

Executive Summary "Strategic Planning 2009-10"

Introduction

In spring 2009, First 5 Madera County undertook an assessment process to identify the needs of the community, available services and gaps. The purpose of the assessment was to gather information and community input to assist the local Commission in decision making by having access to the most current trends and relevant research.

Research Methodology

Research for this process included a variety of methodologies to identify gaps in services in Madera County. The following is a brief description of each methodology:

Literature Review: A thorough review of local and state data sets that demonstrate community needs.

Community-wide Surveys: 772 surveys were completed by families throughout Madera County representing a 63% return rate.

Focus Groups: Two types of focus groups were conducted 1) Provider Focus Groups: 9 community programs inclusive of 171 people and 2) Family Focus Groups: inclusive of 31 parents.

Community Forums: 15 parents participated in Community Forums held throughout Madera County.

Think Tank Sessions: Department Heads, Content Experts, and Community Members from 12 agencies were invited to participate in four Think Tank Sessions, on average 32 participants attended each Think Tank Session. Participants were provided the opportunity to present issues and trends from their area of expertise and review the capacity of the service delivery system to meet those needs.

Best Practices: A thorough review of local, state, and national studies. Staff focused on identifying longitudinal evidence-based best practices in the 9 areas identified by the aforementioned process.

Next Steps

Based on the aforementioned methodologies, the Commission determined during the Fall Commission retreat that it would accept outcomes of staff's research which resulted in the Think Tank identifying the following as top priorities areas for children in Madera County. Investments will be made in primary, secondary and tertiary prevention. Nine priority areas were identified as priority areas:

- Preschool
- Parents as Teachers/Parent Education
- Developmental Assessments
- Dental
- Nutrition and Fitness
- Child Safety
- Prenatal Care/Pregnancy/Infants, and
- Community Resources



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Based on the priority areas mentioned above summaries of "Best Practice Strategies" have been created that contain the following information:

- Research
- Best Practices
- Outcomes
- Unmet Need (*local information when available*)
- Cost Benefit Analysis
- Cost if not dealt with (*when information is available*)
- Staff recommendation

Fiscal Impact

Staff recommendations present a fiscal impact of approximately \$2.6 million dollars over a three year period. A detailed summary is attached for your perusal.





Projections 2010-2013

Priority Areas by Continuum of Prevention	Not Fund	Fund	Year 1 (2010-2011)	Year 2 (2011-2012)	Year 3 (2012-2013)	Total
Preschool						
Primary (Preschool Slots)		X	\$240,000.00	\$240,000.00	\$240,000.00	\$720,000.00
Primary (Preschool Planning/Implementation Grant)		X	\$25,000.00	\$25,000.00	\$25,000.00	\$75,000.00
Primary (Workforce Development for B.A. Level Preschool Teachers)		X	\$90,000.00	\$90,000.00	\$90,000.00	\$270,000.00
Parent Education/Parent as Teachers						
Primary (Multi media public education campaign)		X	\$20,000.00	\$20,000.00	\$20,000.00	\$60,000.00
Primary (two tiered planning and implementation grant)		X	\$40,000.00			\$40,000.00
Primary (0-5 in 30 Minutes!)		X	\$32,000.00	\$32,000.00	\$32,000.00	\$96,000.00
Secondary (Parents as Teachers)		X	\$100,000.00	\$100,000.00	\$100,000.00	\$300,000.00
Tertiary (Intensive case management parenting program)	X					\$0.00
Developmental Assessments						
Primary (Media Campaign "Know the Signs, Be Their Voice")		X	\$4,000.00	\$3,500.00	\$3,500.00	\$11,000.00
Secondary (Capacity Building Opportunities)		X	\$10,000.00	\$10,000.00	\$10,000.00	\$30,000.00
Tertiary (Services for children that are no longer eligible for CVRC)	X					\$0.00
Dental						\$0.00
Primary ("The First Years Oral Health Kit," in Kit for New Parents)		X	\$10,000.00	\$7,500.00	\$7,500.00	\$25,000.00
Secondary (Dental screening to include varnishing)		X	\$75,000.00	\$75,000.00	\$75,000.00	\$225,000.00
Tertiary (Capital investments to provide services)	X					\$0.00
Nutrition and Fitness						\$0.00
Primary (Breastfeeding Program)	X					\$0.00
Secondary (Nutrition and Fitness Program Incl expansion of FM)		X	\$55,000.00	\$55,000.00	\$55,000.00	\$165,000.00
Child Safety						\$0.00
Primary (Multi media public education campaign)		X	\$10,000.00	\$10,000.00	\$10,000.00	\$30,000.00
PrenatalCare/ Pregnancy/Infants						\$0.00
Primary (multi media public education campaign)	X					\$0.00
Secondary (Homevisitation program)		X	\$180,000.00	\$180,000.00	\$180,000.00	\$540,000.00
Community Resources						\$0.00
Primary TBD		X	\$20,000.00	\$20,000.00	\$20,000.00	\$60,000.00
Total:						\$2,647,000.00

Best Practices: Preschool

(Quality i.e. qualified workforce, practice, etc. and capacity i.e. access)

PRIMARY: ADDED SLOTS TO SERVE MORE 4 & 5 YEAR OLDS IN PRESCHOOL (INCLUDING NON-ELIGIBLE STUDENTS)

Research:

The following studies generate findings that illustrate the benefits of investments into preschool:

High Scope Perry Preschool Study: 40 year longitudinal study demonstrates the lifetime effects of participants through age 40

- Participants at age 40 had higher earnings, were more likely to hold a job, committed fewer crimes, and were more likely to have graduated from high school than adults who did not have preschool.ⁱ

Heckman Equation: Professor James Heckman a Nobel Prize winning Chicago Economics Professor

- 10% return to society through increased personal achievement and social productivity.ⁱⁱ
- Ability gaps between the advantaged and disadvantaged open up early in the lives of children.ⁱⁱⁱ

The Abecedarian Project: 21 year longitudinal study demonstrates the lifetime effects of participants

- Academic achievement in both reading and math was higher from the primary grades through adulthood.^{iv}
- Intervention children completed more years of education and were more likely to attend a four-year college.

