



ANNUAL EVALUATION REPORT

July 1, 2022 to June 30, 2023

FIRST 5's Evaluation Report, produced in partnership
with Applied Survey Research.



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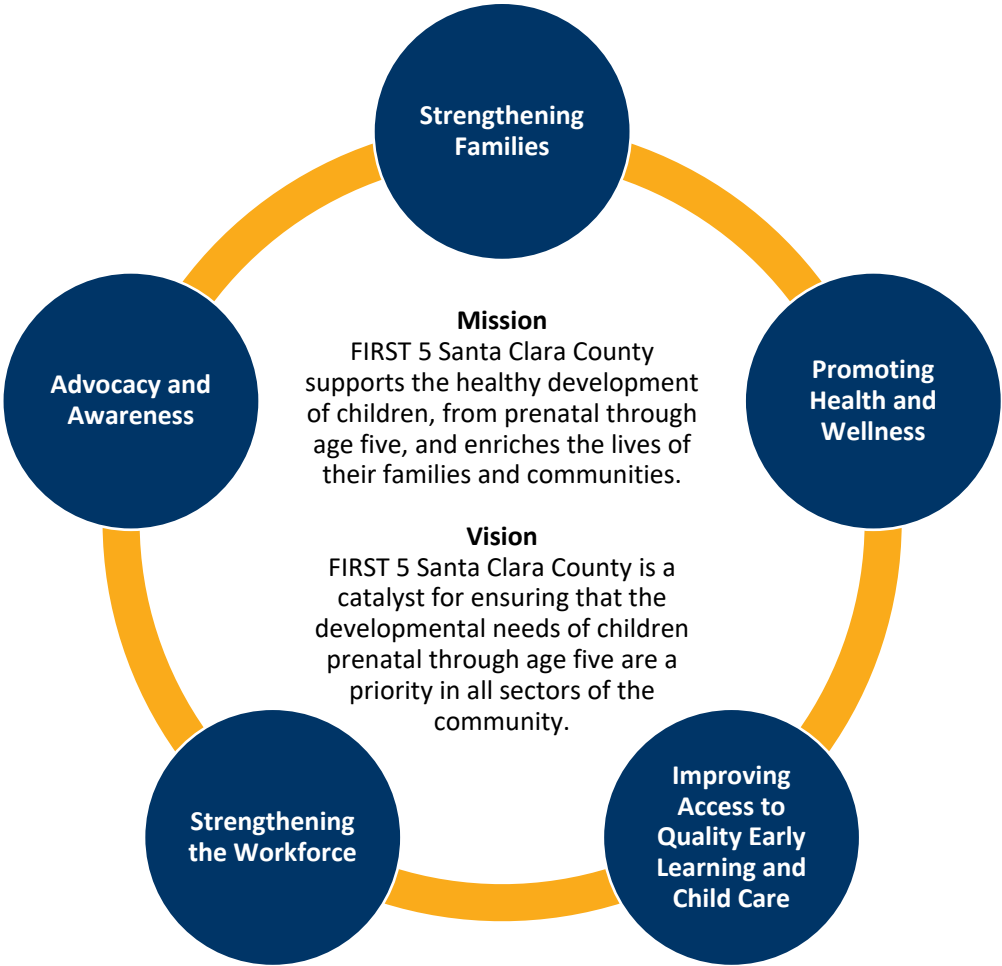
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STRATEGIC FRAMEWORK

BACKGROUND & HISTORY

California voters approved a 50-cent tax increase on tobacco products by passing Proposition 10, the Children and Families First Act, in 1998. Each county created a local FIRST 5 Commission, and receives annual revenue based on birth rates to support the development of young children, prenatal through age five. FIRST 5 Santa Clara County is governed by nine Commissioners consisting of: a member of the Santa Clara County Board of Supervisors, the Executive Director of the Santa Clara Valley Health and Hospital System (or designee), the Director of the Social Services Agency (or designee), a member of the Santa Clara County Local Early Education Planning Council, and five at-large members of the community appointed by the Santa Clara County Board of Supervisors.

Research shows that children develop within a set of interconnected social systems including their family, neighborhood, community, learning environment, peer network, and health care providers. The child benefits when there is integration across this ecosystem. Aligned with its mission and vision, FIRST 5 promotes five key strategies that center the healthy development of children, prenatal through age five, as well as their families and caregivers. FIRST 5's Annual Evaluation Report presents data for each of these key strategies, alongside related community indicators.



STRATEGIC PLANNING

The 2024-2027 Strategic Plan reflects the collective input from partners, parents, and staff, shaping the organization's work for the next three years.

FIRST 5 spent ten months engaging with our Commissioners, community partners, early educators, parents, and staff to design our new Strategic Plan. The process included key interviews, listening sessions, community retreats, an internal strategic planning committee representative of all staff, and a community survey that elicited more than 2,800 responses in English, Spanish, and Vietnamese. Participants' valuable insight and feedback shaped the development of a strategic plan that will guide the organization for the next three years ([2024-2027 Strategic Plan](#)). The updated Strategic Plan includes new core values, identification of priority populations, and four key areas that frame our work:

1. Connecting families to affordable, quality supports and services that meet children's basic needs and safety.
2. Engaging families in the work of FIRST 5, including advocacy and leadership opportunities.
3. Promoting diversity, equity, inclusion, and belonging at FIRST 5.
4. Strengthening the diverse workforce that supports young children and their families.

Our Core Values

COLLABORATION

We co-create in partnership with others, prioritize lived experience, and develop strategies that advance the well-being of families with young children.

CREATIVITY

We approach our work from a place of curiosity, joy, innovation, and openness to new ideas.

EQUITY

We advocate for fair access to opportunities and seek solutions that disrupt systemic oppression, close gaps, and remove barriers that harm families with young children.

INCLUSIVITY

We center diverse perspectives to ensure the representation and participation of marginalized individuals throughout our work.

INTEGRITY

We are accountable for our actions and the outcomes of our work, striving for transparency with the community, our partners, and each other.

FIRST 5 Santa Clara County identified priority populations based on those disproportionately impacted by poverty, racism, and trauma.

FIRST 5 aims to support all families with young children, with a specific emphasis on those disproportionately affected by poverty, systemic and institutional racism, and trauma. They acknowledge the intersecting identities some families may have and commit to working with the following priority populations over the next three years to dismantle racist policies and systems that harm children's well-being and learning. The priority populations for the efforts of FIRST 5 Santa Clara County include:

- ✓ Children with disabilities and behavioral health needs.
- ✓ Immigrant families - prioritizing new arrivals, those without documentation or mixed documentation.
- ✓ Under resourced families including low-income families and "gap" families who are not eligible for government funded programs.
- ✓ Court-impacted families with contact or interactions with the justice and child welfare systems, including but not limited to, incarceration, court-monitored programs (including those on probation and parole), and child and family reunification processes.
- ✓ Families with unstable housing.

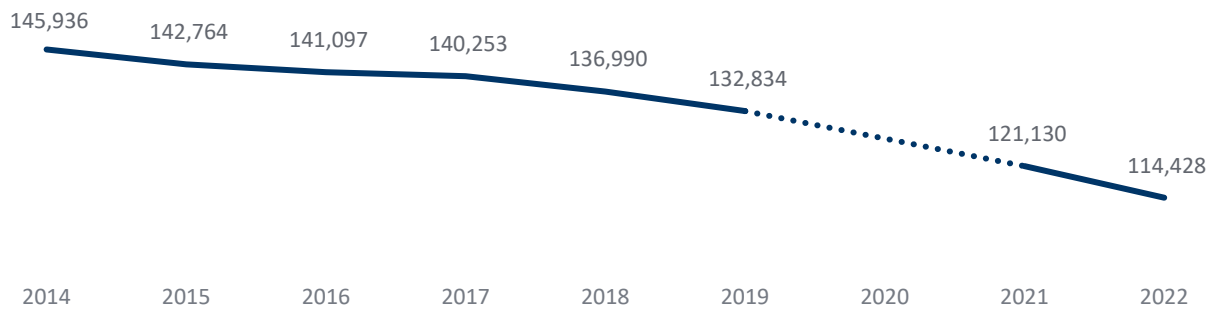
LANDSCAPE OF SANTA CLARA COUNTY

Each of the following community-level indicators were selected to provide a glimpse of how the community overall is faring on outcomes related to FIRST 5 Santa Clara County’s efforts to strengthen families, promote health and wellness, improve access to quality early learning and care, strengthen the workforce, and increase advocacy and awareness. It is important to note that the families served by FIRST 5 are in high-need areas of the county and may not be faring as well as the countywide trends imply.

Santa Clara County

Population of Children 0-5 Years of Age

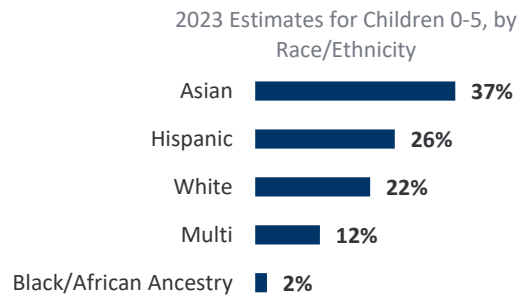
According to the 2022 U.S. Census, American Community Survey (1-year estimates), there are 114,428 children five years of age or younger living in Santa Clara County. The number of children living in Santa Clara County has been steadily declining over the past 10 years.



U.S. Census Bureau, American Community Survey, One-Year Estimates. Data was not available for 2020.

Demographic Profile of Children 0-5 Years of Age

Based on the California Department of Finance Population Projections for 2023, approximately 37% of children 0-5 years of age are Asian, 26% are Hispanic, 22% are White, 12% are multiracial, and 2% are Black/African Ancestry.

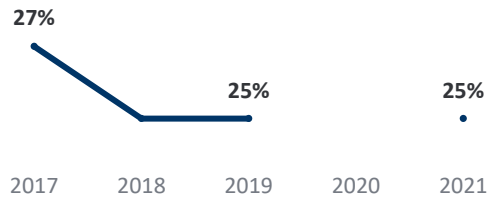


California Department of Finance. Demographic Research Unit. Report P-3: Population Projections, California, 2020-2060 (Baseline 2019 Population Projections; Vintage 2023 Release).

Santa Clara County

Households Earning Less than Real Cost Measure:

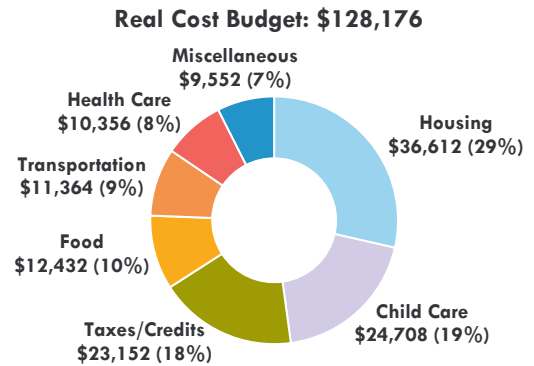
One-quarter (25%) of Santa Clara County households with two adults, a preschooler, and a school-aged child are earning less than the real cost measure (average income needed to be self-sufficient). This rate has remained consistent over time countywide.



United Ways of California, Real Cost Measure Dashboard: Real Cost Measure. Data was not available for 2020.

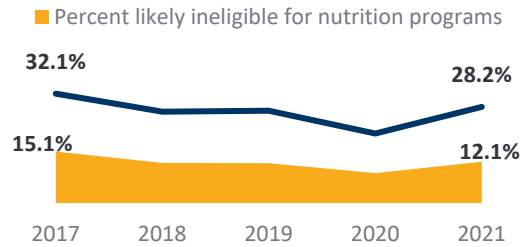
In 2021, there were large disparities in the proportion of families earning less than the real cost measure for Latino families (50%), African American families (41%), and Native American families (31%).

The Real Cost Budget for a family in Santa Clara County is \$128,176. This estimated budget presumes that families spend \$36,612 on housing (29% of budget), \$24,708 on childcare (19%), \$12,432 on food (10%), and \$10,356 on health care (8%).



Children Experiencing Food Insecurity:

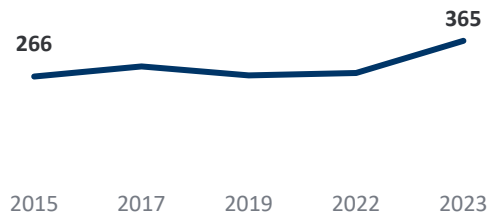
About 28% of children 0-5 in Santa Clara County are living in food insecure households (earning less than 300% of the federal poverty level). About 12% of children are also likely ineligible to participate in federal nutrition programs, living in households earning between 185-300% of the federal poverty level. The rate of food insecurity among children in Santa Clara County was slowly decreasing from 32% in 2017 to 20% in 2020. However, in 2021 the rate increased nearly 30%.



IPUMS USA, University of Minnesota.

Families Experiencing Homelessness:

Since 2015, the number of households with children experiencing homelessness has remained steady except in the most recent year where nearly 100 more families experienced homelessness in 2023 compared to 2022.

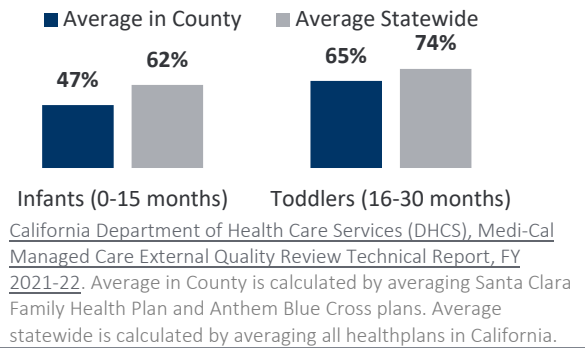


Applied Survey Research, Point-in-Time Count, 2023. The 2021 Point-In-Time Count was not held due to COVID-19.

Santa Clara County

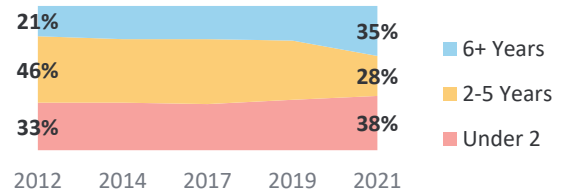
Children on Medi-Cal Utilizing Well-Child Visits:

In Santa Clara County, utilization rates are available by plan and the county rate is calculated as the average utilization across those served through the Santa Clara Family Health Plan and Anthem Blue Cross plan. Overall, rates of utilization in the county are lower than the average statewide utilization rates for infants (0-15 months) and for toddlers (16-30 months).



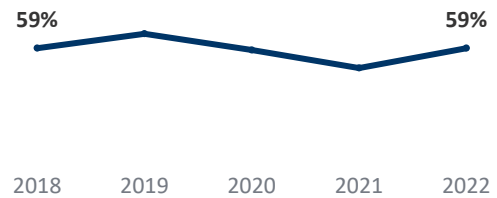
Requests for Childcare by Age

The most recent reports from the Resource and Referral Network indicate that the proportion of requests for children under 2 has been increasing steadily since 2012 (from 33% to 38%). The rate of requests for children 2-5 years of age is decreasing, likely due to the implementation of Transitional Kindergarten programs.



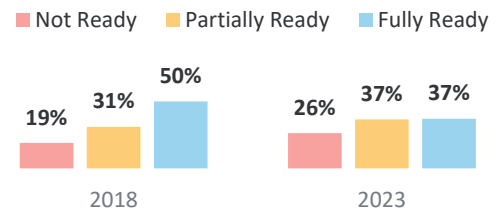
Children 3-4 Years of Age Enrolled in Preschool:

Nearly 60% of children between three to four years of age are currently enrolled in preschool. The enrollment rates declined during and after the pandemic, but in 2022, a noteworthy shift occurred, bringing enrollment rates nearly back to their pre-pandemic levels.



Kindergarten Students Ready for School:

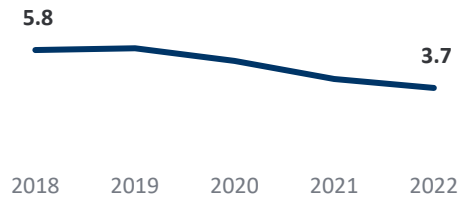
A kindergarten readiness assessment conducted in the fall of 2023 on a countywide sample of 952 children revealed that 37% of the students in the sample were Fully Ready for kindergarten, meaning they had the social, emotional and cognitive skills predictive of later success in school. This represents a substantial drop from 2018, when 50% of the children in the countywide sample were Fully Ready for kindergarten. The decline in readiness is likely due to the lingering effects of COVID-19 on children and their families, including those resulting from the widespread closure of child care and preschool sites during the height of the pandemic.



Santa Clara County

Children Experiencing Substantiated Maltreatment:

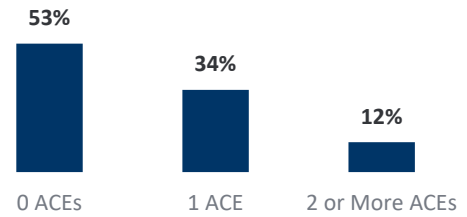
The rate of substantiated child maltreatment for children ages 0-5 years old in Santa Clara County is decreasing over time, from 5.8 per 1,000 children ages 0-5 years old in 2018 to 3.7 in 2022.



University of California at Berkeley, California Child Welfare Indicators Project, 2022. Years presented are Jan-Dec (calendar year).

Children’s Adverse Childhood Experiences:

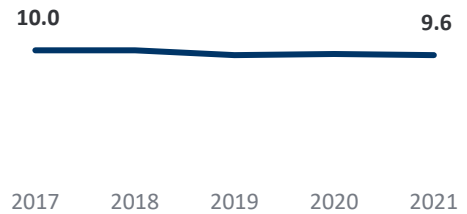
In Santa Clara County, children experiencing at least one ACE was higher at about 34% than the state at 21%. Additionally, an estimated 12% of children had been exposed to two or more adverse childhood experiences compared to 8% for the state.



Accessed via KidsData.org; Population Reference Bureau, analysis of data from the National Survey of Children’s Health and the American Community Survey (2016-19).

Strong Start Assets for Children

The Strong Start Index is used to quantify the number of assets with which children are born. This includes a maximum of 12 assets that are related to positive outcomes over time. The number of assets for children in Santa Clara County has remained relatively stable, with a slight decrease over time from 10 assets in 2017 to 9.6 assets in 2021.



California Strong Start Index, 2021.

Assets include:

1. Legal parentage established at birth
2. Born to non-teen parents
3. Born to parents with at least a high school diploma
4. Healthy birthweight
5. Absence of congenital anomalies, abnormalities, or complications at birth
6. Absence of transmissible (mother-to-child) infections
7. Access to and receipt of timely prenatal care
8. Receipt of nutritional services (WIC) if eligible
9. Hospital with high percentage of births with timely prenatal care
10. Ability to afford and access healthcare
11. Born to a parent with a college degree
12. Born to parents with employment history

EVALUATION GOALS

Identify effective strategies, implement new practices, monitor progress toward Strategic Plan.

