address the elements used in the ratings; and 3) Communication to the broader community to promote an understanding of the importance of quality ECE.

IMPACT programs can work on select elements of the core areas of quality that are of interest to them (Steps 1 and 2) or they can work on all elements of QRIS (Step 3). Whereas QRIS is focused on ECE sites (e.g., Center-based Preschools and Family Childcare Centers), IMPACT includes Alternative Sites, which are child-serving entities that are not necessarily primarily focused on education. Thus, a family resource center or library or home-visitation program might learn to incorporate quality early-learning activities into their work.

IMPACT SLO calls its QRIS work *Quality Counts*. It expands on QRIS by adding four Supplemental Activities to the list of quality-improvement activities: • Raising a Reader; • Eclectic Professional Development; • Social Emotional Foundations of Early Learning (SEFEL); and • Parenting Support/Education.

IMPACT SLO: QRIS

Quality Counts

Annual Funding \$12,600 (First 5 CA Grant)

What Did We Accomplish?

Objective 1: By June 30, 2016 and annually thereafter to coordinate SLO County Quality Counts Consortium.

- In *Quality Counts* the Child Care Planning Council has built and maintained a collaborative partnership to support providers in ECE-quality activities. The Consortium met two (2) times in 2017/18.

A child educated only in school is an uneducated child.

George Santayana

Why Is This Important?

In the U.S. 70% of women with children under 18 participate in the labor force. So, many of our young children spend a significant amount of time in non-parental care arrangements.

Many children, especially low-income and other high-need children, face an achievement gap as they start school. Some never make up the deficit. Quality early childhood education (ECE) programs can improve health, social-emotional development, and school readiness, especially for high-need children. This can help children bridge the achievement gap, thereby avoiding a lifetime of consequences for a slow start in school.

Researchers have been studying ECE providers to identify the characteristics that make up high-quality programming. Three factors make IMPACT unique in efforts to support ECE quality: 1) it allows for maximum flexibility in a provider's approach to quality; 2) it recognizes that almost any youth-serving organization can contribute to ECE; and 3) it recognizes that parent engagement is crucial to successful ECE.

IMPACT SLO: QRIS

Center-based Sites

Annual Funding \$308,000 (First 5 CA Grant)

What Did We Accomplish?

DATA NUGGETS:

- Twenty-one (21) center-based sites participated at Step 3 in IMPACT SLO during 2017/18.
- Four (4) of the center-based sites were new, and three (3) of them were private preschools.

Objective 2A: By June 30 of each year for the following numbers of eligible center-based sites to complete the QRIS baseline rating: 15 in 2017; 24 in 2018.

2016/17 & 2017/18
19 center-based sites completed baseline rating
49% of objective

Objective 2B: By June 30 of each year for the following numbers of eligible center-based sites to complete the initial Step 3 QRIS assessment process: 15 in 2017; and 14 in 2018.

2016/17 & 2017/18
18 center-based sites completed assessment process
62% of objective

Why Is This Important?

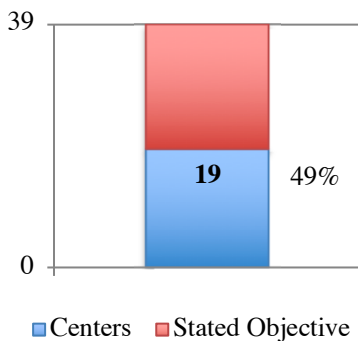
Quality Counts first assesses a center's status on the seven elements of the QRIS Rating Matrix. This is the baseline rating.

The next step is to assemble a portfolio that documents a center's current operations. The assessment process is completed with the development of a Quality Improvement Plan.

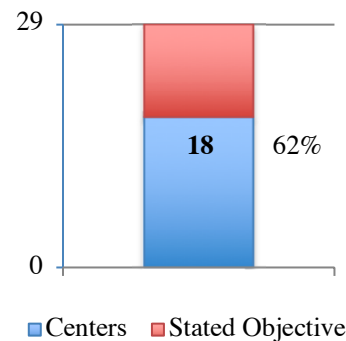
Then a center begins to implement their plan. They are rated every two years to track progress.

QRIS is a **Promising Practice**, as research into its effectiveness has been inconclusive to this point.

Number of Center-based Sites Completing Baseline Rating, Served & Objective, 2016/17 & 2017/18



Number of Center-based Sites Completing Assessment Process, Served & Objective, 2016/17 & 2017/18



Objective 2C: By June 30 of each year for the following at least 80% of Step 3 center-based sites to remain in the QRIS process: 12 of 14 in 2018.