Best Practices

Best Practice Models	Teacher Requirements	Ratio	Days of Operation	Hours Per Day	Assessments	Home Visitation	Parent Education	Family Type	Other
High Scope Perry Preschool	Teachers certified to teach elementary, early childhood, or special education	1:6	Five days a week	2.5 hours	Non verbal testing at preschool age	1.5 a week	Monthly group meetings with other parents	High risk African American families low socio-economic backgrounds	N/A
Outcomes:	Longitudinal: positive lifetime effects in education, employment, judicial system, were likely to graduate school.								
The Abecedarian Project	Varied from graduate degrees in childhood education to paraprofessionals	1:6	Five days a week (50 weeks)	8 hours	Bayley Scale Mental Development and Motor Index, IQ, Weschler Preschool and Primary Scale of Intelligence, MCarthy scales of children's abilities	Available for counseling and social services	Parent group sessions with topics such as parenting and family development	At-risk families referred from hospitals, DSS, and other referrals	Free transportation and childcare for infants
Outcomes	Initial assessments demonstrate participants scored significantly higher than control group. Longitudinal studies demonstrated success in education, employment, judicial system, were likely to graduate school.								
First 5 California	Varied from graduate degrees in childhood education to Associate of Art Degree	3:24 Or 1:8	Five days a week	4 hours	DRDP-R, ECCERS-R, ASQ-SE	No/ several counties help link families to services	Parent communication varied across the counties	Underserved low API areas, inclusive of all children	Vision, hearing, and health screenings,
Outcomes	DRDP-R post results increased in select measures (4 domains) by an average of 227%, Average ECCERS-R score 5.52 out of a possible 7, 92% of teachers had at least 60 units of college work with at least 24 units in ECE.								
First 5 Madera County PAI	Varied from Bachelor degrees to Associate of Art Degree	1:6	185 days a year	4 hours	DRDP-R, ECCERS-R, ASQ-SE	1 site provides family advocate support/resources	Parent trainings and workshops	Underserved low API areas, inclusive of all children	Free transportation
Outcomes	DRDP-R post results increased in select measures (5 domains) by an average of 79%, Average ECCERS-R score 6.35 out of a possible 7, 50% of teachers have their BA Degree, the other 50% are currently working on college credits.								

Unmet Need:

- Demand: 2,622 (4 years old)^v
- Supply: 1,055^{vi} slots
- Deficit: 1,567 slots

Opportunities: The following are licensed State Preschool and Head Start facilities that have added capacity.

- 26 sites: 31 classrooms
- 5 sites: 8 classrooms available during December-April
- 21 facilities are available from the June through mid-August.
- Twilight opportunities available at all facilities 3:15-6:16 p.m.

Cost Benefit Analysis^{vii}

Continuum of Prevention	Number of Children Affected	Unmet Need	Cost Amount to Structure	Cost Avoidance
Primary Prevention	2,622 (4 year olds)	1,567 children	<p>\$3,604 per child half day 185 days a year^{viii}</p> <p>\$1,386 per child half day 185 days a year Alpha 1 2008 Cost</p> <p>\$2,327 per child half day 185 days a year Fairmead 2008 Cost</p>	<p>\$56 million <i>(1,567 x \$3,604)¹⁰</i></p>
Staff Recommendation Primary	<p>To continue to fund the Preschool Access Initiative as follows:</p> <ul style="list-style-type: none"> • Partner with existing Preschool Providers • Fund 4 Classes • Serve 96 Children • Home visitation/case management thru defined linkages to the FRC 	<p style="text-align: center;">\$720,000</p> <hr style="width: 20%; margin: auto;"/> <p style="text-align: center;">(total based on a 3- year contract)</p> <p style="text-align: center;"><i>\$60,000 per site</i></p> <p style="text-align: center;"><i>\$2,500 per child</i></p>	<p>\$2.4 million <i>(96 x \$2,500)¹⁰</i></p>	

ⁱ High Scope Perry Preschool Study, <http://www.highscope.org/content.asp?ContentID=219>

ⁱⁱ James Heckman, "Schools, Skills and Synapses" (2008)

ⁱⁱⁱ James Heckman, "Schools, skills and Synapses" (2008)

^{iv} "Early Learning Later Success the Abecedarian Study" (1999)

^v Live births, California Counties 1998-2007 (by place of residence)

^{vi} Information based on Madera Unified 10 school sites with 12 sessions, and Madera County Office of Education 43 slots, and Madera Headstart and Regional Headstart 483 slots 2008-2009

^{vii} Information based on projection for 2010, number of live births in Madera County as of 2007, and availability of preschool slots through state and federal funded programs.