FIRST 5 Santa Clara County's evaluation serves the following purposes:

- Help FIRST 5 Santa Clara County learn which strategies are effective and adjust when needed.
- Demonstrate progress toward the Strategic Plan, in terms of the agency goals, related outcomes, and indicators.

This evaluation report was developed using a Results Based Accountability approach.

Results Based Accountability (RBA) is an approach that helps program managers and evaluators to create meaningful evaluation plans using a common language that can be accessible to program leads, staff, and participants. Ultimately, the purpose of RBA is to help you to connect or align your programs to community-level results, to help you visualize how your program is helping to “turn the curve” and making an impact in the community.

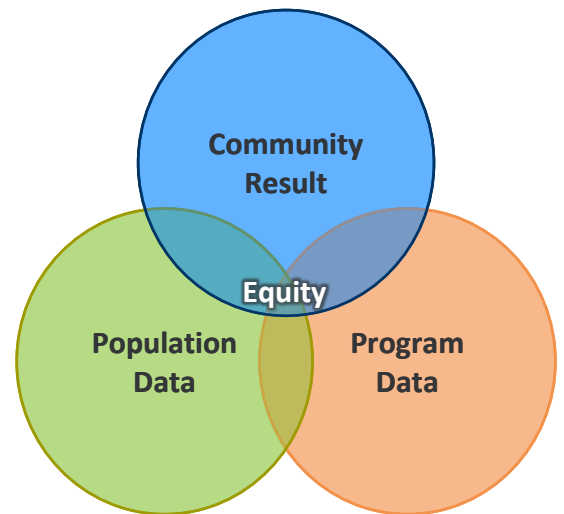
The first step in RBA is to identify the **community results** (sometimes referred to as goals) that the organization aims to influence in the community. FIRST 5's mission statement serves the purpose of defining the community result as the goal to improve the conditions of well-being for children and families in Santa Clara County.

Population data and **program data** are used to measure success and influence on the community result.

- **Population data** illustrates key characteristics for the whole population (e.g., census data, community survey data, etc.). Population data are used to measure progress toward a community result.
- **Program data** are used to highlight key characteristics of those individuals who participated in a program (e.g., number of parents participating in a parenting education program, number of children enrolled in Head Start, etc.).

For each FIRST 5-funded program a Results Based Accountability measurement plan is created that defines the relevant program data. Program data are collected to evaluate “how much” the program did, “how well” the program did it, and whether anyone is “better off” as a result. Equity is a central factor in determining community results, community indicators, and performance measures in this RBA approach.

Throughout the report, program data are highlighted in a callout box to illustrate **HOW MUCH** the program did, **HOW WELL** the program did, and whether participants are **BETTER OFF**.



PROFILE OF CHILDREN AND FAMILIES

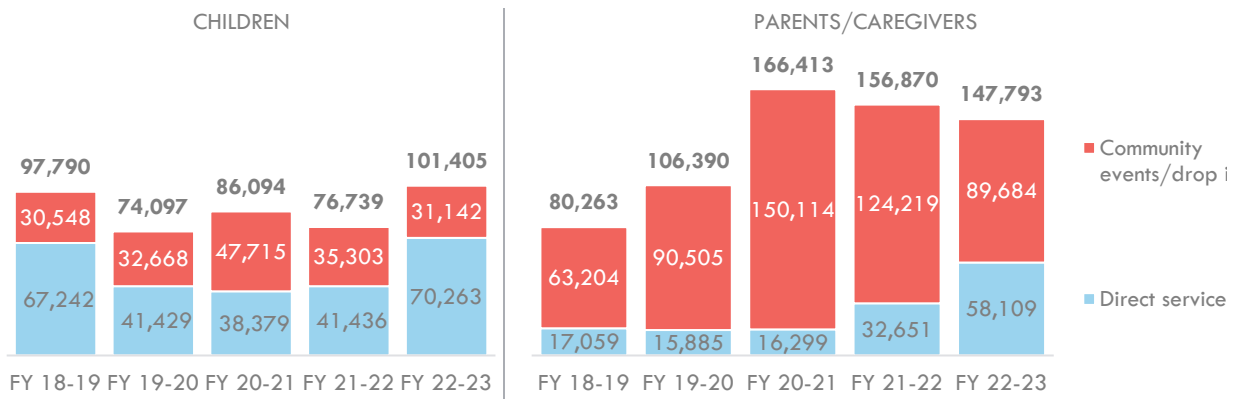


CHILDREN AND FAMILIES SERVED AGENCY-WIDE

FIRST 5 programs and services reached nearly 147,800 parents/caregivers and 101,400 children.

Each year, FIRST 5 Santa Clara County gathers basic aggregate data on all clients in order to report to First 5 California. Based upon the data in FY 2022-23, a total of 101,405 children and 147,793 parents/caregivers participated in services across FIRST 5 programs. As clients are often served across multiple programs each year through intentional cross-referrals, these counts are duplicated.

Figure 1. Number of Families Served

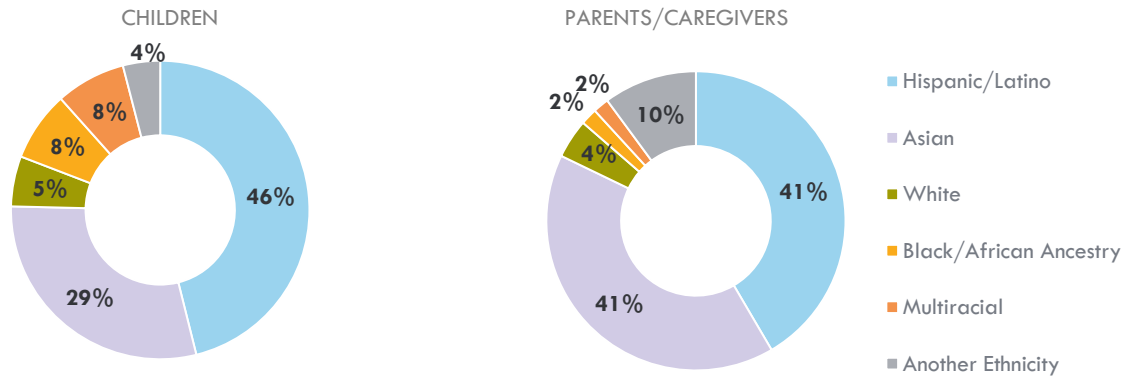


Source: FIRST 5 Santa Clara County AR-1 and AR-2, FY 2022-23. Note: Direct services are largely unduplicated client counts (core Persimmony clients and aggregate client counts reported by grantees/programs). Community events/drop-in services are duplicated counts (performance measures in Persimmony). Note that children older than six are included in this count of Parents and Caregivers, per First 5 California reporting instructions.

Nearly half of children served are Latino, but an increasing share is Asian.

In accordance with the reporting requirements by First 5 California, grantees report total number of children and families served, by age, ethnicity, and language. In FY 2022-23, 66% of children served were between the ages of three and five, and 34% were between birth and age two. The ethnicity and language subgroups are pre-determined by First 5 California. In FY 2022-23, 41% of parents/caregivers and 46% of children served were Latino, followed by Asian (41% of parents/caregivers and 29% of children). Additional subgroups are defined by our local Family Resource Centers (see next page).

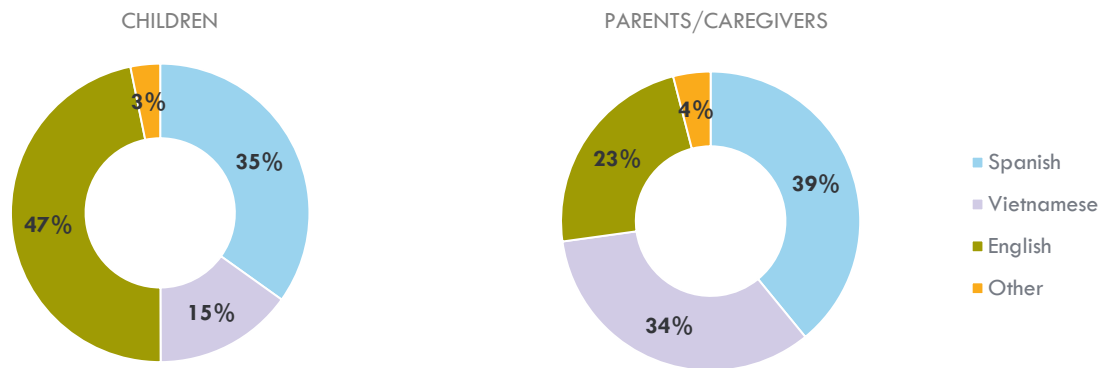
Figure 2. Ethnicity of Families Served



Source: FIRST 5 Santa Clara County, AR-1 and AR-2 Report, FY 2022-23. Note: “Another Ethnicity” includes Alaskan Native/American Indian, Native Hawaiian/Pacific Islander, and Other. Figures do not include responses of “unknown.” Discrepancies between children and parents may be attributed to the diverse program service models encompassed in this comprehensive summary. Certain programs may solely provide information for either children or parents, and not necessarily both.

In FY 2022-23, Spanish was the most common language spoken by parents/caregivers and children, followed by English and Vietnamese. About one-third of parents/caregivers (34%) and 15% of children spoke Vietnamese. These data points underscore the importance of ensuring that FIRST 5 and its partners have linguistic and cultural competency to serve their diverse client population.

Figure 3. Primary Language of Families Served



Source: FIRST 5 Santa Clara County, AR-1 and AR-2 Report, FY 2021-22. Note: “Other” includes Cantonese, Mandarin, and Other. Figures do not include responses of “unknown.” Discrepancies between children and parents may be attributed to the diverse program service models encompassed in this comprehensive summary. Certain programs may solely provide information for either children or parents, and not necessarily both.

PROFILE OF FAMILIES WHO COMPLETED FAMILY INTAKE FORMS

The purpose of the Family Intake Form (FIF) is to gather a uniform set of data elements across funded programs relative to FIRST 5’s strategic plan indicators such as birth outcomes, early learning, child health, family protective factors, housing and homelessness, and exposure to early trauma. Programs either complete the FIF form on paper or gather FIF variables using their own assessment systems, then submit these data electronically to FIRST 5. The FIF was available in English, Spanish, and Vietnamese.

In FY 2022-23, 3,360 families completed the Family Intake Forms. The highest number of FIFs came from the Family Resource Centers (n = 3,236 families). Among new enrollees this fiscal year who participated in services above and beyond diaper distributions, there was a 57 percent FIF completion rate.

Figure 4. Family Intake Form Completion by Program

	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23
Family Resource Centers	3,203	3,444	2,132	2,066	3,236
Public Health Nursing	304	240	41	96	76
Other	42	319	464	215	48
Total with FIF	3,549	4,303	2,637	2,377	3,360

Source: FIRST 5 Santa Clara County, Family Intake Form, FY 2022-23. The number of FIFs reflects the unique number of families. Other includes programs such as Universal Access Pilot, Housing Navigation, Warmline, Family Support Specialist, DWC Program Specialist, Baby Gateway VMC, 10 Steps & Sugar Savvy Workshops for FCCPs. Number served includes only those families who received a service, as documented in Persimmony but excludes families who only received the Diaper or Formula service.

The majority of FIFs were completed by children’s mothers (92%). Almost half (47%) of respondents were between the ages of 30 and 40 years old. Similar to the aggregate data across FIRST 5 programs reported above, families were most likely to be Hispanic/Latino (69%) and about half of families (51%) speak Spanish as their preferred language.

Figure 5. Demographics of Family Intake Form Respondents

Age		Race/Ethnicity		Primary Language	
Under 25	13%	Hispanic/Latino	69%	Spanish	51%
25-29	20%	Vietnamese	11%	English	38%
30-34	24%	Filipino	1%	Vietnamese	8%
35-39	23%	Southeast Asian (Thai, Cambodian)	1%	Mandarin	1%
40-44	12%	South Asian (Indian, Pakistani)	3%	Other Asian language	1%
45-49	4%	East Asian (Japanese, Korean, Chinese)	2%	Other	1%
50 or older	4%	Non-Hispanic White	4%		
Relationship				Socioeconomic Status	
Mother	92%	Black/African Ancestry	4%	Medi-Cal Covered	65%
Father	7%	Two or more races	1%		
Other	1%	Another race	3%		

Source: FIRST 5 Santa Clara County, Family Intake Form, FY 2022-23. N = 3,292-3,404 unduplicated clients; excludes missing and unknown responses. Note: For Race/Ethnicity: “Other Asian” includes Filipino, Southeast Asian, South Asian, East Asian, Native Hawaiian/Other Pacific Islander, and Asian (not specified). Primary Language: “Other Asian language” includes Cantonese, Tagalog, other East Asian language, and South Asian language.

STRENGTHENING FAMILIES

OVERVIEW

FIRST 5 Santa Clara County aims to foster strong and resilient families that contribute to the well-being of children and communities by **providing support for families in their communities, including court-impacted families**. This involves connecting families to locally available and essential services, enhancing parenting skills to support healthy child development, and providing intensive and specific support to families impacted by the justice system.

Families are often faced with a range of different, complex health and psychosocial problems. Place-based approaches aim to address these interconnected problems by galvanizing the strengths and resources of an entire community to ensure families receive services that are fully accessible and integrated.

FIRST 5's vision for the Family Resource Center (FRC) Initiative is that families in Santa Clara County have the skills and capacity to promote their children's development, ensure their children are ready for school, build strong family relationships, and create a connected community. Using a place-based approach, FIRST 5 invests in the FRCs by prioritizing the neighborhoods with the highest concentrations of children prenatal through age five, and by leveraging the multiple resources in those neighborhoods.

FIRST 5 also invests in comprehensive prevention and early intervention services for families impacted by the Court and Child Welfare systems. FIRST 5 partners with programs that support families to build an enhanced network of family and community support, provide access to needed services, support management of stress and adversity, and offer positive parenting services.

PROVIDING SUPPORT FOR FAMILIES

Family Resource Center Initiative

FIRST 5 Family Resource Centers have broad community reach.

At the close of FY 2022-23, there were 26 FRCs throughout Santa Clara County through community partnerships. View the map of Family Resource Centers on the FIRST 5 Santa Clara County website: <https://www.first5kids.org/what-we-fund/family-strengthening-initiative/family-resource-center/>

In FY 2022-23, FRCs around the county provided resources, referrals, programs, volunteer opportunities, and other direct services for 3,236 parents/caregivers and their children. Additionally, FIRST 5 continued to hold large- and small-scale community engagement events, serving 93,019 parents/caregivers and 35,070 children (attendees potentially duplicated).

FRCs recruit community volunteers and often retain them as staff/community workers. Community volunteers bring with them a wide range of lived expertise and are essential team members to help families in FRC settings. The recruitment of community volunteers was reduced during the pandemic, but continues to be a priority for FIRST 5 as the organization seeks to amplify the voices of those with lived experience and promote individuals into positions of leadership.

HOW MUCH?

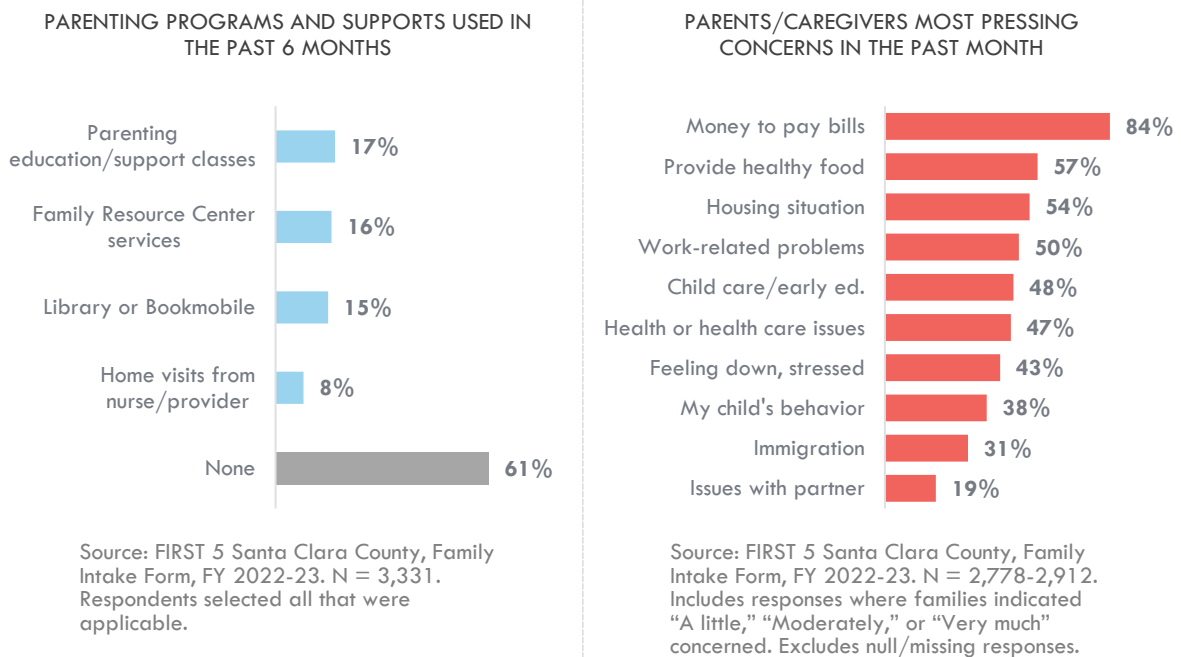
3,236 families were served at Family Resource Centers

Family-centered services and supports are provided to strengthen families.

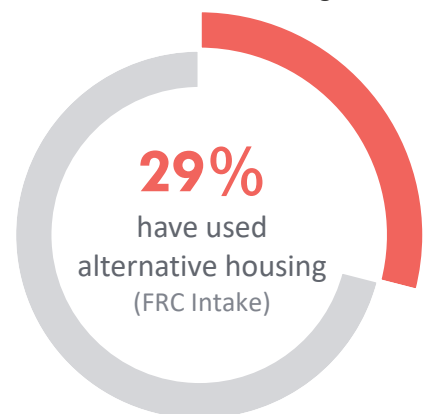
To better understand the characteristics of families, services received, and the most pressing needs of families, FRC staff utilize the Family Intake Form. Upon intake, parents/caregivers are asked which types of parenting support they have used in the previous six months, with the most common support being the parenting education/support classes (17%), followed by the Family Resource Center services (16%), and library or bookmobile (15%). This item was intended to capture recent service history; given that caregivers may not be aware of all FRC services, certain services were listed as separate options.

Families were asked about a range of potential concerns over the most recent month. The majority (84%) of families reported concerns about having enough money to pay bills, more than half of families reported concerns with their ability to provide healthy food (57%) and their housing situation (54%). In addition, about half of parents/caregivers reported concerns with work-related problems (50%), child care / early education (48%), and health or health care issues (47%). Additional information is shown in the figure below.