2017/18
17 of 17 center-based sites from 2016/17 (100%) remained in QRIS process
142% of objective

IMPACT SLO: QRIS

Family Childcare Sites

Annual Funding \$97,710 (First 5 CA Grant)

What Did We Accomplish?

DATA NUGGETS:

- Seven (7) additional FCCs participated in IMPACT SLO during 2017/18, and, with one dropping out, the total number of Step 3 FCCs was 41.
- Thirty-seven (37) of the FCCs (90%) were Spanish-speaking sites.
- Twelve (12) Spanish-speaking providers continued to work toward attaining a Child Development Credential.

Objective 3A: By June 30 of each year for the following numbers of eligible FCC sites to complete the QRIS baseline rating: 8 in 2017; and 21 in 2018.

2016/17 & 2017/18
36 FCC sites completed baseline rating
124% of objective

Objective 2B: By June 30 of each year for the following numbers of eligible FCC sites to complete the initial Step 3 QRIS assessment process: 8 in 2017; and 10 in 2018.

2016/17 & 2017/18
27 FCC sites completed assessment process
150% of objective

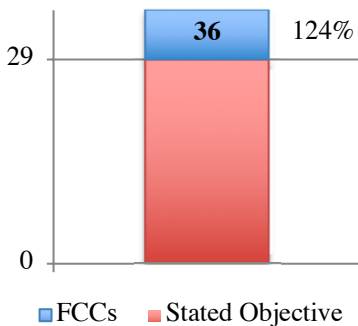
Why Is This Important?

Family childcare providers (FCCs) serve 34% of the children in ECE in SLO County, yet receive little in the way of support. Professional development is held at times they are working, can be unaffordable, and is not offered in Spanish. Previous statewide ECE-quality programs excluded FCCs entirely.

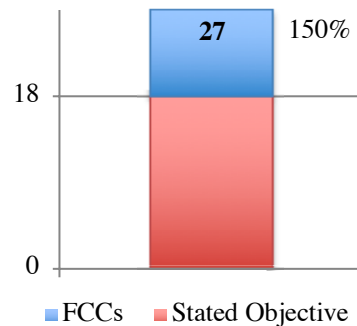
IMPACT includes FCCs and IMPACT SLO specifically targets Spanish-speaking sites. The rating system involves five of the elements in the QRIS Rating Matrix.

QRIS is a **Promising Practice**.

Number of Family Childcare Sites Completing Baseline Rating, Served & Objective, 2016/17 & 2017/18



Number of Family Childcare Sites Completing Assessment Process, Served & Objective, 2016/17 & 2017/18



Objective 3C: By June 30 of each year for the following at least 80% of Step 3 FCC sites to remain in the QRIS process: 14 of 18 in 2018.

2017/18
34 of 35 FCC from 2016/17 sites (97%) remained in QRIS process
121% of objective

IMPACT SLO: Supplemental Activities

Eclectic Professional Development & SEFEL Training

What Did We Accomplish?

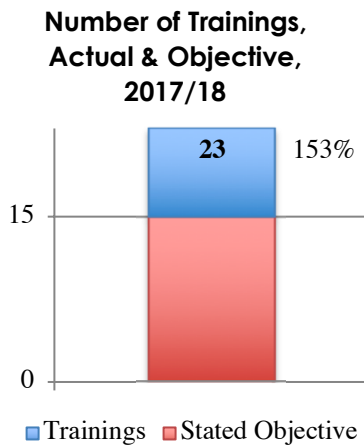
Annual Funding \$34,325 (First 5 CA Grant)

DATA NUGGETS:

- Twenty-three (23) professional development trainings were attended by 237 (duplicated) ECE professionals from IMPACT SLO sites.
- Two (2) of the trainings (9%) were SEFEL trainings, which were attended by 47 IMPACT SLO providers. Additionally, there were two (2) SEFEL observations, and five (5) SEFEL coaching sessions for eight (8) participants.
- Thirteen (13) of the trainings (57%) were for Alternative Sites (e.g., Los Osos Library; First 5 SR Site - Georgia Brown; First 5 SR Site - Oceano; Oceano Boys & Girls Club, SLO Library, and SLO YMCA), which were attended by 109 (duplicated) participants.

Objective 1: By June 30, 2018 to provide at least 15 professional development activities, annually, in Early Childhood Education for IMPACT SLO participants.

2017/18
23 professional development trainings
153% of objective
2 SEFEL trainings provided for ECE providers



Why Is This Important?

These two Supplemental Activities are part of SLO County's interpretation of IMPACT. They are intended to support both ECE providers and Alternative Sites.

The idea behind Eclectic Professional Development is to provide wide-ranging educational opportunities for diverse ECE programs.