^{viii} The state of Preschool 2008 State Preschool yearbook-National Institute for Early Learning and Education Research

Best Practices: Preschool

(Quality i.e. qualified workforce, practice, etc. and capacity i.e. access)

PRIMARY: WORKFORCE DEVELOPMENT TO INCREASE THE POOL OF BACHELOR LEVEL PRESCHOOL TEACHERS

Research:

The following studies generate findings that illustrate the benefits of investing into workforce development of preschool teachers

Preschool for All "State Of Education" California Department of Education:

- High-level research-based professional development for both preschool teachers and early elementary teachers lies at the heart of education reform. Support of new educators and continued support of experienced teachers is vital.ⁱ

National Institute for Early Education Research:

- Nationally schools are benchmarked based on a quality standards checklist to determine effectiveness of helping children learn and develop, with consequences for later success in school and economic benefits to its community.
- Requires that Lead Teacher must have a B.A. at minimum, also that teachers must have specialized training in Pre-K area.

Center for the Study of Child Care Employment Policy Report:

- Both the content and the method of delivery of an educational degree influence teacher practice.
- The student cohort approach appears particularly promising, and is increasingly being used in K-12 and ECE teacher preparation programs. In ECE, cohort degree programs are often coupled with supportive services that help working professionals negotiate the college experience.

Improving Child Care Quality UCLA Center for Healthier Children Families and Communities:

- B.A. level teacher compensation rates is associated with better retention of well-qualified teachers, which in turn is related to higher quality service delivery.
- To improve the quality of care, the research suggests that rather than increasing only specialized training, a better strategy is to improve compensation and then require more formal education in early childhood education and child development.ⁱⁱ

Best Practices

Best Practice Models	Population	Program Tracks	Incentives	Program Supports	Advisor Roles	Higher Education Plans
First 5 California	Low supply of licensed child care, and low API areas	<ul style="list-style-type: none"> • Family Friend or Neighbor • Entry • Permit • Degree • Professional 	Amount depends on track level	<ul style="list-style-type: none"> • TA for potential participants • Access to ESL classes • Access to supports to obtain Child development Permit • Mentorship for Higher Education programs • Tutoring, career advising, and counseling • Links to financial aid 	To ensure participants are developing on the permit matrix, also provide college degree requirement advising	Collaborate with Higher Education Institutions to articulate the needs or program participants
Outcomes	96% of participants are still working in the ECE field 12 months after joining, 93% 18 months after joining, twice as likely to remain in the same center over a two year period, 6% seeking their AA, BA, MA in 2005-2006 completed their program.					
First 5 Madera County	Low supply of licensed child care, and low API areas	<ul style="list-style-type: none"> • Family Friend or Neighbor • Permit • Degree • Professional 	Amount depends on track level	<ul style="list-style-type: none"> • TA for potential participants • Access to ESL classes • Access to supports to obtain Child development Permit • Mentorship for Higher Education programs • Tutoring, career advising, and counseling • Links to financial aid 	To ensure participants are developing on the permit matrix, also provide college degree requirement advising	Collaborate with Higher Education Institutions to articulate the needs or program participants
Outcomes	64% have participated in the program over 18 months demonstrating program retention, 74% seeking their AA, and 13% seeking their BA, in 2008-2009.					

Unmet Need: The following information is based on State Preschool capacity

- Demand: 12 teachers
- Supply: 5 B.A. level teachers
- Deficit: 7 teachers without B.A.

Opportunities: The following information is based on State Preschool capacity

- 5 B.A. level teachers
- 3 in progress to completing B.A.
- 2 teachers have Teacher Permit, and
- 2 teachers have Site Supervisor permit

Cost Benefit Analysis

Continuum of Prevention	Number of Teachers Affected	Unmet Need Of Teachers	Cost Amount to Structure	Cost Avoidance
Primary Prevention	12	5	\$4,354 per provider per year Madera CARES 2008 Cost	Unknown
Staff Recommendation Primary	To continue to fund Workforce Development to increase the quality of Preschool teachers as follows: <ul style="list-style-type: none"> • TBD (First 5 California has committed funds to continue investing into CARES Plus. Details of staff recommendations will be offered upon release of First 5 CA program details 		<p style="text-align: center;">\$270,000</p> <hr/> <p>(total based on a 3- year contract)</p> <p style="text-align: center;">\$4,354 Per Teacher</p>	Unknown
Primary	To continue to fund Preschool Access Implementation Grant to continue to: <ul style="list-style-type: none"> • Research capacity building opportunities • Implement the “Madera County 10 Year Master Plan” • Lead stakeholder coordination towards completing goals 		<p style="text-align: center;">\$75,000</p> <hr/> <p>(total based on a 3- year contract)</p>	Unknown

ⁱ Preschool for All “State of Education” California Department of Education

ⁱⁱ Improving Child Care Quality UCLA Center for Healthier Children Families and Communities

Best Practices: Parents Education

(Including Teens, How to read, talk, play with children to promote school readiness to include discipline/behavior, variety of delivery models.)