Figure 6. Status of Families Engaged by Family Resource Centers at Intake



One of the priority populations identified in the new strategic plan includes those who have unstable housing. The high cost of housing in Santa Clara County appears to be weighing on families. When asked whether they were concerned about their housing situation, half of parents/caregivers (54%) marked "A little," "Moderately" or "Very Much" concerned. Less than ten percent of respondents stated they were at risk of losing their current residence. Nearly one-third of families shared that they have stayed in certain locations due to loss of housing, economic hardship, or because there was no other alternative. Approximately 4% had stayed in a hotel or motel, 3% in a car, RV, or at a campground or park, and 4% in a shelter or transitional housing program. Around 15% had temporarily stayed with friends or family in a house or apartment.



Families engaged in services with an FRC are offered opportunities to receive evidence-based parent education workshops, and other services such as developmental and behavioral screenings, arts enrichment, health screenings, story time, and referrals to community resources. First 5 served 1,512 (unduplicated) parents in parenting education workshops (813 in core workshop offerings).

HOW WELL?
1,512 parents out of **3,236** families (47%) served in FRCs engaged in parenting education workshops

Figure 7. Number of Parent/Caregivers Served, by Service Type (duplicated)

CORE WORKSHOP	FY 2022-23
Triple P (level 2 and 3) (duplicated)	146
SEEDS for Parents	96
Abriendo Puertas	159
BabyCare	15
24/7 Dad	39
Core Workshop (type unknown)	410
OTHER SERVICES OR WORKSHOPS OFFERED	
Another service or workshop	2,704
10 Steps to a Healthier You	420
Bridge Library	1,537
Arts Enrichment	405

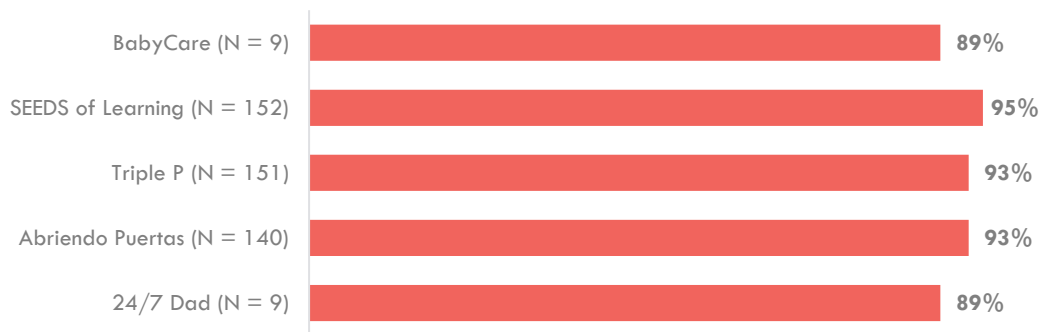
Source: FIRST 5 Santa Clara County, Persimmony Services Export, FY 2022-23. Counts across service areas may represent duplicate counts of individuals.

Parents/Caregivers gained knowledge and skills to care for their children.

Family Resource Centers offer a wide range of parenting education and skill-building workshops.

- **BabyCare** is a research-informed workshop designed to provide parents/caregivers with knowledge and resources to be responsive to the needs of their newborn or infant, and to create a safe and loving home environment.
- **SEEDS of Learning (SEEDS)** is a relationship-based program for parents/caregivers that prepares them to help their child develop the early literacy skills and the social-emotional foundation needed to be ready for kindergarten.
- **The Positive Parenting Program (Triple P)** is an evidence-based program that equips parents/caregivers with simple strategies to help them manage their children’s behavior, prevent problems, and build strong relationships.
- **Abriendo Puertas/Opening Doors** is the nation’s first evidence-based comprehensive parent program developed by and for Latino parents/caregivers with children from newborn to age five.
- **24/7 Dad** is an evidence-informed curriculum created by the National Fatherhood Initiative that trains fathers to be involved, responsible, and committed 24 hours a day, seven days a week.

BETTER OFF?
Up to 95% of workshop participants who completed the post-survey report increased knowledge and parenting skills

Figure 8. Parents'/Caregivers' Increased Skills by Workshop

Source: FIRST 5 Santa Clara County, Retrospective Pre/Post Survey for each Workshop, FY 2022-23. Scale is from 1 to 5 (Low to High) and the percentages shown in the charts above reflect responses where the parent indicated a rating of 4 or 5 (Moderate to High) confidence or competency.

Parents'/Caregivers reported strong protective factors.

The Protective Factors Survey (PFS) is a measure that asks parents' level of agreement with items in five sub-scales: Family Functioning/Resiliency, Social Support, Concrete Support, Knowledge of Child Development/Parenting, and Nurturing and Attachment.

PROTECTIVE FACTORS SURVEY SUBSCALES

Family Functioning/Resiliency

- In my family, we talk about problems.
- When we argue, my family listens to "both sides of the story".
- In my family, we take time to listen to each other.
- My family pulls together when things are stressful.
- My family is able to solve our problems.

Social Support

- I have others who will listen when I need to talk about my problems.
- When I am lonely, there are several people I can talk to.
- If there is a crisis, I have others I can talk to.

Concrete Support

- I would have no idea where to turn if my family needed food or housing. *
- I wouldn't know where to go for help if I had trouble making ends meet. *
- If I needed help finding a job, I wouldn't know where to go for help. *

*Item is reverse coded.

Child Development/Knowledge of Parenting

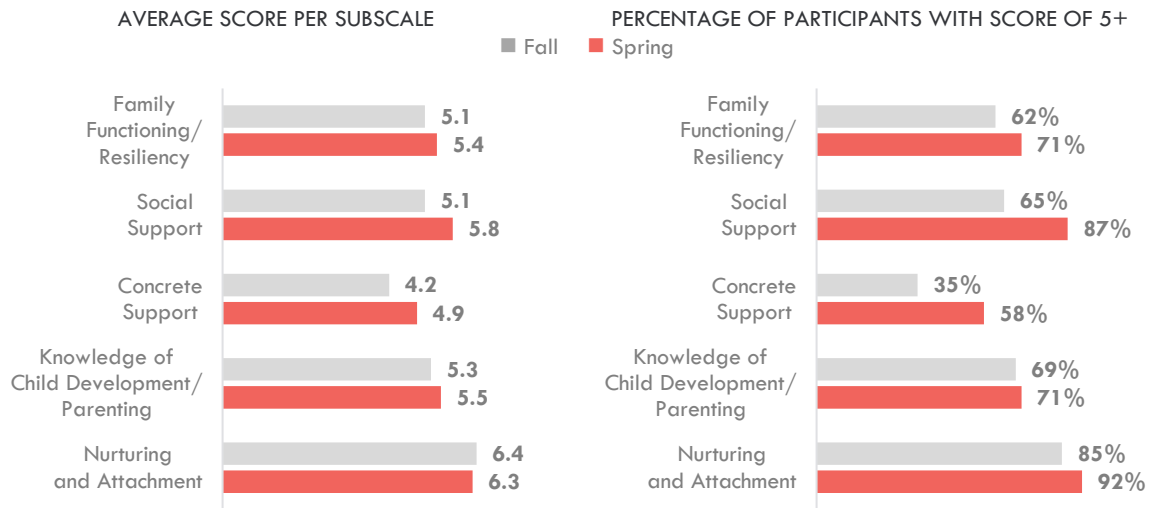
- There are many times when I don't know what to do as a parent. *
- I know how to help my child learn.
- My child misbehaves just to upset me. *
- I praise my child when he/she behaves well.
- When I discipline my child, I lose control. *

Nurturing and Attachment

- I am happy being with my child.
- My child and I are very close to each other.
- I am able to soothe my child when he/she is upset.
- I spend time with my child doing what he/she likes to do.

In FY 2022-23, Family Resource Centers administered the PFS in the fall and spring, from which 38 matched pre- and post-surveys were analyzed. Out of a max score of seven, the overall mean score was over five for almost all of the sub-scales in the spring. The chart below displays the percentage of participants whose average response on the seven-point scale was five or more. Parental protective factors were strong in *Family Functioning/Resiliency* and *Nurturing and Attachment*, but less strong in *Social Support*, *Knowledge of Child Development/Parenting* and *Concrete Support*.

Figure 9. Average Score and Percentage of Participants with Average Scores of Five or More



Source: FIRST 5 Santa Clara County, Protective Factors Survey, FY 2022-23. N = 38. Scores represent average on a scale of 1 to 7. Average score of five or more indicates that the respondent marked *Frequently* or higher or *Slightly Agree* or higher.

Across all FRC programs we strive to promote equitable opportunities for all families.

Each year, the evaluation report will be used to spotlight key strategies and efforts within Family Resource Centers that promote equity. This year’s spotlight includes Roots Community Health Center and ICAN (International Children Assistance Network).

FIRST 5 invests in the **Roots Community Health Center**, which focuses on the comprehensive needs of Black/African Ancestry children and families, especially the health needs that were identified in the 2015 *Status of African/African Ancestry Health: Santa Clara County* report. The Roots Clinic honors cultural heritage and tradition and provides information and access to services that promote healthy development, education, training, and employment. The Roots Community Health Center provided a comprehensive healthcare system for children and their families and implemented the Family 1st Program, which is an African Ancestry-centered model for empowering families. In FY 2022-23, the Roots Clinic served 281 parents/caregivers and 311 children. Through community events and drop-in services, the Roots Clinic served an additional 2,706 individuals. Among those served, 95% demonstrated increased protective factors from Fall to Spring.

International Children Assistance Network (ICAN), a Family Resource Center in the FIRST 5 network, provides a Vietnamese Radio Talk Show (1500 AM) with culturally appropriate content for Vietnamese parents, grandparents and caregivers regarding services available in the County and to encourage Vietnamese culture and tradition to young children for their cultural identity through language, arts and music. This strategy is designed to assist parents, caregivers and the general population to become effective leaders and advocates in promoting the healthy development of children prenatal through age 5 throughout Santa Clara County. ICAN’s work has been increasingly recognized by community leaders. SBTN, a national Vietnamese TV Network based in Southern California (broadcasted on Direct TV) launched their weekly radio program called Nam Radio. They invited ICAN to broadcast the Happy 5 Radio talk show on their Nam Radio, which can be accessed through the Nam Radio app or online at www.NamRadio24.com. The ICAN radio talk show started broadcasting on Nam Radio in January 2022 on Wednesdays at 2pm. In FY 2022-23 ICAN Radio had 338 program callers from across Santa Clara County.

Refugee Family Support Services

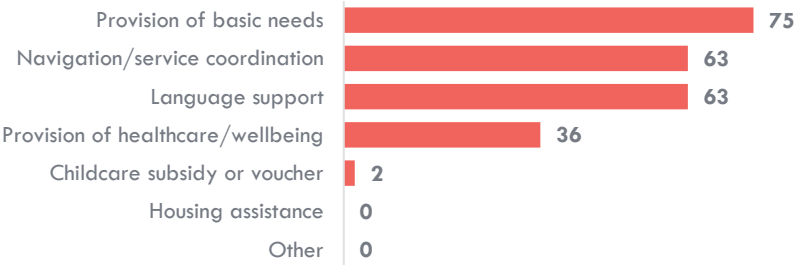
Refugee programs offered critical services and supports to families.

In 2021, the First 5 California Commission approved \$3 million in initial funding to support refugee families resettling in California. The funding will help refugee families receive aid for housing assistance, child care, mental health, legal support, supplies, and other services to meet their basic needs. This program supports families or expecting families with children prenatal through five years of age. In FY 2022-23, International Rescue Committee and Asian Americans for Community Involvement served a total of 130 individuals, representing 1 pregnant individual and 47 children birth through age five.

HOW MUCH?
130 individuals (caregivers and their children) were served

HOW WELL?
48% of individuals received assistance for service coordination and
48% of individuals received language support

Figure 10. Individuals Served by Refugee Program, by Service Type



Source: FIRST 5 Santa Clara County, Summary Report for Refugee Programs, FY 2022-23. N = 130.

SUPPORTING COURT-IMPACTED FAMILIES

Family Law Treatment Court

Families were strengthened through Resource Specialist Services.

Resource Specialists strengthen parent-child relationships and promote family cohesion for participants in the Family Law Treatment Court Program (FLTC). To achieve these goals, Resource Specialists support parents/caregivers to maintain their sobriety by connecting them to drug testing, and to enhance parenting capacity by connecting them to supervised visitation services. In FY 2022-23, 35 parents/caregivers and 68 children ages 0-5 were served by FLTC. The FY 2022-23 findings were as follows:

- Eight parents/caregivers completed their 120-Day Review Hearing to demonstrate their sobriety to the Court.
- Ten parents/caregivers receiving visitation with their child (i.e., supervised with a professional, supervised with a non-professional, or non-supervised) were granted increased frequency of visits, and nine parents/caregivers went from supervised to unsupervised visitation time or joint custody.
- Nine parents/caregivers graduated from FLTC in FY 2022-23.

HOW MUCH?

35 parents and **68** children were served through FLTC

BETTER OFF?

37% of FLTC participants with court granted visits had increased visitation over the past year

Child Advocates of Silicon Valley

Court appointed advocates supported children in the dependency system.

In FY 2022-23, FIRST 5 continued its partnership with Child Advocates of Silicon Valley to support the Early Childhood Court Appointed Special Advocate (CASA) Program. CASAs are consistent, supportive adults who serve as mentors, advocates, and friends for children during their time in the dependency system. Additionally, CASAs ensure that children's needs are met, and they are connected to the appropriate health and education prevention and early-intervention services. The partnership between Child Advocates and FIRST 5 will increase CASA connections for children under the age of six who are in the dependency system. In FY 2022-23, 112 children ages 0-5 were served by the CASA program.

HOW MUCH?

112 children 0-5 in the dependency system were supported by an advocate

BETTER OFF?

64% of children 0-5 received support for childhood trauma

PROMOTING HEALTH AND WELLNESS

OVERVIEW

FIRST 5 Santa Clara County aims to support the well-being of children by **supporting new parents, identifying health and developmental needs** of children, and **providing home visiting services**. This begins with prenatal care and support to expectant mothers and continues with a commitment to maintaining optimal physical, behavioral, and developmental health for infants and children as they grow. Equally crucial is empowering families with the necessary knowledge, skills, and resources to actively promote the health and development of their children. FIRST 5 Santa Clara County invests in a comprehensive set of strategies that support the physical, developmental, and behavioral health of children from infancy through age five.

Physical and developmental health screenings help with early identification of problems with hearing, vision, oral health, and developmental and/or behavioral delays, which if left untreated, can result in poor academic and health outcomes (Anderson et al., 2003). FIRST 5 invests in prevention efforts such as health screenings, using evidence-based, standardized, state-of-the-art screening tools that identify any needs for follow-up assessment and early intervention. Children who have been screened with a potential developmental and/or behavioral health delay are connected to prevention and early intervention services, such as supervised visitation, FIRST 5 Family Resource Centers, and the KidConnections Network of Providers.

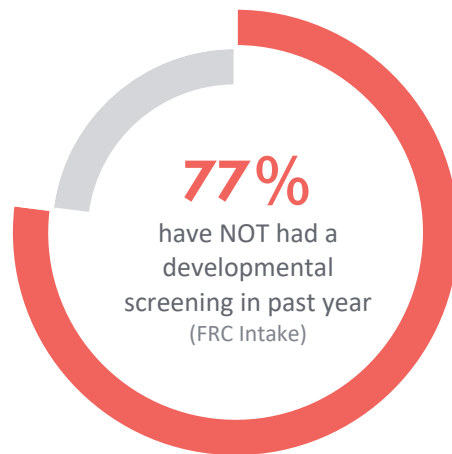
FIRST 5 is also invested in providing access to home visiting services. Through multiple partnerships, FIRST 5 supports efforts to meet the basic needs of families and expecting parents to ensure resources are accessible for all.

IDENTIFYING HEALTH AND DEVELOPMENT NEEDS

Universal Developmental Screening and Early Intervention

FIRST 5 Santa Clara County promotes health and developmental screenings throughout the county.

To better understand the characteristics of families, services received, and the most pressing needs of families, Family Resource Center (FRC) staff utilize the Family Intake Form. Upon intake, families were asked about a range of potential concerns over the most recent month. Almost half of parents/caregivers reported concerns about child care / early education (48%) and 38% expressed concerns about their child’s behavior. Only 23% report that their child had a developmental screening in the past year. In addition, 69% of children had a health screening, 35% received a dental screening and 26% received a vision screening in the past year. Children who did not receive any health or developmental screenings are at risk for having developmental delays that may go undetected.



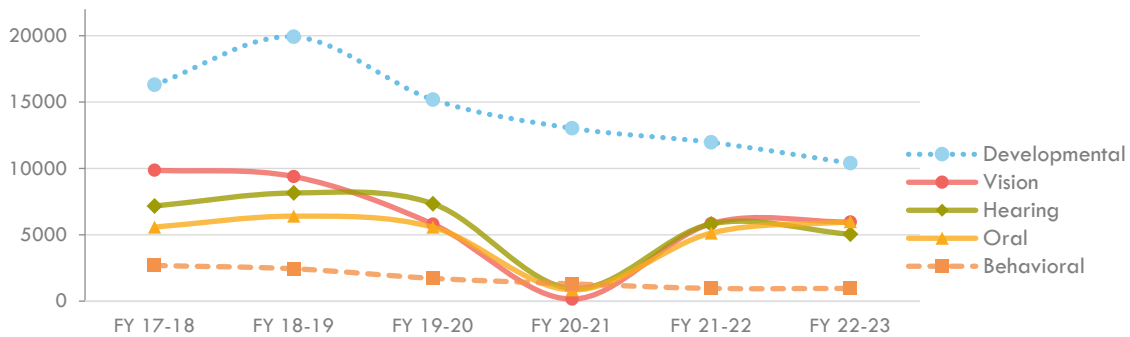
Children were screened and connected to early intervention services.

The Universal Developmental Screening Initiative aims to ensure that developmental and behavioral health screening with a standardized tool is routinely conducted during well-baby/well-child visits in pediatric clinics and practices throughout Santa Clara County. Developmental Screening Specialists within Valley Health Centers (VHC) are supported through Santa Clara County Health and Hospital System. The Developmental Screening Specialist position consists of seven full-time medical staff (Licensed Vocational Nurses and Medical Assistants), who help families complete the Ages and Stages Questionnaire (ASQ-3) screenings at well-baby/child visits. In addition, four full-time in-clinic Community Workers (funded by Behavioral Health Services Department) connect children and their families to early intervention services, such as the Help Me Grow/KidConnections Network.

HOW MUCH?
28,344 vision, hearing, oral, developmental, and behavioral health screenings were conducted

In FY 2022-23, 28,344 screenings were conducted, including vision, hearing, and oral health screens, developmental screens (ASQ-3), and behavioral screens (ASQ-SE2). The following table summarizes where ASQ-3 and ASQ-SE2 screenings were conducted in FY 2022-23.