SEFEL is a locally-modified version of a training on the importance of social/emotional development to successful early learning.

Both Professional Development and SEFEL are **Evidence Based**.

IMPACT SLO: Supplemental Activities

Raising a Reader

Annual Funding \$89,840 (First 5 CA Grant)

What Did We Accomplish?

DATA NUGGETS:

- The Literacy Coordinator supported the development of and encouraged the enhancement of literacy activities in a wide array of sites, including the distribution of 100 Summer Reading Book Bags to 12 *Little Free Libraries* in ten (10) communities throughout the county.
- *Raising a Reader* programs were instituted at two (2) different types of Alternative Sites: two (2) Parent Participation Programs run by a school district; and three (3) Early Head Start Home Base (home visitation) programs.

Objective 1A: By June 30, 2018 to coordinate literacy efforts for children, 0-5, and their families, and to support the integration of literacy development in the programming of IMPACT SLO participants.

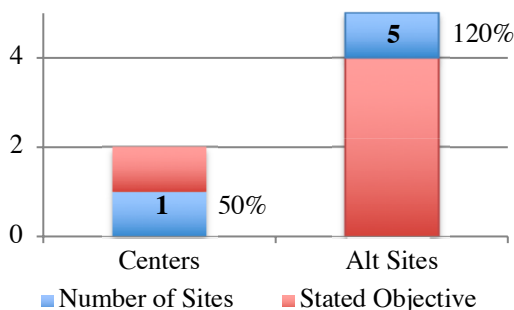
The Literacy Coordinator initiated two (2) early literacy activities at: 12 local *Little Free Libraries*; and a *Libromat* at a local laundromat. She worked to enhance existing programs at Wood's Humane Society and the Bearkitten preschool lab at Paso Robles High School. She engaged in 20 instances of supporting the enhancement of reading programs at 13 different locations and/or programs.

Objective 1B: By June 30, 2018 to establish *Raising a Reader* programs in at least 2 center-based ECE sites, 4 family-childcare sites, and 4 Alternative Sites that are participants in IMPACT SLO.

RAR programs began at one (1) center-based site (Trust Automation) and four (4) Alternative Sites: two (2) school district Parent Participation Programs; and three (3) Early Head Start Home Base (home visitation) Programs. These are in addition to the three (3) Family Childcare sites that still operated RAR programs from 2016/17.

2017/18
 6 new sites began RAR
 50% (Centers) and 120% (Alternative Sites) of objective

Numbers and Types of Sites with Raising a Reader Programs
 Actual & Objective,
 2017/18



Why Is This Important?

Early literacy and other parent-child interactions are critically important for early brain development. And, the number of words a child hears is directly related to school success.

Raising a Reader (RAR) involves a series of rotating book bags, coupled with educating parents about how to read/tell stories to their children.

As part of IMPACT SLO RAR and other similar literacy programming have expanded to private ECE sites (both center-based and FCC sites) as well as to Alternative Sites.

RAR is **Evidence Based**.

Distribution of Kits for New Parents

Annual Funding ~\$36,700

What Did We Accomplish This Year?

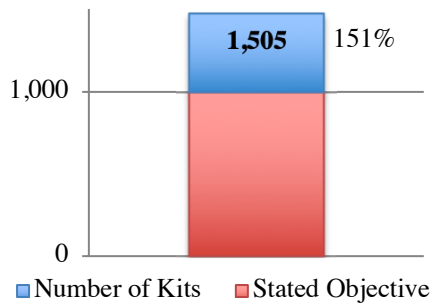
DATA NUGGETS:

- One thousand one hundred five (1,505) kits were distributed by First 5 SLO County to eight (8) different providers in 2017/18. This is the highest number of kits in nine years (2008/09 – 1,672).
- One-in-ten of the kits (9.8%) were in Spanish. The past two years the mean number of Spanish kits distributed (9.6%) was down 61% compared to the mean percentage of the previous eight years (24.6%)

Objective 1: By June 30, 2018 to provide educational and support kits to at least 1,000 parents of children, ages 0-5, annually.

2017/18
1,505 kits distributed – 151% of objective

**Number of Kits for New Parents Distributed
Actual & Objective, 2017/18**



Why Is This Important?

Babies don't come with instruction manuals. So, First 5 CA created the *Kits for New Parents* in 2001.

All new parents have questions, and the Kits are designed to provide some answers. They also contain information about resources to help parents learn more. And, First 5 SLO County inserts local information into the kits.

A research study by UCLA found that a high percentage of parents used the Kits, and felt that the information improved their knowledge.

Kits are considered to be a **Promising Practice.**