PRIMARY: PUBLIC EDUCATION CAMPAIGN PROMOTING “READ, TALK, PLAY,” CONCEPTS.
 FACILITATE A PLANNING GRANT TO DEVELOP A MENU OF PARENT EDUCATION OPPORTUNITIES, AND
 COORDINATE PLAN IMPLEMENTATION BY ORGANIZING AND BROKERING THE VARIETY OF PARENT EDUCATION OPPORTUNITIES
SECONDARY: 1-1 SMALL GROUP SKILL BUILDING AROUND “READ, TALK, PLAY,” CONCEPTS BEHAVIOR/DISCIPLINE, ETC. (1-3 YEAR OLDS)
 PARENT INTERVENTIONS THROUGH A VARIETY OF MODALITIES (CLASS/SUPPORT GROUPS, SERIES, ONE-TIME EDUCATION, ETC.)
TERTIARY: INTENSIVE CASE MANAGEMENT TO ADDRESS THE HIGHEST RISK/NEED FAMILIES

Research:

The following studies generate findings that illustrate the benefits of investing into parent education:

The Federal Role in Out-of-School Learning, Harvard Family Research Projectⁱ

- 40 years of research show that families who are involved early and throughout the school years have children who are more likely to enter school ready to succeed and to graduate and go to college.
- Beginning at birth, children whose parents are supportive and nurturing, who read to them and use more complex language, and who create a stimulating home environment, have better cognitive and social/emotional skills.
- In a national evaluation of Early Headstart (for children 0-3) found that children who received both home and center-based services made greater language gains than a control group.

Bruce D. Perry M.D., Ph.D. is the Senior Fellow of *The Child Trauma Academy*, a not-for-profit organization based in Houston that promotes innovations in service, research and education in child maltreatment and childhood traumaⁱⁱ

- An infants interaction with the primary caregiver constitute his first relationship. ...The attached child will be a better friend, student, and classmate, which promotes learning across many domains.

Policy Brief UCLA Center for Healthier Children, Families, and Communities California Policy Research Center, University of California

- Parent Education that is embedded in a broader set of services suggest that when intervention last longer and involve more exposure to the program long-term outcomes improve.
- Parent Education is not a stand-alone quick fix. It is best offered as part of a coordinated set of services. Intervention that takes into account particular points in a family's development (birth, divorce, remarriage) has a greater chance at success.

Best Practices

Best Practice Models	Intervention	Program Description		
First 5 California “Read, Talk, Play”	Primary	Statewide multimedia campaign through television, radio, billboards, and print advertisements, which encouraged parents and caregivers to “read, talk, and play” with young children even when they are infants. Ads were in several languages and were culturally appropriate in incorporating suggestions for including “read, talk, and play” into family routines.		
Preschool Access Initiative Planning and Implementation Model (First 5 Madera)	Primary	In 2008, the First 5 Commission funded a Preschool Access Initiative to create a 10 year master plan to increase access to quality Prekindergarten services for all Madera County children. A second funding cycle in 2009 allowed for the program to implement the findings and best modalities from the 10 year master plan.		
Outcomes	The development of a 10 year master plan and ongoing stakeholder coordination toward completion of goals.			
Parents as Teachers (PAT) ⁱⁱⁱ (target population 1-3 year olds)	Secondary	Case Management: Certified staff, parenting classes, group meetings, linking families to community resources. Offer advocacy, support, and skill building.	Home Visitation: Personal home visits are the major service delivery component of the program. During these visits, parent educators share age-appropriate child development information with parents, help them learn to observe their own children, address their parenting concerns, and engage the family in activities that provide meaningful parent-child interaction. Visits are usually one hour long and are scheduled bimonthly, biweekly, or weekly, depending on family needs and local program budgetary restrictions	Assessment Tools: Periodic child screening provides for early identification of developmental delays and health, vision, and hearing problems. Each child's developmental progress is also reviewed regularly
Outcomes	<ul style="list-style-type: none"> • 85% of participants report they have learned more effectively how to interact with their child, better understand child development and spend more time with their children. • 75% of parents reported taking their child to the library regularly, modeling enjoyment of reading and writing several times a week • More than half of the children with observed developmental delays overcame them by age 3 • At age 3, participants were much more likely to be fully immunized • .5%(n=2) of 400 (randomly selected families) had documented cases of abuse and neglect over a three year period • Children enrolled in PAT together with preschool outperformed children without either experience in both kindergarten readiness and subsequent third grade achievement. ..when poor children participated in both for longer than two years the achievement gap normally observed between poor children and more affluent children was virtually eliminated at kindergarten entry and continued to be narrowed in third grade. 			
The Parent-Child Home Program (target population 2 and 3 year olds)	Secondary	Case Management: The Parent child Home Program utilizes a non-directive approach by modeling behaviors for parents that enhance children's development rather than teaching behaviors. Home visitors help realize their role as	Home Visitation: Families participate in a two-year program with visits for half-an hour, twice a week on a schedule that is convenient for the parents. On the first day of each week, the home visitor brings a carefully selected book or education toy as a gift for the family. The home visitor models verbal interaction and reading and play activities, demonstrating how to use the	Assessment Tools: First grade skills assessment, standardized reading and math tests

		their children's first and most important teacher, generating enthusiasm for learning.	books and toys to cultivate language.	
Outcomes	<ul style="list-style-type: none"> • Program participants graduate from high school at a 20% higher rate than other students from low income families • 93% of free lunch eligible program graduates passed the states first grade skills assessment • Years after completing the program, parents' verbal interaction with their children remained 50% higher than similiary situated families 			

Unmet Need:

- Demand: 8,294 children 0-3
- Supply: 322 (192 families) Parents of children ages 0-12 months old served through First Parents Program
 - 192 children served each year through HBP program
- Deficit: Currently, there aren't any global home visitation program in Madera County that serve all children such as the Parents as Teachers Program;

Opportunities:

64% of PAT programs blend their funding. Programs are usually developed through already existing organizations or program such as Title I, school districts, Even Start, Head Start or Early Start, Healthy Families America, Family Resource Centers and other state and nonprofit agencies.