Figure 11. Number of Health and Developmental Screenings Conducted



Source: Healthier Kids Foundation FY 2022-23 (physical screens), FIRST 5 Santa Clara County FY 2022-23 (developmental ASQ-3 and behavioral ASQ-SE2 screens).

Figure 12. Developmental and Behavioral Screenings by Type and Location

	ASQ-3	ASQ-SE2	TOTAL
Valley Health Center (VHC)	5,950	-	5,950
Early Learning	2,542	-	2,542
FIRST 5 Family Resource Centers	717	700	1,417
KidConnections Network	233	252	485
Warmline	134	126	260
Public Health Nurses	87	83	170
CalWORKs Home Visitation Project (ParentChild +, PHN)	46	49	95
Total	9,709	1,210	10,919

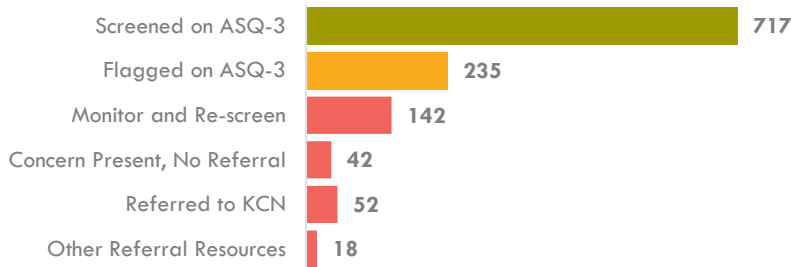
Source: FIRST 5 Santa Clara County, KidConnections Annual Data Presentation (Applied Survey Research), FY 2022-23 Common Data File, FY 2022-23.

In FY 2022-23, 717 children received a developmental screening using the ASQ-3. These screenings revealed that 33% (235) were identified (“flagged”) with a developmental concern. Of the children who were flagged, 22% (52) were referred to the KidConnections Network (KCN). When a child with a concern was not referred to KCN, it was primarily due to the parent preferring to monitor and rescreen at a later time or the child already participating in services. At the end of FY 2022-23, FIRST 5 revised this measure to capture additional detail for children referred to other resources (e.g., medical provider, head start, etc.).

HOW MUCH?
717 developmental screenings were conducted in Family Resource Centers

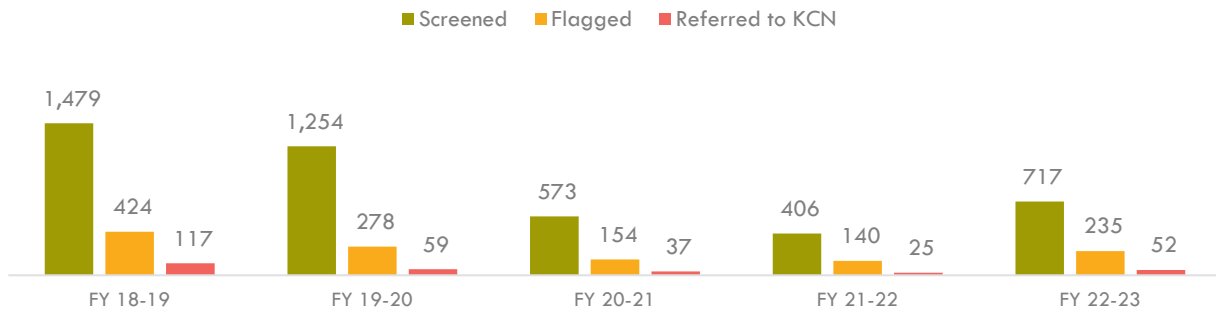
HOW WELL?
22% of children flagged for developmental screenings at Family Resource Centers were referred to KCN for early intervention support services

Figure 13. Developmental Screenings and Referrals in FRCs



Source: FIRST 5 Santa Clara County Baseline and Follow-up Assessments for ASQ-3, FY 2022-23. Child counts may be duplicated for those children who are screened multiple times during the year (e.g., monitor and re-screen at baseline and referred to KCN at follow-up).

Figure 14. Developmental Screenings and Referrals in FRCs, Trended Over Time

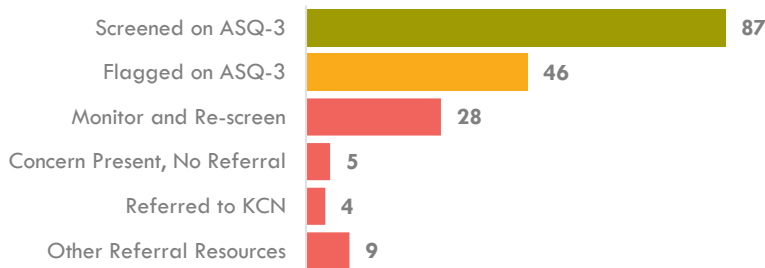


Source: FIRST 5 Santa Clara County Baseline and Follow-up Assessments for ASQ-3, FY 2022-23. Child counts may be duplicated for those children who are screened multiple times during the year (e.g., monitor and re-screen at baseline and referred to KCN at follow-up).

Children served through the Public Health Nursing Home Visiting Program also received developmental screenings. In FY 2022-23, PHNs screened 87 children with the Ages and Stages Questionnaire-3 (ASQ-3). Approximately 53% of the children screened were identified as having a developmental concern. Additionally, PHNs screened an additional 83 children on the ASQ-SE2 (social-emotional development), of those, about 14% were flagged for concerns. Children whose screenings indicated developmental and/or social-emotional concerns were referred to KidConnections Network, or other services, for further assessments and early intervention services.

HOW MUCH?
87 developmental screenings were conducted by Public Health Nurses funded by FIRST 5

Figure 15. Developmental Screenings and Referrals by PHNs

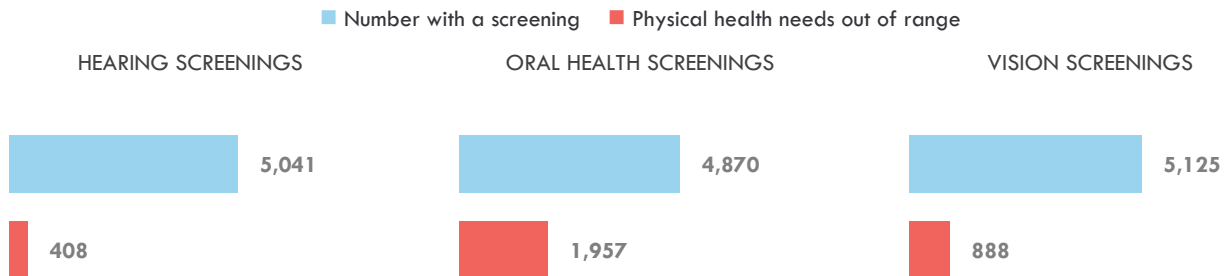


Source: FIRST 5 Santa Clara County Baseline and Follow-up Assessments for ASQ-3, FY 2022-23. Child counts may be duplicated for those children who are screened multiple times during the year (e.g., monitor and re-screen at baseline and referred to KCN at follow-up). No ASQ-SE2 referral data available.

Additionally, 15,036 health screenings (i.e., vision, oral, and hearing) were conducted in FY 2022-23. The chart below presents data from Healthier Kids Foundation (HKF) on the number of children who were screened and found to be out of range for normal development. Among children who had a documented closed case in FY 2022-23, 92% had a successful hearing outcome, 78% had a successful oral health outcome, and 80% had a successful vision outcome.

HOW MUCH?
15,036 physical health screenings conducted by HKF

Figure 16. Number of Children Screened and Out of Range



Source: Healthier Kids Foundation, Program Dashboard Report, FY 2022-23.

FIRST 5 continues to support KidConnections Network to offer children and families home-based early intervention services.

Help Me Grow/KidConnections (KCN) is a collaboration between Santa Clara County Behavioral Health Services Department (BHSD) and FIRST 5 Santa Clara County to offer a continuum of specialized screening, assessment, and home-based early intervention services for children birth through age five and their families. Pediatricians and providers refer children with developmental and behavioral health concerns to the Behavioral Health Services Department call center, which then triages families’ needs and connects them to one of the KCN providers below:

- Alum Rock Counseling Center
- Community Solutions
- Gardner Health Services
- Las Plumas-BHSD
- Sunnyvale-BHSD
- Kidango, Inc.
- KidScope-BSHD
- Rebekah Children’s Services
- Pacific Clinics

KCN providers contact families to let them know their referral has been received, and after that, services can begin. Services may include:

- **Developmental and Behavioral Health Home Visiting Services:** Infant and Toddler Care (PITC), Triple P Positive Parenting Program, and Brazelton Touchpoints Approach.
- **Home-Based Therapeutic Services:** Child-Parent Psychotherapy (CPP), dyadic/triadic therapy, Trauma Focused Cognitive Behavioral Therapy (TF-CBT), and Triple P.
- **Case Management and Care Coordination Services:** Linkage and connection to healthcare, FRCs, Early Start, School Districts, preschool, and other resources as needed.

Families typically begin services within a few weeks of being referred to a KCN provider and may have their case open for up to one year or longer as needed by families. At each touchpoint, from the Call Center to the KCN provider, client-level data are entered and then de-identified before being sent to FIRST 5 for analysis.

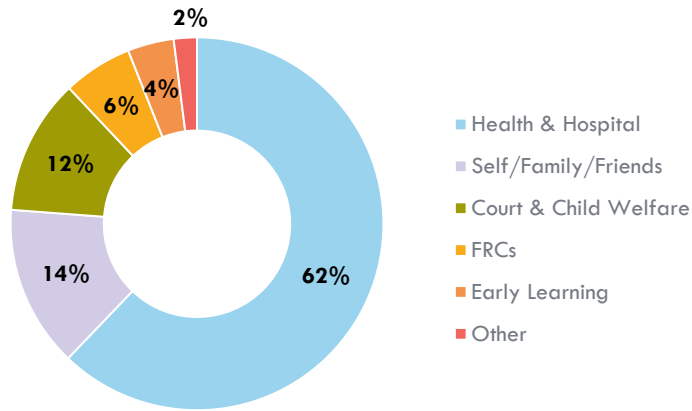
KidConnections Network has a broad reach in the community to improve early identification.

In FY 2022-23, 1,398 children were referred to KCN. Upon intake, the source of referral for each family is noted in their records. FIRST 5 has been promoting universal screenings and referrals across county health and hospital system partners. In FY 2022-23, nearly two-thirds (62%) of new referrals to KCN came from the health and hospital system, indicating that those systems are indeed screening more children, and when concerns are found, those children are being referred to KCN.

HOW MUCH?
1,398 children were referred to KCN

HOW WELL?
779 accepted services

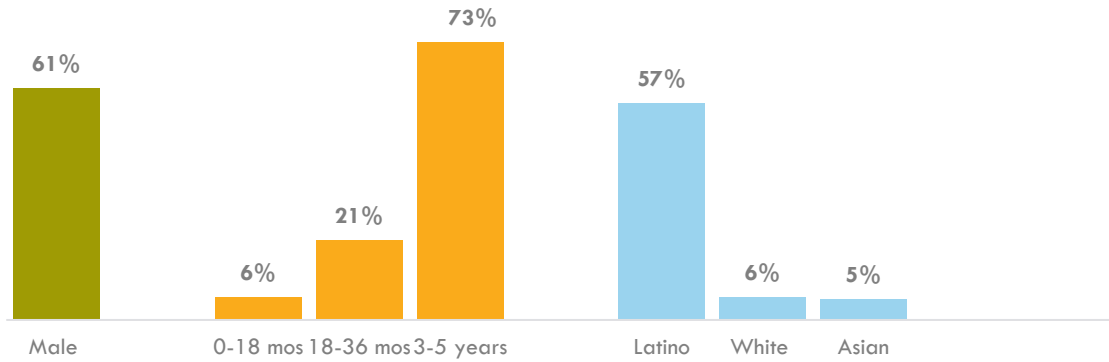
Figure 17. Children Referred to KCN, by Referral Source



Source: FIRST 5 Santa Clara County, KidConnections Annual (Applied Survey Research), FY 2022-23. N = 1,398.

Out of 1,398 referrals received, 1,000 (72%) of these children were connected, meaning that the family agreed to follow-up and/or are linked to the KCN Network. Among those connected, 779 (78%) accepted the services. The majority of new admits were male, ages 3-5 years old, and Latino.

Figure 18. Demographics of Children Participating in KCN



Source: FIRST 5 Santa Clara County, KidConnections Annual Data Presentation (Applied Survey Research), FY 2022-23. N = 1,041.

KCN providers use a variety of standardized assessment tools to understand each child’s presenting needs and arrive at a primary, and sometimes secondary, diagnosis. In FY 2022-23, the most common primary diagnoses were unspecified childhood emotional disorders, followed by Autism Spectrum Disorder / Asperger’s / Pervasive Development Delay (PDD), unspecified trauma- and stressor-related disorder, and unspecified disruptive, impulse-control, and conduct disorder.

Figure 19. Most Common Diagnoses for Children Supported by KCN

DIAGNOSIS	FY 2022-23
Childhood emotional disorder, unspecified	156 (23%)
Autism, Asperger's, PDD	153 (23%)
Unspecified trauma- and stressor-related disorder	101 (15%)
Unspecified disruptive, impulse-control, and conduct disorder	92 (14%)
Adjustment Disorder	48 (7%)
Anxiety Disorder	41 (6%)
Encounter for observation for other suspected diseases and conditions ruled out	17 (3%)
Relational Problems	16 (2%)
Developmental Disorder of Speech and Language, Unspecified	4 (1%)
Unspecified communication disorder	9 (1%)

Source: FIRST 5 Santa Clara County, KidConnections Annual Data Presentation (Applied Survey Research), FY 2022-23. N = 667.

Children served by KidConnections Network demonstrate improved development, wellbeing, and parent-child interactions over time.

KCN employs a number of screening tools to identify needs and opportunities to support children and families.

- **Ages and Stages Questionnaire - Third Edition (ASQ-3)** and the **Ages and Stages Questionnaire: Social-Emotional (ASQ:SE-2)** screens are reviewed at the time of the initial assessment to identify developmental and social emotional concerns to assess for intervention.
- **Pediatric Symptom Checklist-35 (PSC-35)** is a 35-item parent-completed tool used to assess children's psychosocial functioning.
- **Child and Adolescent Needs and Strengths- Early Childhood (CANS-EC)** tool is used to identify strengths and to target desired areas for support and intervention, completed at the initial assessment process, specific intervals and discharge to measure the impact of interventions provided on specific “actionable areas.”
- **Keys to Interactive Parenting Scale (KIPS)** tool is a structured observation tool used to assess parent-child interaction during play. The KIPS assesses parent's (or other significant caregiver's) behavior at intake and discharge.

The analysis of baseline and follow-up assessments are used to identify how many children demonstrate improved skills over time from baseline to follow-up (e.g., 120+ days after baseline). To create a more granular assessment of child outcomes, the evaluation team conducted an additional analysis to identify:

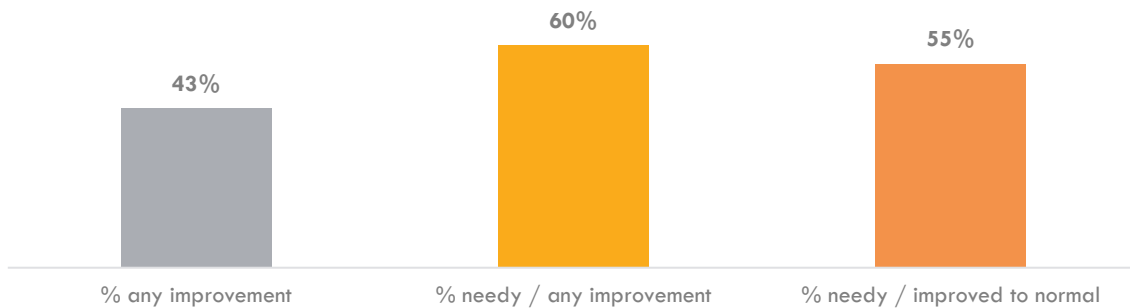
- *Percent of all clients who had any improvement*
- *Percent of clients in need who had any improvement (e.g., score improved)*
- *Percent of clients in need who improved to have normal functioning (e.g., score at follow-up indicates expected development level)*

The ASQ-3 results are used to identify children with a developmental and/or behavioral health concern. These children are connected to the appropriate early intervention services, such as in-depth assessment, home visiting, and developmental and behavioral therapeutic services. After receiving early intervention services, data consistently reveal that children are better equipped to attend to their learning environment, relate with their peers, and take on new challenges, which collectively support their early learning and school readiness.

**BETTER OFF?
43% of children served by KCN demonstrated improved child development at follow-up (ASQ-3)**

The analysis of ASQ-3 assessments revealed that 55% of children were flagged at baseline and 40% were flagged at follow-up. Findings presented in the chart below illustrate the proportion of children who demonstrate improvement over time.

Figure 20. Percentage of Children With Improved Child Development (ASQ-3)

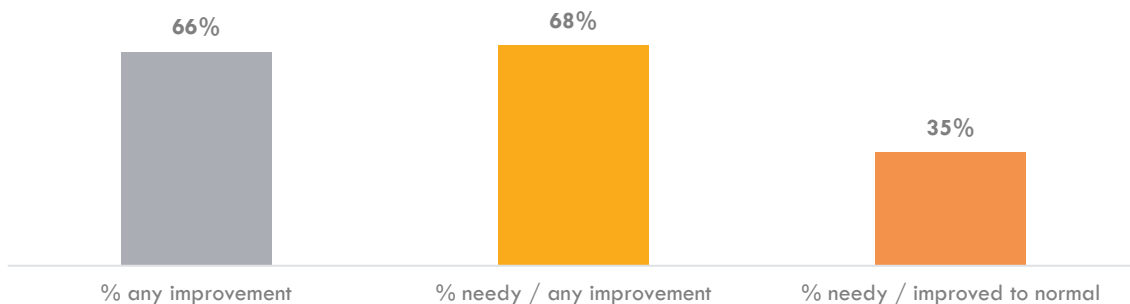


Source: FIRST 5 Santa Clara County, KidConnections Annual Data Presentation (Applied Survey Research), FY 2022-23. N = 77 matched pairs.

The PSC-35 results are used by parents to identify concerns related to their child’s psycho-social functioning. The tool provides a snapshot of psychological difficulties or impairment, but is not a diagnosis tool. The analysis of PSC assessments revealed that 28% of children were flagged at baseline and 24% were flagged at follow-up. Findings presented in the chart below illustrate the proportion of children who demonstrate improvement over time.