Cost Benefit Analysis

Continuum of Prevention	Number of Children Affected	Unmet Need	Cost Amount to Structure	Cost Avoidance
Primary Prevention	8,294	8,294	\$\$ amount to fund EEC program First 5 Madera County%	Unknown
Secondary Prevention	8,294	7,780	Parents as teachers \$1,500 per family served ^{iv} First Parents Program \$914 per family in 2008-2009	Unknown
Tertiary	1,409	1,237	Healthy Beginnings Program \$3,383 per child served	\$28 Million \$8,421 each special education student avoided \$9,204 each juvenile petition avoided \$5,174 each case of maltreatment avoided
Staff Recommendation Primary	To fund a multi-media public education campaign: <ul style="list-style-type: none"> • Work with central region to support regional messages regarding the importance of "read, talk, play" • Messages will promote parental knowledge and resources 		<u>\$60,000</u> (total based on a 3- year contract)	Unknown
Primary	To continue to fund "0-5 in 30 Minutes!" as follows: <ul style="list-style-type: none"> • Continue to partner with the central region • Parent education series • Use of local experts and resources to enhance quality of program 		<u>\$96,000</u> (total based on a 3- year contract)	Unknown
Primary	To allocate funds to fund a two tiered approach for planning and implementation: <ul style="list-style-type: none"> • Planning grant to develop a menu of parent education opportunities • Implementation grant to plan and coordinate local efforts based on findings • To anticipate local planning grant along with First 5 California's funding direction to make investments accordingly 		<u>\$40,000</u> (total based on a 1- year contract)	Unknown
Secondary	To allocate funds toward a Parent as Teacher model as follows: <ul style="list-style-type: none"> • To include case management • Staff to be certified/trained on assessment tools • Provide parent child interaction activities that are developmentally appropriate 		<u>\$300,000</u> (total based on a 3- year contract) \$1,500 per child	

ⁱ The Federal Role in Out-of-School Learning, Harvard Family Research Project

ⁱⁱ Bruce D. Perry Child Trauma Academy, "Six Core Strengths for Healthy Childhood Development" (2002)

ⁱⁱⁱ Program is noted as a "promising" practice based on the "Promising Practice Network" on children, families, and communities.

^{iv} Parents as Teachers funds need to be blended, ideally no single source of funding should be more than 25% per year

Best Practices: Developmental Assessments

(Knowing/understanding milestones i.e., speech, hearing, autism, etc.)

PRIMARY: PUBLIC EDUCATION CAMPAIGN INFORMING PARENTS AND PROVIDERS ABOUT DEVELOPMENTAL MILESTONES

SECONDARY: EXPAND COMMUNITY CAPACITY FOR DEVELOPMENTAL ASSESSMENTS (PARTNERING WITH PHYSICIANS AND CHILD CARE PROVIDERS)

TERTIARY: DEVELOPMENT OF SERVICES FOR THOSE CHILDREN DEMONSTRATING NEED AND NOT ELIGIBLE FOR CVRC

Research:

The following studies generate findings that illustrate the benefits of investing into developmental assessments and early detection:

Center for Disease Control and Prevention, "Child Development Developmental Screening:"

- 17% of children have a developmental or behavioral disability such as autism, mental retardations, and attention deficit disorder. In addition, many children have delays in language or other areas, which also impact school readiness. However, less than 50% of these children are identified as having a problem before starting school, by which time significant delays may have already occurred and opportunities for treatment have been missedⁱ:
 - In 2006-2007 Madera County Office of Education diagnosed 370 children between the ages of 0-5 with a special needⁱⁱ, this is consistent with the 17% mentioned above.
- Early identification and intervention for children with developmental delays is mandated by the Individuals with Disabilities Education Act (IDEA).

The National Association of School Psychologist: Position Statement on Early Childhood Assessments

- Early identification of developmental and learning problems in infants and young children (ages birth through five years) is essential because of young children's broad and rapid growth. ...Intervention services for these children's psychological and developmental difficulties are essential, beneficial, and cost-effective.ⁱⁱⁱ

National Academy for State Health Policy "Identifying Children and Families at Risk:"

- Early Identification is essential for three reasons 1) brain development, quality; early relationships and experiences can positively affect gene function, neural connections, and the organization of the mind, having lifelong positive effects. 2) Once established, social and emotional problems are highly resistant to change and 3) the cost association with antisocial and criminal behavior are staggering.^{iv}

Which way will it go: Identifying emerging disabilities in the infant after discharge^v Study of over 35 years of developing data.

- National studies show that 50-75% of high risk neonates receiving high risk follow up intervention match their normal newborn peers in terms of development by 3 years adjusted age demonstrating the long-term benefit of such programs.

Best Practices

Best Practice Models	Continuum of Prevention	Audience	Program Description
First 5 Fresno DVD	Primary	<ul style="list-style-type: none"> • Parents, Providers, Professionals 	<ul style="list-style-type: none"> • "Know the Signs, Be Their Voice," is a DVD that was developed by First 5 Fresno. This DVD is a tool to help parents and caregivers assess their child's progress through the first 5 years of life. • Presented through a parents perspective to engage parents that are struggling with accepting and understanding their child's developmental milestones. • Tool could be incorporated into all funded program activities, FRC's, providers, physicians, and teachers.
Outcomes	Media Campaign: has reached a multitude of families that didn't understand their child's developmental milestones. The DVD has helped providers/professionals engage in conversation with parents to promote early identification of developmental delays.		
West Ed; Early Start Institutes	Secondary	<ul style="list-style-type: none"> • Service Providers/ Professionals 	<ul style="list-style-type: none"> • West Ed, has established Early Start Institutes to help build the capacity of early start service coordinators and early intervention services providers.
Outcomes	Institute provides professionals with the knowledge base that all personnel involved with early intervention are expected to have in common, above and beyond knowledge in an individual area of specialization.		