**BETTER OFF?
66% of children served by KCN demonstrated improved functioning at follow-up (PSC-35)**

Figure 21. Percentage of Children With Improved Functioning (PSC-35)

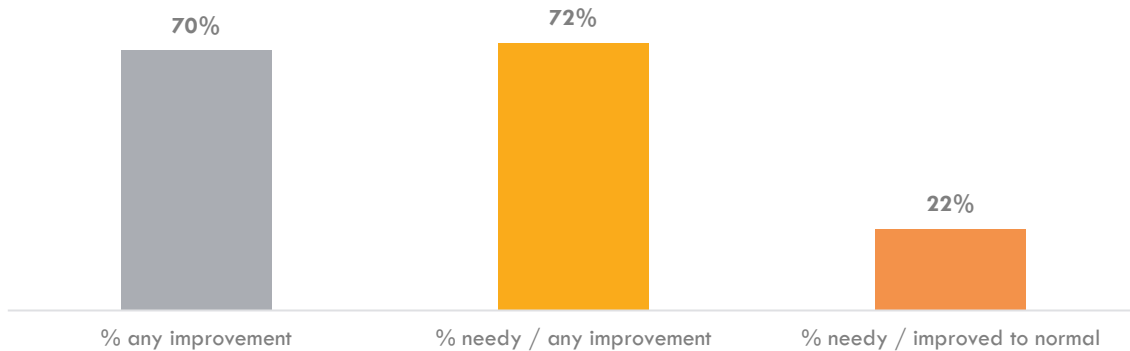


Source: FIRST 5 Santa Clara County, KidConnections Annual Data Presentation (Applied Survey Research), FY 2022-23. N = 77 matched pairs.

The CANS-EC tool is used to identify strengths and needs for support and intervention. Baseline and discharge assessments are used to evaluate the impact of interventions provided on specific “actionable areas.” The analysis of CANS-EC assessments show that 96% of children/families had actionable items at baseline, compared to 82% at follow-up. Overall, 70% of children/families had fewer actionable items at their follow-up assessment.

BETTER OFF?
70% of children served by KCN had fewer actionable items at their follow-up assessment (CANS-EC)

Figure 22. Percentage of Children with Improved Needs/Strengths (CANS-EC)

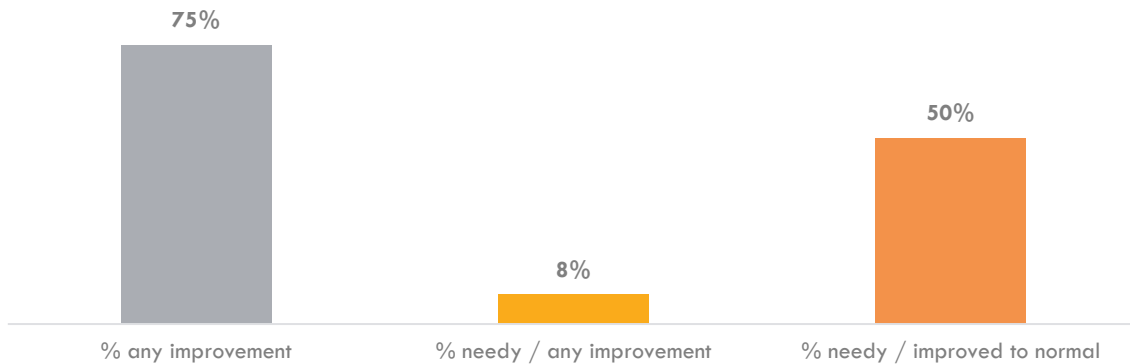


Source: FIRST 5 Santa Clara County, KidConnections Annual Data Presentation (Applied Survey Research), FY 2022-23. N = 210 matched pairs.

The KIPS tool is used to assess changes in parent-child interactions from baseline to follow-up. The analysis of KIPS observation assessments show that 59% of families had moderate to high needs at baseline, compared to 31% at follow-up. Overall, 75% of children/families had demonstrated improved interactions at follow-up.

BETTER OFF?
75% of parents served by KCN had improved parent-child interactions

Figure 23. Percentage of Parents with Improved Parent-Child Interactions (KIPS)



Source: FIRST 5 Santa Clara County, KidConnections Annual Data Presentation (Applied Survey Research), FY 2022-23, N = 75 matched pairs.

Developmental Behavioral Pediatric Clinics

Santa Clara Valley Medical Center provided Developmental Behavioral Pediatric services to children.

In FY 2022-23, Santa Clara Valley Medical Center (SCVMC) was funded by FIRST 5 Santa Clara County to provide pediatric developmental services at various ambulatory clinic sites throughout Santa Clara County, including Valley Health Centers Bascom, Downtown San Jose, and Gilroy. Services were inclusive of the parent/caregiver involved in the child's life and utilized a child/family-centered approach which included the use of a medically appropriate assessment process, treatment recommendations, timely follow-up, care and referral coordination, and progress monitoring.

HOW MUCH?

406 children served
and **324** Medi-Cal recipients

The benefits of SCVMC's Developmental Behavioral Pediatric (DBP) program model include ease of service access for patients and families; high quality and effective assessment, care and service coordination; and direct referrals and linkages to a wide range of services and resources. The DBP program is located in SCVMC's pediatric clinics, which allows for referring providers to easily walk to the DBP office and ask questions, shortening the turnaround time to referrals and appointments. Co-location also supports collaborative medication treatment planning. Furthermore, using the same electronic medical record system (HealthLink) fosters easy communication between SCVMC providers and streamlines coordination of patient care.

In FY 2022-23, SCVMC provided DBP services to 406 unduplicated children 0-5 years of age. Among those who participated in a consultation, the majority were between ages 3-5 (246 children) and were supported by Medi-Cal insurance (324 children). Targeted developmental and behavioral health assessments were provided by a multidisciplinary team that includes a Developmental Behavioral Pediatrician (993 consults), Psychologist (123 consults), and Speech Language Pathologist (1 consults).

The top 10 most common diagnoses among children included:

- Autistic disorder
- Expressive language disorder
- Developmental disorder of speech and language
- Other symptoms and signs involving appearance and behavior
- Other disorders of psychological development
- Other feeding difficulties
- Unspecified lack of expected normal physiological development in childhood
- Attention-deficit hyperactivity disorder
- Specific developmental disorder of motor function
- Feeding difficulties

Services were tailored to the patient's needs and follow-up visits were scheduled to ensure patient linkage to care and allowed the DBP team to troubleshoot any barriers to accessing services. There were 410 follow-up visits completed in FY 2022-23.

PROVIDING HOME VISITING SERVICES

Home Visiting Systems Coordination

Countywide collaborative pilots FindHelp, a bi-directional referral platform, to connect families to home visiting programs.

FIRST 5 was awarded a Home Visiting Coordination grant from First 5 California in fall 2020. This three-year, \$200,000 grant has been utilized to support the development and sustainability of the Santa Clara County Home Visiting Collaborative (HVC). The collaborative’s goal is to develop a coordinated approach to delivering home visitation across participating agencies, including common goals and values, maximizing capacity and cross-referrals between agencies, and sharing of best practices and professional development opportunities.

HOW MUCH?
2,610 clients served across the HVC

HOW WELL?
96% of clients report satisfaction with the program

Figure 24. HVC Agencies and Partners

AGENCY	HOME VISITING PROGRAM
FIRST 5 Santa Clara County County Behavioral Health Services Department	KidConnections Network
County Office of Education (COE)	Early Head Start
	Head Start
	Early Start
San Andreas Regional Center (SARC)	Early Start
County Public Health Department (PHD)	General Public Health Nursing
	FIRST 5 Public Health Nursing
	Nurse Family Partnership
	Nurse Family Partnership Expansion
	Strong Mom Strong Babies
	Black Infant Health
Parent Child+	ParentChild+
Planned Parenthood	Teen Parent Support Program

Source: Santa Clara County Home Visiting Collaborative Report, FY 2022-23.

In 2021, FIRST 5 and collaborative partners worked with Optimal Solutions Consulting to finalize initiative goals, governance structure, and an action plan. Applied Survey Research (ASR) conducted an environmental scan of home visiting programs in the county. Partners also created a decision tree to ensure that clients were referred to the appropriate program. ASR helped the collaborative create an evaluation plan to measure the efforts and outcomes of their work. Activities included creating a logic model to depict program and systems-level theories of change, and creating an evaluation plan matrix defining the key aspects of the program and systems-level work to be evaluated. To increase access and referrals to home visiting services, the Collaborative opted to pilot FindHelp, an online portal to handle bidirectional, closed-loop referrals to community resources.

The Home Visiting Collaborative served a diverse group of 2,610 clients and their families.

The first year of implementation the HVC served 2,610 clients. The number of children served in each program is shown in the table below.

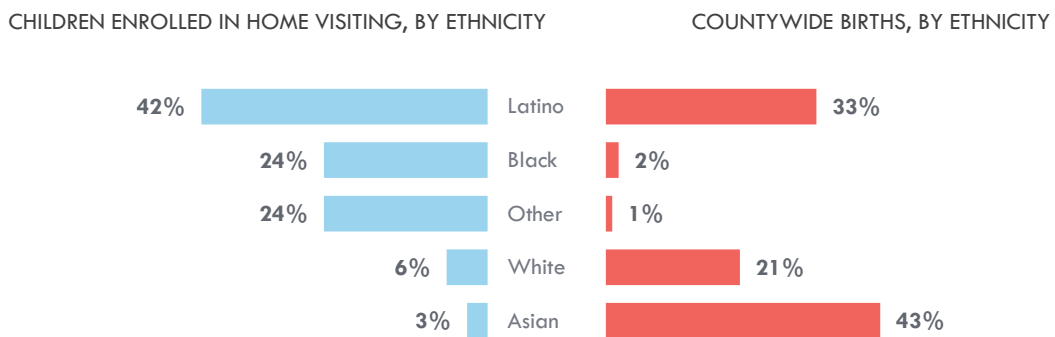
Figure 25. Number of Children Served by Home Visiting Program (HVC)

HOME VISITING PROGRAMS	CHILDREN SERVED
KidConnections Network	1,055
PHD - General Public Health Nurses	445
PHD - Public Health Nurses (funded by F5)	190
Planned Parenthood Teen Parent Support Program	239
ParentChild+	172
COE - Early Start	214
PHD - Black Infant Health	48
PHD - Strong Mom Strong Babies	48
PHD - Nurse Family Partnership	55
PHD - Nurse Family Partnership Expansion	30
ParentChild+ - CalWORKs	32
COE - Early Head Start	82
SARC - Early Start	N/A

Source: Santa Clara County Home Visiting Collaborative Data Dashboard, Number of new enrollees, FY 2022-23.

As part of the evaluation plan, HVC aimed to assess the demographic composition of clients served by comparing the racial/ethnic distribution of children in the program with that of the general public, specifically focusing on the percentage of births by race/ethnicity. As shown by the figure below, compared to the countywide population of newborns, children enrolled in home visiting program were more likely to be Latino (42% in the HVC compared to 33% in the county), more likely to be Black (24% in the HVC compared to 2%), and less likely to be Asian (3% in the HVC compared to 43%).

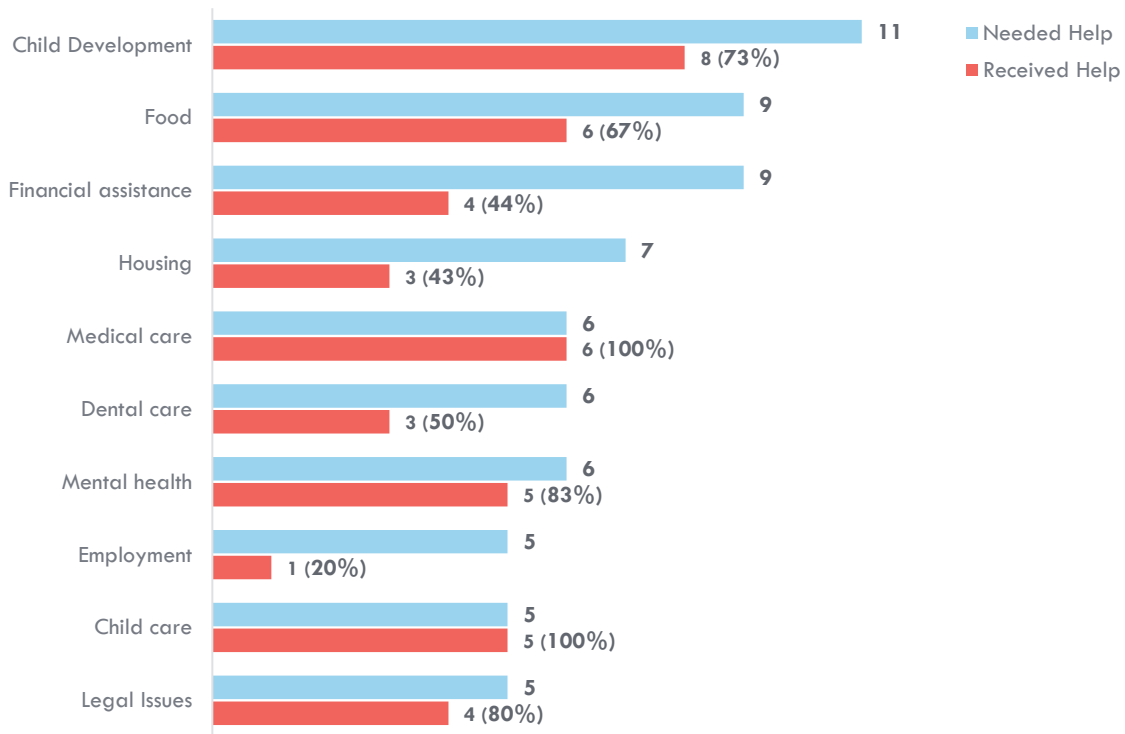
Figure 26. Children Enrolled in Home Visiting Compared to Countywide Births by Ethnicity



Source: Santa Clara County Home Visiting Collaborative Report, FY 2022-23.

To better understand parents’ experiences receiving home visiting services, the Annual Family Survey was launched in fall 2022 reaching 47 participants. The Annual Family Survey asked respondents about their greatest needs, and the extent to which their home visiting program was able to help address (or refer out) for those needs. The most commonly reported needs were for Child Development (11), Food (9), and Financial Assistance (9). The chart below shows additional needs reported by those who completed the survey. Clients completing the Annual Family Survey were also asked to rate their satisfaction with the home visiting support they received. Overall, 96% of clients were satisfied with the home visiting support they received.

Figure 27. HVC Client Needs and Help Received to Address Needs (Client-Reported)



Source: Santa Clara County Home Visiting Collaborative Report, FY 2022-23. N = 47.

CalWORKs Home Visiting Program

FIRST 5 supported the CalWORKs Home Visiting Program to engage low-income families in evidenced-based home visiting services.

The California Work Opportunity and Responsibility to Kids (CalWORKs) Home Visiting Program (HVP) is a voluntary program supervised by the California Department of Social Services (CDSS) and administered by participating California counties. Families’ participation in the program counts toward their work participation requirement. The HVP aims to support positive health development and well-being outcomes for pregnant and parenting people, families, and infants born into poverty expand their future educational, economic, and financial capability opportunities, thus improving the likelihood that they will exit poverty. The HVP supports and resources include (1) prenatal, infant, and toddler care; (2) infant and child nutrition; (3) child developmental screening and assessments; (4) parent education, parent and child interaction, child development, and child care; (5) job readiness and barrier removal; and (6) domestic violence and sexual assault, mental health, and substance abuse treatment, where applicable. To ensure that children and families receive these supports and resources, FIRST 5 partnered with the county Public Health Department to provide an integrated home-visiting system through the following programs: Nurse Family Partnership, Strong Moms/Strong Babies Program, and ParentChild+.

HOW MUCH?
141 parents and their children participated in **887** home visits

HOW WELL?
18 participants were first-time parents

In FY 2022-23, 141 parents and their children participated in 887 home visits. Of those, 17 were pregnant parents/caretakers and 18 were first-time parents. An in-depth multi-year study of outcomes per home visiting model was conducted in Spring of 2023 and is presented below.

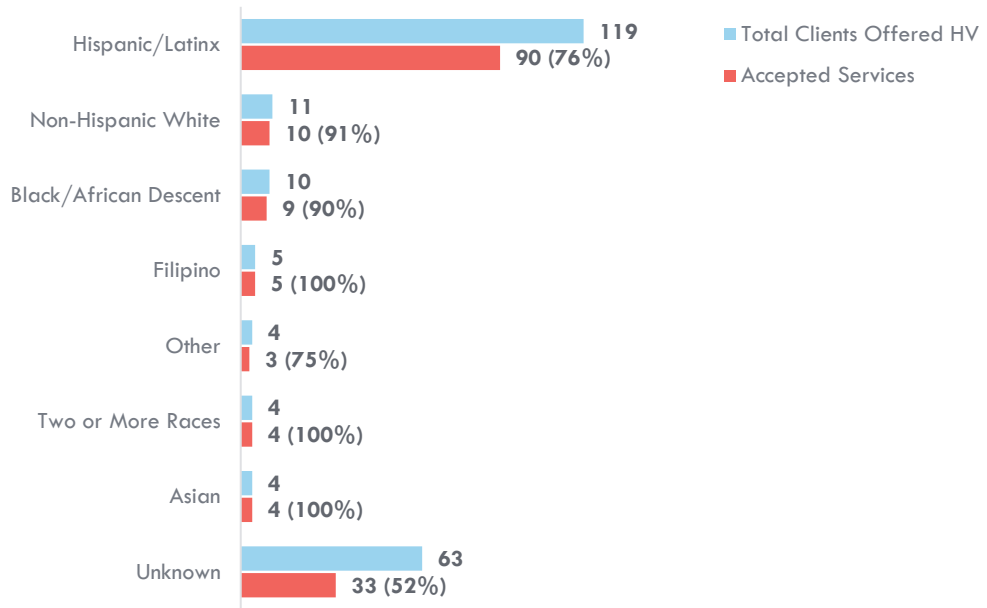
From July 2019 through March 2022 the CalWORKs Home Visiting Program served more than 200 parents/caregivers and their children.

From July 2019 through March 2022 the HVP received referrals for 479 potential participants. Program staff successfully contacted 97% of those participants. Nearly 60% of participants who were offered home visiting, accepted the invitation. There were 68 pregnant mothers and about 81% of pregnant mothers accepted a home visit.

Over this three-year period 174 (75%) of those who accepted services went on to have a first visit. Participants were either assigned to Nurse Family Partnership (9%), Strong Mom, Strong Baby (81%), or ParentChild+ (10%). More than 2,100 home visits were completed and most visits were conducted virtually through Zoom. When visits did occur in person, more than 80% of them were held at the client’s home. When in-person visits did not occur in the client’s home, they took place at another indoor or outdoor space, at an office, or an FRC.

As part of this three-year analysis, the evaluation sought to understand differences in acceptance rates across families from difference race and cultural backgrounds. While the highest number of families offered home visiting services were Hispanic and Latinx, the acceptance rate among Hispanic and Latinx families was lowest (76%). Additional detail is shown in the figure below.

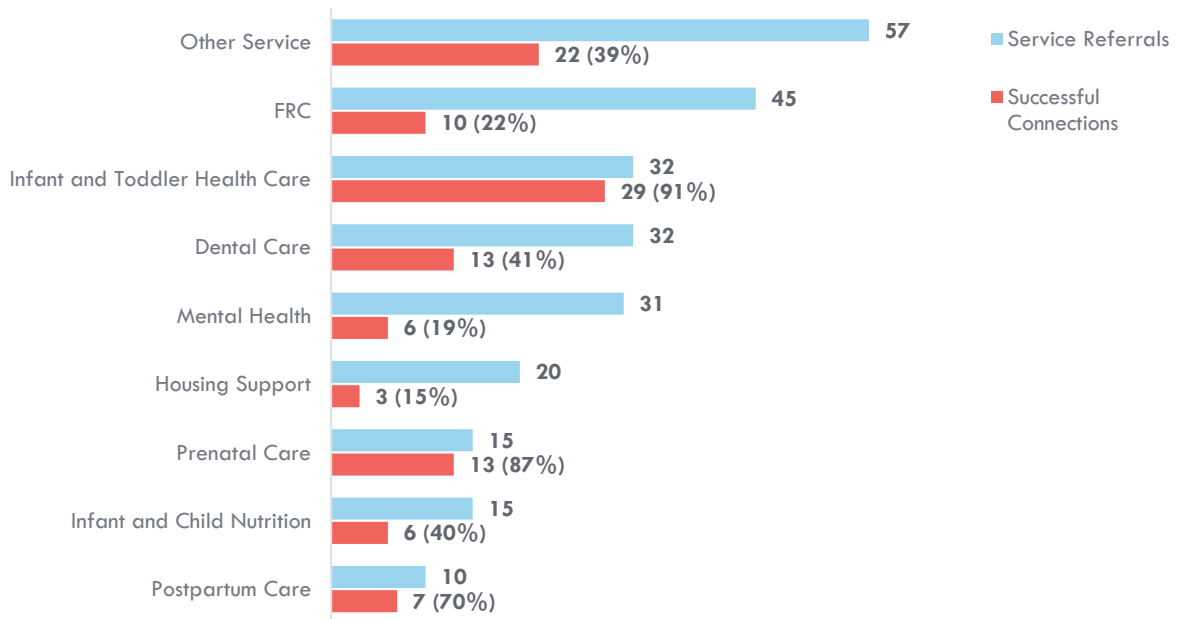
Figure 28. Total Potential Participants Compared to Those Who Accepted Services, By Race



Source: CalWORKs HVP Multiyear Analysis Report, FY2022-23.

Families in the program were most commonly seeking service referrals to be connected to a Family Resource Center (45 referrals), dental care provider (32 referrals), infant and toddler care providers (32 referrals), and mental health supports (31 referrals). The figure below compares service referrals with successful service connections for the 10 most common types of service referrals. Service referrals for infant and toddler health care providers were the most successful (91% successfully connected), meanwhile the least successful were for housing support (15%), mental health (19%), and Family Resource Centers (22%).

Figure 29. Number of Service Referrals and Successful Connections (Top 10)



Source: CalWORKs HVP Multiyear Analysis Report, FY 2022-23. Note: There were 294 service referrals across 174 families. The number of families receiving service referrals is duplicated.

ParentChild+ Home Visitation Program

FIRST 5 supported ParentChild+ to engage families in a program designed to enhance school readiness.

ParentChild+ is an intensive home visitation program designed to build early literacy and school readiness. It provides underserved families with the necessary knowledge, skills, and resources to ensure children achieve their greatest potential in school and in life. Prior research shows that children who participate in ParentChild+ are significantly more likely to be ready for kindergarten, less likely to need special education services, and are more likely to graduate from high school. Through a partnership with FIRST 5 in three Family Resource Centers (Educare, SOMOS Mayfair, and Rebekah's Children Services), the ParentChild+ program is a place-based approach to reach families where they live, build trust by hiring local staff, promote child-parent interaction, and facilitate community connections. In FY 2022-23, ParentChild+ served 290 parents/caregivers and 297 children.

HOW MUCH?
290 parents and **297** children participated in home visiting

BETTER OFF?
Over 93% of parents demonstrated average or above average parenting skills

Parent-child interaction outcomes were measured using the Parenting Interactions with Children Checklist of Observations (PICCOLO) tool. PICCOLO is a strengths-based observational measure of developmental parenting and a tool for home visitors to engage parents in supporting children’s early development. The tool is a checklist of 29 observable, developmentally supportive behaviors for parents or guardians of children ages 10-47 months. PICCOLO includes four domains: *Affection, Responsiveness, Encouragement, and Teaching*. Based on research of low-income and diverse samples, those who developed measures for PICCOLO utilized proficiency cutoffs of Below Average, At Average, and Above Average.

In FY 2022-23, ParentChild+ worked with 590 individuals, 172 of which were One-on-One model children, 189 caregivers, and 111 siblings. Average scores increased from pre to post in each domain: Affection, Responsiveness,

Encouragement, and Teaching. In addition, all families who completed the program scored at least average on *Affection* (100%). Additionally, 93% scored at least average on *Responsiveness*, 96% on *Encouragement*, and 95% on *Teaching*.

Child development outcomes of ParentChild+ were measured using the Child Behavior Traits (CBT) tool. In FY 2022-23, 63% of families in the One-on-One model made improvements on the CBT scale. Of those families in the program, 92% of children graduated from the program and were ready for school. All children enrolled in the program received an ASQ-3 and ASQ-SE screening. ParentChild+ is phasing out the CBT measure as needs and understanding of how to assess children in their development have evolved within the program and have no additional data to report on the tool.

County of Santa Clara Public Health Department

FIRST 5 partners with Public Health Nursing Home Visiting Services to improve child and family outcomes.

In FY 2022-23, 150 children 0-5 years of age and their caregivers (74 caregivers) received home visitation by a public health nurse (PHN). For children who were medically fragile or born tox-positive, special attention was paid to ensure they were linked to specialty medical clinics, such as audiology and otolaryngology (ear, nose, and throat specialists).

HOW MUCH?
150 children birth to age 5 were engaged in home visiting services with a PHN

PHNs conduct an exit assessment when children and their caregivers leave the program. A total of 30 exit assessments were conducted in FY 2022-23. About 93% of children with exit assessments had a medical home, 83% who had a health concern were referred to services, and 76% were up-to-date on their well-checks and immunizations.

Figure 30. Survey of the Health Status of Children Who Exit PHN Home Visiting Services

HEALTH STATUS AT EXIT	SURVEY RESPONSES
Children up-to-date on immunizations	23 (77%)
Children with health concerns referred to services	25 (83%)
Children who exit the program with a medical home	28 (93%)
Children who exit the program up-to-date on their well checks	23 (77%)
Children who exit program with a dental home	9 (30%)
Children who exit the program with a dental visit in last 6 months	7 (23%)

Source: FIRST 5 Santa Clara County, Persimmony Database, FY 2022-23. N = 30.

IMPROVING ACCESS TO QUALITY EARLY LEARNING AND CHILD CARE

OVERVIEW

FIRST 5 Santa Clara County aims to ensure that every child is afforded high quality early care and education opportunities across all contexts, thereby equipping them to be enthusiastic lifelong learners within their homes, schools, and communities. The goal centers on providing essential support in early-childhood settings to meet the academic, physical, and social-emotional needs of children. Research confirms the importance of quality early learning experiences to effectively prepare young children for school and life. Studies show that high-quality early learning programs improve children’s school readiness, and lead to better long-term academic achievement and adult health outcomes (Campbell, 2014).

FIRST 5 is committed to ensuring Santa Clara County’s young children have access to high-quality early learning opportunities and enter school fully prepared to succeed academically, emotionally, and socially. In 2012, the California Department of Education (CDE) received the *Race to the Top – Early Learning Challenge Grant*. The grant aimed to enhance early learning and development programs in California, with a specific emphasis on expanding access for children with high needs. As a result, California initiated efforts to allocate resources to evaluate and appraise the quality of early learning and care settings. This led to the implementation of Quality Rating and Improvement System (QRIS), the foundation to Santa Clara County’s early learning and care (ELC) system called QUALITY MATTERS...a STRONG START for kids (QUALITY MATTERS). This initiative diversified participating programs by increasing the number of Family Child Care Homes providers, Family Friend and Neighbor caregivers, and alternative sites. To address the inequities in the ELC system, QUALITY MATTERS since 2019 de-emphasized quality rating as a major focus of its implementation and pivoted to expand and invest in *continuous quality improvement* supports for all early learning sites.

To support children with behavioral and developmental needs, FIRST 5 partners with the Santa Clara County Office of Education Inclusion Collaborative, Parents Helping Parents, Teaching Pyramid, and others. The Inclusion Collaborative offers essential training to early educators on how to create inclusive classrooms that support the learning needs of all children. This program offers hands-on training, resources, and helps to facilitate referrals for children who may need additional support.

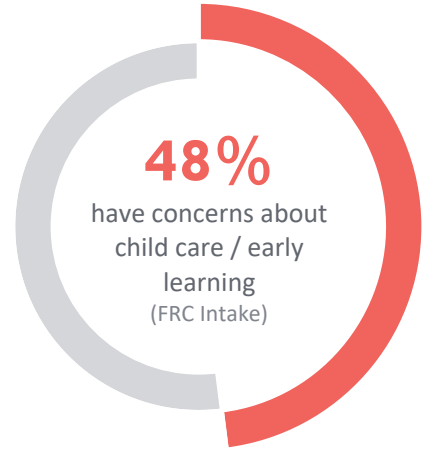
COMMUNITY-BUILDING FOR PROVIDERS

QUALITY MATTERS...a STRONG START for kids

Families engaged in Family Resource Centers shared a common concern regarding child care and early learning.

To better understand the characteristics of families, Family Resource Center (FRC) staff utilize the Family Intake Form. Upon intake, families were asked about a range of potential concerns over the most recent month. Almost half of parents/caregivers reported concerns with child care / early education (48%).

Caregivers were also asked about the various types of child care or preschool experiences their child had in the past 12 months. Due to a combination of economics, availability, and choice, 57% of children were at home with their parent during the day (consistent with 2021-22 [55%]), and 17% of children cared for by family, a friend, or neighbor. In all, 37% were in a licensed early education environment, including Head Start or other free/low-cost care (10%), other center-based program (8%), family child care home (8%) and Transitional Kindergarten (11%) settings.



FIRST 5 brings together partners from across the county to support high-quality early learning environments, going above and beyond QRIS ratings.

QUALITY MATTERS...a STRONG START for kids (QUALITY MATTERS) was implemented in the county as a means to utilize the QRIS framework to create a common understanding of quality and identify strengths and opportunities for improvement. Programs' ratings were the starting point for their professional development pathway. The primary tool for that development is the Quality Improvement Plan (QIP), created with programs to set goals, identify resources, and create a plan. This will ultimately provide young children access to high-quality early learning and increase family engagement. The QRIS Framework was also a platform to inform families and the community about the importance of high-quality care and education. For more information about the QRIS, go to the [California Department of Education website](#) or [Quality Counts California website](#).

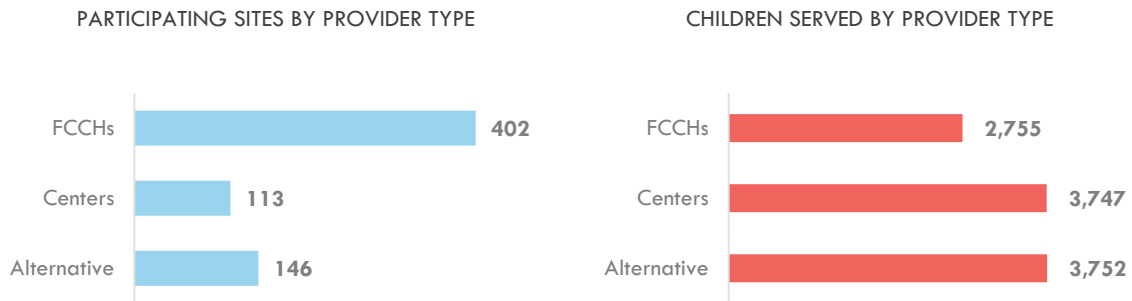
Since its inception, QUALITY MATTERS has since de-emphasized the quality rating in favor of creating equitable access to resources. Furthermore, FIRST 5 is dedicated to creating a comprehensive integrated early-learning data system, promoting continuous quality improvement practices, and streamlining program operations and reporting within the early childhood education field. Programs participating in QUALITY MATTERS use a data system, Hubbe, which enhances student information management, tracking of program implementation, and program quality. In FY 2022-23, QUALITY MATTERS updated the enrollment process to ensure QUALITY MATTERS participants remain committed to quality care year after year. This fiscal year, all participants had to "re-up" to express their continuing interest to participate in QUALITY MATTERS.

QUALITY MATTERS continued to expand its reach to early education sites and children.

The figure below indicates the number of sites and types of programs participating in each component of QUALITY MATTERS in FY 2022-23. There were 661 sites participating across QUALITY MATTERS including 402 Family Child Care Homes (FCCHs), 113 Centers, and 146 alternative sites. Alternative sites include Family Friend Networks (121) and Family Resource Centers (25). These 661 sites represented 1,610 early educators. There were 10,836 children served by the Initiative in 2022-23, which translates to 8% of the county’s population ages 0-5 in 2021 (U.S. Census, 2021 one-year estimates).

HOW MUCH?
661 early learning providers engaged in QUALITY MATTERS
10,836 children benefited from high-quality early learning

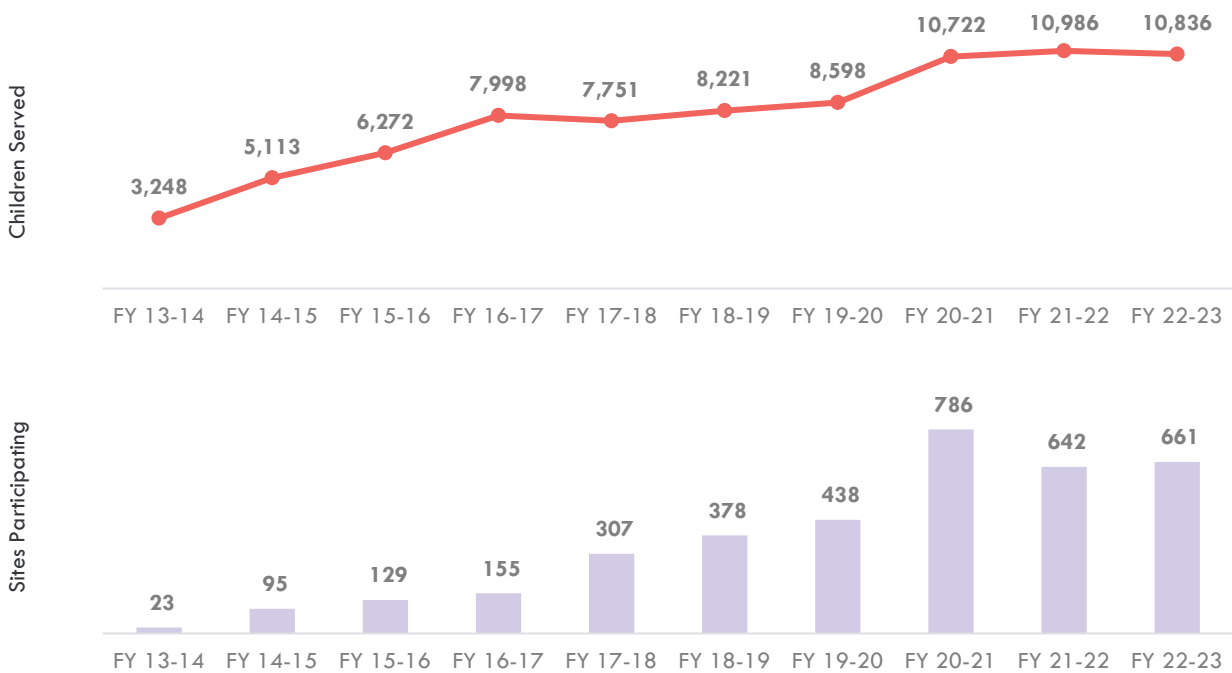
Figure 31. Number of Sites and Children Participating in QUALITY MATTERS



Source: FIRST 5 Santa Clara County, Common Data File, FY 2022-23; retrieved from Hubbe database.

The figure below presents the reach of children served by QUALITY MATTERS sites over the past 11 years.

Figure 32. Number of Sites and Children Enrolled in QUALITY MATTERS Programs by Fiscal Year



Source: FIRST 5 Santa Clara County, Common Data File, FY 2022-23; retrieved from Hubbe database. Values include children from all Early Learning Programs, including alternative sites.

Providers participating in QUALITY MATTERS also share details about children served (age, race, language). The table below provides more details information about the characteristics of children served by providers engaged in QUALITY MATTERS.

Figure 33. Demographics of Children Enrolled with QUALITY MATTERS Providers

Age		Race/Ethnicity		Language	
Infant	8%	Hispanic/Latino	45%	Spanish	68%
Toddler	15%	Asian	23%	English	59%
Preschool	46%	Non-Hispanic White	11%	Vietnamese	16%
Alternative	31%	Two or more races	8%	Mandarin	2%
		Black/African Ancestry	4%	Other Asian language	1%
		American Indian/Alaskan Native	1%	Other	1%
		Native Hawaiian/Pacific Islander	<1%	Unknown	10%
		Unknown	9%		

Source: FIRST 5 Santa Clara County, Common Data File, FY 2022-23; retrieved from Hubbe database. Values include children from all Early Learning Programs, including alternative sites. Language is not mutually exclusive, some children are bilingual.

An increasing number of early educators engaged in high-quality professional development opportunities.

According to Workforce Registry data for Santa Clara County, there were 509 providers across the county who completed 4,418 trainings (14,702 hours) in 2022-23, up from 1,964 trainings in 2021-22. On average, providers participated in 29 hours of training throughout the year.

Early educators participate in a Communities of Practice and receive professional development support.

FIRST 5 Santa Clara County strives to bring an array of supports to its growing community of Early Childhood Educators as part of the QUALITY MATTERS...a STRONG START for kids initiative. In December 2020, a new practice-based coaching model using a **Communities of Practice (COP) Model** to enhance professional development for QUALITY MATTERS *Family Child Care Home* providers. The **COP** program aimed to offer continuing education through practice-based coaching and peer networking. Monthly Collaborative Coaching sessions were held via Zoom in partnership with the coaching team at the *Inclusion Collaborative* of the Santa Clara County Office of Education. Sessions were held in English and in Spanish. Each session focused on a key topic, delivered in a format of large group presentation, followed by small breakout room discussions with coaches. Inclusion Endorsed Family Child Care Home providers acted as co-coaches to support their peers around inclusion and as a leadership development opportunity.