Unmet Need:

- **Demand:** 2,210 children 0-5 with developmental or behavioral disability
- **Supply:** 20^{vi} Providers to identify developmental or behavioral disability
- **Deficit:** 45 Providers
 - 1,105 Children 0-5 with unidentified developmental or behavioral disability
- In Madera County developmental and behavioral treatment are referred to services in other counties.
- Number of intense services is unknown at this time because of recent budget cuts to CVRC.

Cost Benefit Analysis

Continuum of Prevention	Number Affected	Unmet Need	Cost Amount to Structure	Cost Avoidance
Primary Prevention	2,210 children 0-5	1,105 children 0-5	\$3,000 for 1,000 DVD's	Unknown
Secondary Prevention	20 Providers	45 Providers	\$450 per year per provider ^{vii} per the Early Start Institute costs	\$33 million (1,105x\$33,000)
Tertiary Prevention	Unknown	Unknown	\$6,400 per year per child for Early Start fee Services	Unknown
Staff Recommendation: Primary	To fund media campaign as follows: <ul style="list-style-type: none"> • "Know the Signs, Be Their Voice," DVD • 50% English and 50% Spanish DVD's • DVD to reflect Madera Information 	\$11,000 <hr style="width: 50%; margin: 0 auto;"/> (total based on a 3- year contract)	Unknown	
Secondary	To fund capacity building opportunities as follows: <ul style="list-style-type: none"> • Developmentally appropriate trainings via established institutes • Physicians and Provider participants have priority to trainings 	\$30,000 <hr style="width: 50%; margin: 0 auto;"/> (total based on a 3- year contract)	\$1.4 million (45x\$33,000)	
Tertiary	To not fund services for children that do not qualify for CVRC services: <ul style="list-style-type: none"> • There are too many unknown variables regarding program requirements • Beneficial to await clarification on requirements to understand need • Revisit this option once more information is available 	n/a	Unknown	

ⁱ Center for Disease Control and Prevention, "Child Development Developmental Screening"

ⁱⁱ Madera Local Child Care and Planning Council

ⁱⁱⁱ National Association of School Psychologists "Position Statement on Early Childhood Assessment"

^{iv} National Academy for State Health Policy "Identifying Children and Families at Risk"

^v Bennett, F. (2005). *Which way will it go: Identifying emerging disabilities in the infant after discharge*. Topic presented at Developmental Interventions in Neonatal Care Conference, Houston, TX.

^{vi} Number of supply based known staff in the community that is trained to provide developmental assessments or behavioral assessments, from HBP, MUSD.

^{vii} Early Start Institute cost per year sponsored by the California department of Developmental Services, West Ed.

Best Practices: Dental

PRIMARY: PUBLIC EDUCATION CAMPAIGN SUPPORTING DENTAL HYGIENE

SECONDARY: FACILITATE “DENTAL SCREENING ROUND UPS” IN COLLABORATION WITH THE LOCAL DENTAL ASSOCIATION

TERTIARY: FACILITATE DENTAL TREATMENTS IN COLLABORATION WITH THE LOCAL DENTAL ASSOCIATION

Research:

The following studies speaks to the overwhelming importance of oral health and to the extent to which its overlooked or ignored:

UCLA Center for Healthier Children Families and Communities, “Early Childhood Dental Caries(ECC)”

- Also known as “baby bottle tooth decay,” is now recognized essentially as an infectious disease.
- Early childhood caries are associated with diminished physical growth in toddlers because ECC compromises children’s ability to eat nutritious foods. Treating children with ECC during early childhood results in significant gains toward normal growthⁱ.
- As the expectant mothers poor periodontal health is a potential risk factor for low birth weight, a comprehensive prenatal program should include her oral health and anticipatory guidance about her child’s oral health needs
- General education to children, parents and expectant mothers is proven to increase attention to oral health interventions.

The following studies generate findings that illustrate the benefits of good dental hygiene for children 0-5 years of age:

Fluoride varnish an evidence based approach, Association of State and Territorial Dental Directors

- Fluoride varnishing has been found to be effective in preventing caries on permanent teeth. Fluoride varnish also has recently been shown to prevent or reduce caries in the primary teeth of young children.ⁱⁱ
- Studies demonstrate that 25% of caries were prevented when preventative care was initiated before caries were observed.

Fluoride Varnish Efficacy in Preventing Early Childhood Caries 2 year longitudinal study of children six months through 24 months

- Children receiving no fluoride varnish were more than twice as likely to have dental caries as those who had annual varnish treatments, and nearly four times as likely to have cavities as children who received fluoride varnish at six-month intervals.ⁱⁱⁱ

Additional studies listed below reflect the importance and benefits of dental hygiene for children 0-5 years of age

- Field Lessons, “Tooth Decay Strikes One in Three California Toddlers:”^{iv}
- The California Smile Survey an Oral Health Assessment of California’s Kindergarten and 3rd Grade Children, “Mommy It Hurts to Chew.”^v
- California Dental Association (CDA) Kindergarten Oral Health Requirement October 2009 update.