HOW MUCH?
98 providers
 participated in the
QUALITY MATTERS
Communities of
Practice

Key topics covered in this year’s Communities of Practice sessions included: Trauma-Informed Practices, Self-Regulation, Behavior is Communication, Equitable Practices Using the Ways 2 Equity Playbook, Culturally Responsive Practices (Available in English & Spanish).

One noteworthy aspect of their Community of Practice (COP) sessions conducted last fiscal year is the efforts to increase awareness around language and accessibility. Typically conducted in English with Spanish translation, the last session in the fiscal year took a different approach by being conducted in Spanish with English translation. This format aimed to give providers a perspective on both sides of language barriers. The shift helped English-speaking providers better understand challenges related to technology issues and questions, fostering a more empathetic and collaborative training environment.

San Jose Public Library Family, Friend and Neighbor Caregiver Support Network

FIRST 5 provided resources and training to Family, Friend, and Neighbor caregivers about child development.

FIRST 5 also supported 148 caregivers through the San Jose Public Library Family, Friend, and Neighbor (FFN) Caregiver Support Network to promote the healthy development of children and families. This program offers co-creation of individualized learning pathways and support services for FFN caregivers to provide high-quality care through professional development workshops. Materials and resources were provided to caregivers who were interested in learning more about child development for those in their care, and for some it was an opportunity to learn more if they were interested in opening up their own Family Child Care Home in the future. In addition, FIRST 5 partners with Mission College to grant college credit for participation in the FFN curriculum, and caregivers were able to receive a QUALITY MATTERS stipend for their participation.

HOW MUCH?
121 Family, Friend, and Neighbor caregivers reached

HOW WELL?
75% completed 21 professional development hours

Financial Support for Family Child Care Home Providers

FIRST 5 has distributed funds to Family Child Care Home providers to alleviate the burden and lasting effects of the pandemic.

FIRST 5 provided a one-time award (“mini-grant”) of \$5,000 to support Family Child Care Home providers recover from the COVID-19 Pandemic. Family Child Care Home (FCCH) providers were asked to participate in a survey that would allow them to reflect on how the pandemic impacted their business and how the grant funds could be used to support their business. The survey was required for all 27 grant recipients in order to receive the distribution of funds.

HOW MUCH?
27 FCCH providers received \$5,000 award

- Nearly all recipients said the one-time \$5,000 mini-grant would help their business stay open.
- Most participants planned to use the mini-grant for rent, educational materials, and program equipment.
- Participants stated they will use the money to help them improve education for the children in their FCCH, help buy food for the kids, rent costs, materials, and supplies.

SUPPORTING CHILDREN WITH BEHAVIORAL AND DEVELOPMENTAL NEEDS

Santa Clara County Office of Education Inclusion Collaborative

Infant/Toddler educators improved their ability to support social-emotional development.

In FY 2022-23, the Santa Clara County Office of Education (SCCOE) Inclusion Collaborative provided Teaching Pyramid (CSEFEL) training to QUALITY MATTERS Family Child Care Home providers. WestEd's Teaching Pyramid is an evidence-based practice originally developed by the Center on the Social and Emotional Foundations for Early Learning (CSEFEL), authorized by California Department of Education (CDE), and aligned with California's Early Learning and Development System. The Teaching Pyramid approach provides a systematic framework for early educators to increase the quality of home and center-based early childhood education programs related to social-emotional development. Specifically, the Teaching Pyramid approach promotes social and emotional development, provides support for children's appropriate behavior, prevents challenging behavior, and addresses problematic behavior. Providers are trained in four different modules, as described by WestEd.¹

In FY 2022-23, 88 QUALITY MATTERS Family Child Care Home providers received training on the Teaching Pyramid. Providers received stipends and continuing education units for their participation. At the end of each module session, providers were asked to complete a survey about their understanding of training topics and how they work with children with disabilities. Most participants felt that the modules helped them improve their knowledge and skills around working with children with disabilities (95% agree for Module 1; 100% agree for Module 2; 81% agree for Module 3A; 100% agree for Module 3B).

HOW MUCH?

88 FCCH providers received training on the Teaching Pyramid

BETTER OFF?

81-100% gained a better understanding on how to support children with disabilities in their program after participating in each module

Family Child Care Homes made their environments more inclusive for all children in their care.

To support the education and development of young children in inclusive early childhood settings, FIRST 5 partnered with the Santa Clara County Office of Education (SCCOE)'s Inclusion Collaborative to offer trainings to participating QUALITY MATTERS sites. The SCCOE Inclusion Collaborative staff who were reliable Inclusive Classroom Profile (ICP) raters conducted observations in participating sites, worked collaboratively with providers to create action plan goals, and enhanced their inclusive practices through engagement in monthly Community of Practice.

- All ten providers prepared an action plan, improved their rating, and received a pre and post rating.
- Six providers completed at least 80% of the goals in their action plan.
- Seven out of ten child care providers had an average ICP score of five or greater and therefore earned their Inclusion Endorsement.

HOW MUCH?

10 FCCH providers earned their Inclusion Endorsement

¹ <https://cainclusion.org/teachingpyramid/training-modules.html>.

Inclusion Collaborative Warmline

The Inclusion Collaborative Warmline provided over 3,330 services to better support the needs of children with disabilities.

FIRST 5 Santa Clara County partners with [Warmline](#) to provide families and early educators with free support, information, and referral service regarding the inclusion of children with developmental needs and disabilities in the community. The Warmline is accessible in English, Spanish, Vietnamese, and Chinese. This program utilizes a comprehensive, whole-child approach to provide solutions for managing children with challenging behaviors and developmental delays. Additionally, Warmline staff provide advice to educators who are implementing inclusion in their programs, or who want to start an inclusion program at their site. Warmline also responds to parents/caregivers who have questions regarding inclusion programs. Finally, Warmline provides educators and parents/caregivers with support for children's transitions among and between programs (e.g., hospital to home, home to child care/Early Start, Early Start to preschool, preschool to kindergarten, etc.). Referrals to resources, agencies, and services in the community, including Santa Clara County's System of Care (KidConnections Network of Providers) are also provided.

In FY 2022-23, Warmline received calls from parents/caregivers and providers for support, for an unduplicated total of 1,155 persons served (307 providers, 486 parents and 362 children 0-5 years of age). Warmline provided 3,338 services, such as Triple P workshops, customized resources and e-packets.

HOW MUCH?

1,087 people were supported by the Warmline

HOW WELL?

3,338 services were provided to support caregivers and children

SEEDS of Learning

FIRST 5 provides training for caregivers of young children to support social-emotional development.

SEEDS of Learning is a nationally recognized, professional development program for parents/caregivers and educators of young children. The program is designed to help the children in their care develop the early literacy skills and the social-emotional foundation they need to be ready for kindergarten.

SEEDS of Learning for child care providers was first piloted by FIRST 5 Santa Clara County in 2012. In FY 2022-23, SEEDS served 70 family child care providers. As part of the program, family child care providers participated in eight trainings over 10 months and were then matched with SEEDS coaches for 16 weeks of coaching, after which they graduated from the SEEDS program. At the end of the fiscal year, SEEDS participants were asked to complete a brief survey to provide feedback about the program and the professional development received through the e-learning platform.

The Phonological Awareness Literacy Screening (PALS) is used to measure literacy fundamentals in children 3-5 year of age. Literacy fundamentals includes alphabet recognition, word concepts, and knowledge of letter sounds and spelling. In FY 2022-23, PALS assessments were documented for 47 children 0-5 years of age. Results are available in the appendix.

SEEDS providers also utilize the Child/Home Early Language and Literacy Observation Tool (CHELLO) to better understand the early language and literacy development of young children supported in Family Child Care Homes. In FY2022-23 there were 45 sites that completed the CHELLO assessment at pre and again at post. Results are available in the appendix.

HOW MUCH?

70 providers participated in SEEDS

Teachstone

FIRST 5 engaged FCCH providers in peer-to-peer professional development opportunities.

Teachstone is an online learning platform that increases educators' access to a robust professional development library of resources and supports individual coaching and peer group involvement in professional development. As an online platform, Teachstone is a great way to bring professional development to family child care home (FCCH) providers who often find it challenging to attend trainings during the regular workday. In the fall of 2015, FIRST 5 Santa Clara County was selected by First 5 California to pilot Teachstone with FCCH providers in Santa Clara County. In FY 2022-23, there were 73 providers who completed the Teachstone program. The evaluation of the program was intended to be measured by pre and post-survey data, however, due to issues with SurveyMonkey the post-test survey data is not available.

HOW MUCH?

73 FCCH providers participated in the Teachstone program

STRENGTHENING THE WORKFORCE

OVERVIEW

FIRST 5 Santa Clara County seeks to empower the community, including FIRST 5 staff, partners, and service providers, with the expertise, capabilities, and capacity to effectively assist children from prenatal stages through age five and their families. This entails establishing a proficient and diverse workforce dedicated to fostering the well-being of children, families, and communities. A crucial aspect of this effort involves aligning workforce development systems both within and across various disciplines to ensure a seamless and high-caliber delivery of services that consistently meet the highest standards of quality.

FIRST 5 provides child-focused and family-centered professional development opportunities to a multidisciplinary workforce serving children prenatal through age five and their families. FIRST 5 is working toward the outcome of developing and strengthening a highly qualified workforce that provides the highest quality of services to children, families, and communities. High-quality translation and interpretation services are available for professional development workshops and community events to increase community access to FIRST 5 written materials, learning opportunities, and other identified FIRST 5 sponsored events.

SUPPORTING EARLY EDUCATORS

Santa Clara County Early Learning Workforce Initiatives

The FIRST 5 Early Learning team launched two of the three workforce initiatives.

By the end of the 2021-22 fiscal year, the Early Learning Department received a \$5 million allocation from Santa Clara County for three Early Learning Workforce Development Initiatives, including the Apprenticeship program, Shared Services Alliance, and Transitional Kindergarten Equity.

The **Early Learning Apprenticeship program** is an equity-oriented workforce initiative, focused on bringing a diverse set of individuals into the field of early learning and care offering paid on-the-job training, no-cost college courses, and cohort learning at community-based locations. This two-year program leads to a wage increase and an Associate Teacher permit. Two local community colleges have agreed to participate in the apprenticeship model. The program will support two cohorts of 25 entry-level staff, one representing staff from Family Child Care Homes and another for Center staff. The apprentice participants will engage in a mentoring relationship with a provider from local early learning sites. Each cohort will have access to bilingual tutoring support and a Success Coordinator who will help apprentice participants on their coursework. The participants also have access to childcare and mental wellness support. Participants will complete four courses over two years and accumulate at least 2,000 hours of work to complete the apprenticeship and earn the Associate permit. The partnership between providers and the community colleges will be the foundation for sustaining this “workforce pipeline” in future iterations and be hired into positions at higher pay.

In FY 2022-23, the program launched, serving 51 apprentices with support from 32 mentors across 21 employers. Apprentices worked with a total of 208 children in Family Child Care Home settings and 357 children in center-based care settings.

HOW MUCH?

51 apprentices participated in the launch of the Early Learning Apprenticeship Pilot

37 FCCH providers participated on the design Team for Shared Services Alliance

Figure 34. Demographic Characteristics of Early Learning Apprenticeship Cohort

CSPP	Race/Ethnicity		Primary Language	
	Hispanic/Latino	16 (76%)	Spanish	15 (71%)
Asian	3 (14%)	English	3 (14%)	
Black/African Ancestry	1 (5%)	Vietnamese	2 (10%)	
White	1 (5%)	Other	1 (5%)	

FCCH	Race/Ethnicity		Primary Language	
	Hispanic/Latino	20 (71%)	Spanish	20 (71%)
Asian	7 (25%)	Hindi	3 (11%)	
Other	1 (4%)	Chinese	1 (4%)	

Source: FIRST 5 Santa Clara County, ECEPTS Database, FY 2022-23. Note: Additional languages spoken among FCCH apprentices include English, Gujarati, Ilocano, Telegu, and Odia.

Evaluation partners include Applied Survey Research (ASR) and Early Care and Education Pathways to Success (ECEPTS). ECEPTS team collected Apprentice information required by the California Department of Labor, Division of Apprenticeship Standards. This included information about participant attendance and academic success. ASR supported FIRST 5 with additional information about the impact of this pilot program. As part of that effort, the ASR team developed an evaluation plan to compile key indicators of program success. The evaluation in the first year of implementation includes the following data collection methods and highlighted findings:

Focus Group Summary – Listening sessions with apprentices and mentors.

- Apprentices described the flexibility of the program, that the program exceeded expectations, had helped them gain confidence to implement practical approaches for early learning.
- Mentors described the successes they've witnessed among their mentees (apprentices) as they've grown to become more independent.
- Apprentice Recommendations:
 - ✓ Offer ESL tutoring to overcome language barriers.
 - ✓ Offer financial and childcare supports.
 - ✓ Offer support to overcome technology barriers.
 - ✓ Offer support to complete homework.
- Mentor Recommendations
 - ✓ Offer onboarding to increase clarity about the program.
 - ✓ Offer ongoing communication to maintain cohesion between observations and coursework.
 - ✓ Facilitate mentor-employer collaboration.
 - ✓ Offer credit or certification for mentors.
 - ✓ Repurpose agenda for monthly meetings to address classroom challenges.

Survey Summary – Feedback, challenges, and successes for apprentices, mentors, and employers.

- 96% of apprentices, 78% of mentors, and 76% of employers are satisfied with the apprenticeship program.
- 96% of apprentices plan to remain in the field, 94% of mentors would recommend their apprentice for hire, and 89% of employers plan to employ the apprentice at program completion.
- 98% of apprentices report that they have increased knowledge of early care and education.
- Apprentice Recommendations:

- ✓ **Increase Peer-to-peer learning opportunities.**
- ✓ **Enhance translation and ESL support.**
- ✓ **Provide technology support.**
- ✓ **Provide access to childcare while working in the field.**
- **Mentor Recommendations**
 - ✓ **Improve communication on expectations for their role and learning objectives for the course.**
 - ✓ **Provide resources and support to effectively conduct observations.**
- **Employer Recommendations**
 - ✓ **Improve communication on the roles of all participants and learning objectives for the course.**
 - ✓ **Develop an apprentice/employee handbook and dedicate time to review with each apprentice.**
- **To enhance the apprentice-mentor-employer relationships**
 - ✓ **Rotate mentors to expose apprentices to other mentoring styles and feedback.**
 - ✓ **Promote regular check-ins and increased communication with their mentors.**
 - ✓ **Facilitate relationship-building opportunities to enhance the mentor-mentee relationship.**
 - ✓ **Host collaborative learning opportunities and training.**
 - ✓ **Create more opportunities for mentors to share feedback with their apprentice.**
 - ✓ **Host informal gatherings outside the workplace to foster personal connections between employers and apprentices.**

The **Shared Services Alliance** incentivized, prepared, and supported Family Child Care Home Providers (FCCH) to meet demand for quality early learning and care by developing and implementing shared services. FCCHs are micro-businesses that are a core component of the early care economy and disproportionately serve the lowest income communities and the youngest children. A majority of FCCH are women who identify as part of Black/African Ancestry, Indigenous, and People of Color (BIPOC) communities. One FCCH provider may serve up to 14 children, allowing an estimated 16-28 working parents to enter, re-enter, or continue with employment.

The Shared Services Alliance is an administrative structure that enables services at scale (e.g., marketing and social media tools, enrollment and tuition management, health insurance and other benefits, substitute pools, retirement and tax guidance, and legal supports). Key collaborative partners will continue to develop and expand business services and support to FCCH providers (i.e., FCCH stakeholders, QUALITY MATTERS partners, Santa Clara County Office of Education (SCCOE)). As part of the effort, FIRST 5 partnered with ASR to develop an evaluation plan to compile key indicators of program success.

The steps to launch the Shared Services Alliance in Santa Clara County involves: (1) recruitment of a design team, (2) recruitment of the FCC Network (3) the development of a sustainable and formal leadership structure (4) identifying priority services and supports, (5) and an assessment of the capacity for sustaining the shared services beyond June 2024. In FY 2022-23, Shared Services Alliance focused on recruitment to the Design Team, designing their governance/structure, establishing a logic model, and identifying key themes and priorities for the network.

The Early Learning team invited QUALITY MATTERS Early Educators to join the Design Team via a flyer and an application of interest. Applications were reviewed through an equity lens and providers were invited to participate as a member of the Design Team. Prior to joining the monthly meetings, participants were required to complete a Commitment Form, Induction Survey, and Group Agreement. The Design Team kicked off in November 2022 and included 37 FCCH providers, and 16 of them were Spanish-speaking providers. The Design Team meetings were hosted simultaneously in Spanish and English. Meetings were co-hosted by Design Team members

and FIRST 5 Santa Clara County Early Learning team members. Design Team meetings are held bi-monthly with an average attendance rate of 84% (37 participants). In between meetings, providers used the WhatsApp Chat to share resources, interact, and continue discussing topics of interest.

Topics covered during Design Team meetings included: team building and reflection check-ins; learnings from similar Shared Services Models (F5 Sonoma) and the Imagine Institute’s “Introduction to Liberatory Design”; exploration of child care management software systems and hybrid hubs; training and facilitation of Empathy Interviews; the design and launch of a Family Child Care Business Provider survey; and the design of Shared Services Alliances future conference.

FIRST 5 Santa Clara County Early Learning Initiative supported providers within the Shared Services Alliance Design Team to conduct and participate in **Empathy Interviews** with other providers in their community to gain a deeper understanding of Family Child Care providers’ experiences, needs, and priorities in Santa Clara County. In addition, FIRST 5 Santa Clara County Early Learning Initiative launched a **Business Needs Survey** to capture business needs and priorities for FCCH providers throughout the county. View the Shared Services Alliance Summary Snapshot for more information about these data collection efforts and findings.

To further the discussion around priorities for shared services, the May Design Team meeting was utilized to identify and rank top areas for support. Both English and Spanish Family Child Care business owners rated having a Hybrid hub (accessible virtually and in-person) as priority, followed by a substitute pool and Child Care Management Software. One other area specifically mentioned by the English-speaking design team included the opportunity to receive more business management training and support.

ENGLISH-SPEAKING DESIGN TEAM PRIORITIES	SPANISH-SPEAKING DESIGN TEAM PRIORITIES
Hybrid Hub	Hybrid Hub
Substitute Pool	Substitute Pool
Child Care Management Software	Child Care Management Software
Business Management	

TRAINING FOR PROVIDERS

Workshops and Trainings for Providers

FIRST 5 partners accessed high quality training and continuing education opportunities.

FIRST 5 invests in quality services by ensuring that partners maintain the appropriate professional licenses to serve children and families. As a licensed continuing education provider through the California Association of Marriage and Family Therapists and the California Board of Registered Nurses, FIRST 5 provided 1,445 hours of free continuing education credits to 1,833 participants with the following licenses or certifications: LMFT, LCSW, LPCC, LEP (LMFT), and RNs.

The FIRST 5 training model focused on four areas: Family Resource Center staff workshops and trainings, FCCH Early Educator trainings, cross-disciplinary trainings, and Parents Helping Parents workshops. In FY 2022-23, FIRST 5 offered 32 trainings on 15 topics, reaching a total of 612 providers (unduplicated). COL trained cross-disciplinary partners in core strategies such as Brazelton Touchpoints and Ages and Stages Questionnaires. COL also trained and certified 57 new Family Resource Center staff to provide core parenting workshops such as Triple P, Abriendo Puertas/Opening Doors, and 24/7 Dad. FIRST 5 and Parents Helping Parents (PHP) worked together to provide 11 different types of trainings to 296 providers caring for children with disabilities.

HOW MUCH?

612 providers participated in **32** trainings

HOW WELL?

76% of providers report that the workshop was relevant to their work

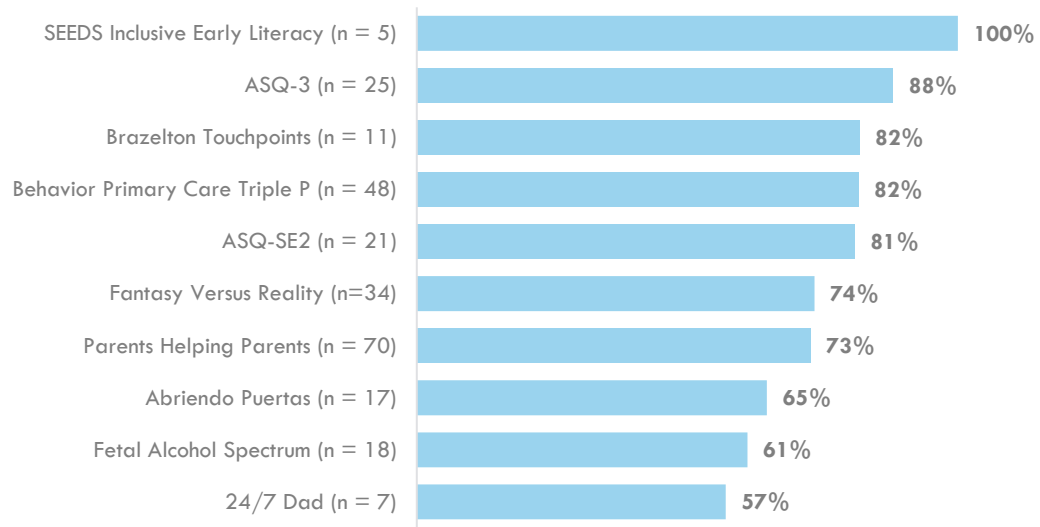
Figure 35. Number of Providers Participating in Each Type of Training (unduplicated)

PROVIDER TRAININGS	NUMBER OF PROVIDERS	NUMBER OF TRAININGS
Family Resource Center Staff		
Triple P Level 2/3/4	48	1
24/7 Dad	13	1
Abriendo Puertas/Opening Doors	25	1
Cross Disciplinary		
Ages and Stages Questionnaires	196	14
- <i>Ages and Stages Questionnaire (ASQ-3)</i>	144	6
- <i>Ages and Stages Questionnaire: Social Emotional (ASQ-SE)</i>	141	6
- <i>Ages and Stages Questionnaires (all-in-one ASQ-3 & ASQ-SE training)</i>	67	1
- <i>Ages and Stages Questionnaire (ASQ-3) in Spanish</i>	13	1
- <i>Ages and Stages Questionnaire: Social Emotional (ASQ-SE) in Spanish</i>	11	1
Brazelton Touchpoints	83	4
Fetal Alcohol Spectrum Disorder	21	1
Parents Helping Parents	296	11
- <i>Five Protective Factors to Strengthen Families</i>	32	1
- <i>Parent Coaching as an Early Intervention</i>	33	1
- <i>Teaching and Supporting Young Children with Significant Special Needs</i>	60	1
- <i>When Concerns Arise</i>	27	2
- <i>An Introduction to Understanding Visual Impairments</i>	42	1
- <i>Play Therapy Tools for Young Children with Big Emotions</i>	61	1
- <i>Social Stories for Young Children</i>	16	1
- <i>Toys and Play Items you Can Make at Home</i>	45	1
- <i>Trauma Informed Care</i>	16	1
- <i>Understanding Reflective Practice</i>	54	1
Ripple Effects Training	86	1
SEEDS Early Literacy	21	1

Source: FIRST 5 Santa Clara County, Community of Learning, FY 2022-23.

Providers improved their capacity to support children's healthy development.

At each FIRST 5 training or workshop, providers are asked to complete a workshop survey about their experiences with the training. Providers were asked whether they felt the information they learned in the workshop was relevant to their practice; for almost all of the workshops, the majority strongly agreed with this statement. The lowest overall was reported by participants in the 24/7 Dad training (57%), Fetal Alcohol Spectrum training (61%), and Abriendo Puertas (65%). Overall, across all workshops (n =256), 76% of providers strongly agreed that the workshop was relevant to their practice.

Figure 36. Percentage of Providers Felt Information was Relevant to their Practice

Source: FIRST 5 Santa Clara County, Community of Learning, FY 2022-23. Percentage indicates the proportion of respondents who indicated that they “strongly agree” with the statement.

Across all provider trainings, participants provided valuable feedback via open-ended questions regarding what they liked about their training, what they think could be improved, one-thing they will use in their daily work, and any other feedback they could provide. When asked about their favorite part of the trainings, participants most frequently stated they enjoyed most everything, but particularly the videos provided, discussions and reflective practice sessions, breakout rooms, and the information/presenter/presentations themselves.

Next, participants were asked what could be improved. Some participants suggested that the content could be more interactive (e.g., group activities, role playing/scenarios, etc.), and suggested distributing the materials ahead of time. Some participants mentioned the desire to have the training recorded or the ability to participate in follow-up trainings. In terms of the format, some participants suggested that the trainings need more time and could be extended to multiple days. Another suggestion was to start having trainings in person. In terms of equitable access, some respondents requested larger font on the presentations, asking about special accommodations, and providing materials in Spanish.

Finally, participants were asked how they will utilize what they learned in their daily work. Participants responded they would utilize their training with their clients, share the information from the trainings with their staff, colleagues, family and friends, as well as promote positive thinking with the parents they work with, and be more supportive of families.

ADVOCACY AND AWARENESS

OVERVIEW

FIRST 5 Santa Clara County is committed to advocacy and increasing awareness to ensure that the community is well-informed about the importance of early childhood and FIRST 5’s mission, priorities, investments, partners, and impact. The intent is to increase knowledge among community members about best practices and strategies to promote the optimal physical, behavioral, and developmental health of young children and their families. An informed community is essential for effective advocacy for investments in health and wellbeing for all.

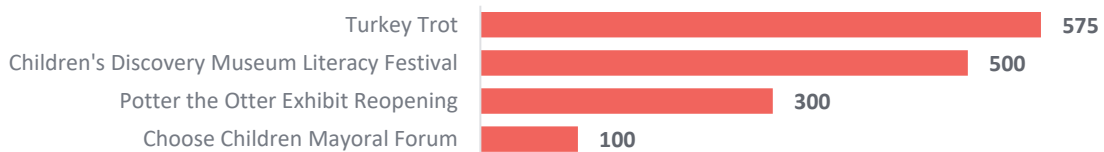
RAISING AWARENESS

Communications Strategies for Community Impact

FIRST 5 reached a broad audience to heighten awareness of children’s well-being.

FIRST 5’s Community Impact team helped to implement three events in FY 2022-23 to engage community members. These efforts highlight the work of FIRST 5 to promote awareness about early childhood development, including their efforts to engage families with the traveling Potter exhibit, and their support to the Children’s Discovery Museum.

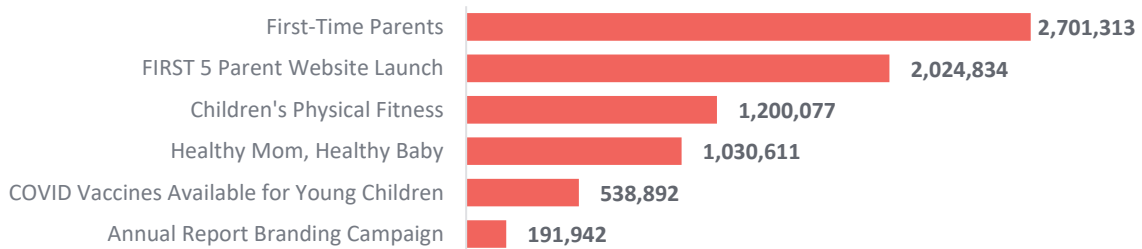
Figure 37. Reach of Community Impact Events



Source: Community Impact Communications Dashboard, FY 2022-23.

In FY 2022-23, FIRST 5’s Community Impact teams supported and implemented six media campaigns to bring awareness, increase family stability, and promote child development. Most digital advertising takes place on Google, NextDoor, Facebook, Instagram, TikTok, and LinkedIn.





Figure 38. Reach of Community Impact Media Campaign Efforts



Source: Community Impact Communications Dashboard, FY 2022-23.

In FY 2022-23, FIRST 5 implemented a multi-channel campaign highlighting the impact FIRST 5’s investments are having on children and families throughout Santa Clara County.

Figure 39. Reach of Social Media Efforts

	OUR WEBSITE 	FACEBOOK 	INSTAGRAM 	TWITTER 
FIRST 5	48,936 visitors	76,831 users reached 4,620 page likes 166 new posts 13,923 post likes	N/A	1,508 followers 306 posts 1,499 post likes 112 mentions
POTTER THE OTTER	6,007 visitors	4,661 users reached 1,345 page likes 17 new posts 906 post likes	7,767 users reached 752 followers 61 posts 355 post likes	80 followers 19 posts 70 post likes 10 mentions



In addition, FIRST 5 continues to drive traffic to their YouTube channel which currently has 86 videos and 2,220 subscribers. Videos produced this year were geared toward the Early Learning Apprenticeship program and the re-opening of the Potter the Otter exhibit at the Children’s Discovery Museum. [View the YouTube channel here.](#)



FIRST 5 also engages with community partners on the LinkedIn platform. In the past fiscal year, FIRST 5 has maintained 1,881 followers (236 new followers this fiscal year), with 47,321 impressions and 4,738 engagements (like, comments, shares). FIRST 5 published 140 posts, and the posts with the highest engagement included: Debra Porchia-Users Joins FIRST 5 Commission, Mike Gonzalez Joins FIRST 5 As Executive of Family and Health Strategies, and FIRST 5 Attends 2023 Children’s Summit.

Parents/caregivers gained access to child development information.

- In FY 2022-23, 149 sites requested **Kits for New Parents**, and 2,014 kits were distributed online and on-site at Family Resource Centers (FRCs) for pregnant families. The kits, which are available in six languages, included information, advice, and useful tips for new parents/caregivers. They helped spread information about nutrition, safety, quality child care, health, and early learning.
- In FY 2022-23, 21 sites requested the **School Readiness Handbooks**, and 2,275 handbooks were distributed at FRCs, schools with Kindergarten and pre-K programs, and resource fairs. The handbooks helped parents/caregivers become more knowledgeable about how to prepare their preschool-aged children to succeed in kindergarten and beyond. In addition, there were 418 impressions and 123 online reads of the School Readiness Handbooks.

HOW MUCH?
2,014 Kits for New Parents were distributed
2,275 School Readiness Handbooks were distributed

Almost 27,000 Potter the Otter books were distributed in the county.

There are currently eight Potter the Otter books in circulation throughout the United States and internationally; books are available in English, Spanish, Vietnamese, and Chinese. In FY 2022-23, 26,879 **Potter the Otter** books were distributed locally in Santa Clara County with an additional 1,347 books read online. The table below shows the number of book sales for each Potter book. The most popular (in sales) were **Potter the Otter: A Tale About Water**, **A Shot for Potter & Spots**, and **Potter the Healthy Otter**.

Figure 40. Potter the Otter Sales by Book Title

BOOK TITLES	BOOK SALES
Total	201,109
Potter the Otter: A Tale About Water	71,935
A Shot for Potter & Spots	41,044
Potter the Healthy Otter	18,200
Potter the Otter Visits the Dentist	15,600
Potter the Otter's Market Adventure	12,740
Activities with Potter the Otter: Fruit and Veggie Fun!	11,942
Cooking with Potter the Otter	11,640
Potter the Otter Gets Ready for Kindergarten	6,720
Potter the Otter Eats School Meals	5,940
Activities with Potter the Otter	3,900
Potter the Otter Hand Puppet for Storytelling	1,448



FIRST 5 LONG-TERM SUSTAINABILITY

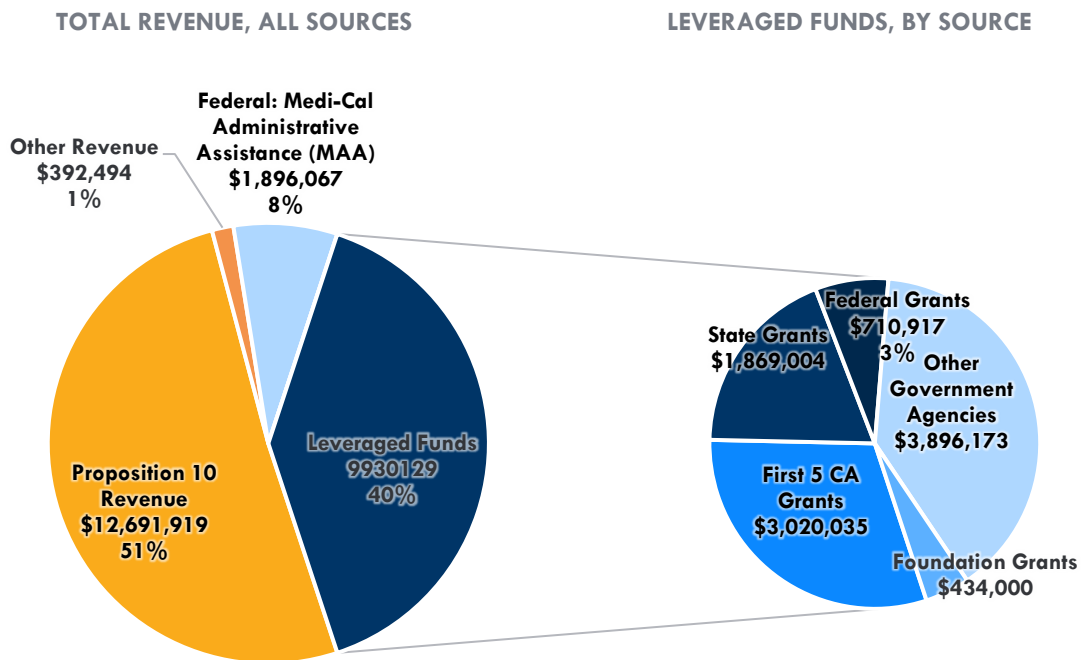
When Proposition 10 passed in 1998, the influx of revenue dedicated to early childhood created an unprecedented opportunity to build or enhance programs and services that improved the lives of children and families. However, the Proposition 10 tobacco tax was known to be a declining revenue source from its inception. The FIRST 5 Commission recognizes that achieving sustainable impact requires many years of effort and funding. Therefore, FIRST 5’s Strategic Plans focus on building organizational and systemic change in order to continue meeting the prevention, early intervention, and treatment needs of children, families and providers.

MAXIMIZED REVENUE

FIRST 5 Santa Clara County doubled its revenue over its base funding (Prop 10).

In FY 2022-23, FIRST 5 leveraged its Proposition 10 allocation of \$12.7 million to attract another \$12.2 million in federal, state, and local dollars, for a total combined revenue of \$24,910,609. The sources of revenue are depicted in the chart on the left, while the chart on the right provides a breakout of the leveraged funding sources.

Figure 41. Total Combined Revenue FY 2022-23



Source: FIRST 5 Santa Clara County, FY 2022-23.

INCREASED INVESTMENT IN THE COMMUNITY

As the result of leveraging efforts, FIRST 5 Santa Clara County expended \$28 million across the county in FY 2022-23. The table below presents expenditures by Initiative, and whether these expenditures are from FIRST 5’s core funding or from leveraged funds.

Figure 42. Total Expenditures, Core vs. Leveraged, by Initiative FY 2022-23

F5 CA RESULT	FIRST 5 INVESTMENT	LEVERAGED INVESTMENT	TOTAL INVESTMENT
Improved Family Functioning	\$9,080,180	\$3,652,761	\$12,652,761
Improved Child Health	\$5,737,698	\$1,124,017	\$6,861,715
Improved Child Development	\$0	\$6,704,952	\$6,704,952
Improved Systems of Care	\$1,728,081	\$0	\$1,728,081
Total:	\$16,545,959	\$11,401,550	\$27,947,512

Source: FIRST 5 Santa Clara County, FY 2022-23.

FIRST 5 will continue to proactively seek opportunities to leverage its resources as a primary strategy to create sustainable impacts in the county.

SUSTAINABILITY

First 5 California is funded by Proposition 10 tobacco tax dollars. As smoking rates decrease, First 5 commissions across the state are experiencing a consistent decline in revenue. In November 2022, this decline was accelerated by the passage of legislation that bans the sale of flavored tobacco products. As a result, First 5 county commissions have had to decrease community investments and strategically focus their efforts on equitable supports for children and families in need.

This shifting landscape poses a challenge to FIRST 5 Santa Clara County's effective stewardship of public funding and long-term financial commitments that directly support our youngest and most vulnerable children and their families. To address declining public funding, our strategic plan focuses on specific, actionable strategies to promote sustainability of our community partners, protect our fund balance, and adopt plans to sustain the equity goals of our agency.

In September 2023, FIRST 5 Santa Clara County published a new strategic plan for FY 24-27. This plan created a conceptual framework to guide development of FIRST 5 strategic priorities, outcomes, and goals, based on the data collected. FIRST 5's vision and mission would remain consistent, with new core values and identified priority populations. In addition, it was universally determined that all the work of FIRST 5 would center around the overarching goals of advancing racial equity, cultural-responsiveness, and trauma-informed and healing-centered practices. This equity-first approach became the unifying principle upon which the strategic plan would be built. To fulfill our strategic vision and continue to positively impact children and families in our community, we added goals for financial sustainability.

Within this financial context, our community investment over this three-year strategic plan period is projected to be \$37,200,000. This amount was determined based on Proposition 10 revenue projections from First 5 California, as well as reasonable projections based on historical performance for additional grant funds.

Our community investment dollars will be allocated across our 3 focus areas:

- **CONNECT PARENTS TO SERVICES AND SUPPORTS THAT ADDRESS CHILDREN'S BASIC NEEDS AND SAFETY,**
- **ENGAGE PARENTS AND CAREGIVERS IN ADVOCACY AND LEADERSHIP OPPORTUNITIES**
- **STRENGTHENING THE WORKFORCE.**