Best Practices

Best Practice Models	Continuum of Prevention	Audience	Program Description
First 5 Tulare New Parent Kits	Primary	New Parents	<ul style="list-style-type: none"> • 38% of First 5 Counties include additional oral health information in their Kits for New Parents, for example Tulare County includes “The First Years Oral Health Kit,” which includes implements for gum and tooth care for 3 month olds to toddler age.
WIC	Primary	Parents	<ul style="list-style-type: none"> • Ideal for offering education, screening, and referral of mothers and children for oral health problems. • Obstetric visits are an ideal opportunity to begin educating mothers-to-be on maintaining their newborn’s health.^{vi}
Outcomes	Media Campaigns: reaches a multitude of families, specific outcome related mass media regarding dental information is unknown.		
First 5 Tulare	Secondary	Parents and Children	<ul style="list-style-type: none"> • An oral health initiatives that serves children through several modalities such as kindergarten oral health assessments, • Children’s dental disease prevention program so that participants are screened and offered varnishing treatment and education materials,
Field Lessons	Secondary	Parents and Children	<ul style="list-style-type: none"> • During a well-child visit the medical practitioners could apply fluoride, educate parents, and give the child dental supplies. An appointment in the dental clinic is scheduled if follow-up care is needed.^{vii}
Outcomes	Implementing application of fluoridation during well child checkups reduced tooth decay by 50%		
First 5 Tulare	Tertiary	Providers	<ul style="list-style-type: none"> • Invested in a capital project for a dental surgery center to ensure that children of Tulare County are able to receive services and do not have to travel out of county for services.
Outcomes	In process		

Unmet Need:

- Demand: 13,000 children 0-5
- Supply: 16 providers in Madera County that take new patients, health net, dental from ages 6 months and up.
 - 6 of those providers are Western Dental Providers that accept Healthy Families
 - There is a 3 month waitlist for a child to see a dentist
- Deficit: 520 children 0-5 (do not have health insurance)
 - ≈338 have Healthy Families which may have limitations on access to services

Continuum of Prevention	Number Affected	Unmet Need	Cost Amount to Structure	Cost Avoidance
Primary Prevention	13,000 children 0-5	All	<i>California Dental Association has media PSA already established at no cost to the counties.</i> <i>Adding materials to Kit for New Parents no cost, actual materials \$4.91 per unit</i>	\$8-50 (average \$29) per child
Secondary Prevention	13,000 children 0-5	1,876 4 and 5 year olds on Healthy Families	<i>\$24 per child per month for healthy families premiums \$288 per child per year</i> <i>\$21 per child to provide screenings in Tulare County^{viii} 2008-2009</i>	\$54,400 (29x1,876)
Tertiary Prevention	13,000	520 children do not have health insurance	\$613 ^{ix} per child for screening and treatment	Unknown
Staff Recommendation: Primary	To fund media campaign as follows: <ul style="list-style-type: none"> • “The First Years Oral Health Kit,” in Kit for New Parents 		\$25,000 (based on 3-year funding cycle) 2,000 Oral Health Kits per year	\$58,000 (29x2,000)
Secondary	To fund dental screenings as follows: <ul style="list-style-type: none"> • Application of varnishing • Provide (1,055) preschool age children with screenings per year • Providers offer services to children 6 months of age and up 		\$225,000 (based on 3-year funding cycle) \$21 per child	\$30,595 (29x1,055) <i>Per year</i>
Tertiary	To not fund treatment services for oral health <ul style="list-style-type: none"> • Capital investments are not a viable option at this time 		n/a	Unknown

ⁱ UCLA Center for Healthier Children Families and Communities, “Early Childhood Dental Caries”

ⁱⁱ Fluoride varnish an evidence based approach, Association of State and Territorial Dental Directors

ⁱⁱⁱ American Dental Association “Study Supports Fluoride Varnish in Reducing Early Childhood Caries”

^{iv} Field Lessons, “Tooth Decay Strikes One in Three California Toddlers” (2000)

^v The California Smile Survey an Oral Health Assessment of California’s Kindergarten and 3rd Grade Children, “Mommy It Hurts to Chew” (2006)

^{vi} UCLA Center for Healthier Children Families and Communities, “Early Childhood Dental Caries”

^{vii} Field Lessons, “Tooth Decay Strikes One in Three California Toddlers” (2000)

^{viii} Dentist provide in-kind by volunteering their time for the screenings reducing the cost per child during screenings

^{ix} The cost is based on an average of two dentists in Madera County (1 Private 1 Healthy Families Provider) the cost covers screening, x-rays, cleaning and fluoride treatments, and 2 silver crowns.

Best Practices: Nutrition and Fitness (Breastfeeding and Chronic Diseases)

PRIMARY: PUBLIC EDUCATION CAMPAIGN PROMOTING HEALTHY EATING HABITS AND EXERCISE

SECONDARY: EDUCATION TARGETING PROVIDERS, PARENTS, AND CHILDREN REGARDING HEALTHY LIFESTYLES

Research:

The following studies generate findings that illustrate the need of nutrition and fitness programs to prevent obesity and chronic diseases in children:

California WIC Department :

- In California, 14% of children from birth to five years old were overweight in 2001.ⁱ

First 5 California : Study regarding obesity in preschool age children

- Nearly 11% of preschoolers are at risk of becoming overweight.ⁱⁱ

Center for Disease Control :

- Obese children and teens have been found to have risk factors for cardiovascular disease (CVD), including high cholesterol levels, high blood pressure, and abnormal glucose tolerance. In a population-based sample of 5- to 17-year-olds, 70% of obese children had at least one CVD risk factor while 39% of obese children had two or more CVD risk factors
- Common health conditions associated with increased weight include asthma, hepatic steatosis, sleep apnea and Type 2 diabetes

California Department of Public Health:

- Children who have been breastfed have less risk of becoming overweight or obese, even as adults.
- Research has shown that children who are breastfed have higher IQ'sⁱⁱⁱ

California WIC Department:

- Evidence suggests that exclusive breastfeeding for at least two months protects susceptible children from type I insulin dependent diabetes mellitus.
- Prolonged, exclusive breastfeeding may play a greater role in preventing overweight later in life than short-term nursing or nursing along with supplemental formula feeding.^{iv}

Field Lessons: Strategies to support California's Children and Families Act

- Children's food preferences are not inborn; they are learned through repeated exposure to foods. Parents and other primary caregivers can provide opportunities to learn to enjoy a variety of nutritious foods.
- Child Care and education programs are great venues for healthy eating.

Best Practices

Best Practice Models	Intervention	Program Description
Healthy Shasta	Primary	Media campaign that partnered with several local agencies to encourage healthy lifestyles. Each organization committed to "walk the talk" to support healthy choices. To encourage community wide physical activity and healthy eating habits. The campaign included local events calendars, maps of local walking routes and trails, Farmer's Market's times and locations. Overall goals were to: increase physical activity and to get families to eat a wide variety of fruits and vegetables.
Outcome:		5,000 participants 97% reported cutting soda for a day 96% reported outdoor family play 94% reported trying a new fruit or vegetable
Women Infants and Children (WIC)	Secondary	<ul style="list-style-type: none"> • WIC breastfeeding program encourages and educates expectant mothers regarding the benefit of breastfeeding • Support Parents Choice to Breastfeed their Baby^v • Provides services to families that pose "nutritional risk," they are provided with food vouchers, children are screened for immunizations, and nutrition.
Outcomes		<ul style="list-style-type: none"> • Breastfeeding children have less health care expenses.^{vi} • WIC outcomes demonstrate that children under age three who receive WIC are more likely to be in excellent or good health than eligible children who do not receive WIC due to access problems. <ul style="list-style-type: none"> ○ Decreases the rate of low birth weight by 44%. ○ Increases the rate of breastfeeding among WIC participants by 23%. ○ Reduces the percentage of children with anemia by 12%. ○ Improves rates of immunization. ○ Increases the likelihood of a child having a regular source of healthcare.
Nutrition Network	Secondary	To seek behavioral changes based on the California Daily Food Guide to decrease overweight and obesity through various modalities that include: <ul style="list-style-type: none"> • Eat at least five servings of fruits and vegetables everyday; • Children get at least 60 minutes of moderate or physical activities • Children fall below 50% of Federal Poverty guideline
Outcomes		Outcomes are still being investigated through 2008-2010, strategies that currently demonstrate positive change via knowledge, preferences, norms, self efficacy: <ul style="list-style-type: none"> • Cooking in the classroom • Student advocates • Taste testing • Cafeteria connections • Just the facts • Nutrition facts • School gardens

Unmet Need:

- Demand: 13,265 Children 0-5
- Supply: 10,081 Children 0-5 eligible for the WIC program
- Deficit: 3,184 Children 0-5 that are not eligible for the WIC program of which:
 - 652 are overweight

Opportunities:

- The local WIC program provides services to almost 75% of our 0-5 population
- The local Nutrition and Fitness Program provides services to approximately 30% of our 0-5 population

Cost Benefit Analysis

Continuum of Prevention	Number of Children Affected	Unmet Need	Cost Amount to Structure	Cost Avoidance
Primary Prevention	13,265	3,184	<i>Champion for Change Campaign localize information WIC materials/brochures available for free online Central California Regional Obesity Prevention Program strong focus on policy change, education, and partnerships</i>	\$1.00 spent on WIC results in savings of between \$3.50 in healthcare costs, in the first 60 days of an infant's birth ex. It costs WIC \$544 a year for pregnant women, taxpayers pay \$22,000 per pound to nurture a low birth weight baby from 5.5-7 pounds.
Secondary Prevention	3,184	652	<i>\$37.42 estimated average per person per month which is \$449.04 per year for food package costs^{vii} \$21 per individual served through Nutrition and Fitness Program in 2007-2008</i>	
Staff Recommendation Primary	To not fund a breastfeeding program <ul style="list-style-type: none"> • Pending funding cycles from First 5 California • Await methodologies from Parent planning/implementation grant to develop processes that are appropriate for our county 		\$0 <hr/> 1,500 per family	Unknown
Secondary	To fund a Nutrition and Fitness program as follows: <ul style="list-style-type: none"> • Double the capacity of existing Nutrition and Fitness Program • To serve families that are nutritionally at risk • Provide education and training regarding the importance of healthy lifestyles via preschool classrooms and community events • Coordinate efforts with the local Farmers Market and Food Bank to ensure that healthy food options are available to families 		\$165,000 <hr/> (total based on a 3- year contract)	Unknown

ⁱⁱ Early Childhood Overweight Quick Facts, First 5 California May 31, 2007

ⁱⁱⁱ Benefits of Breastfeeding, <http://www.cdph.ca.gov/programs/wicworks/Pages/WICBFResource.aspx>

^{iv} Preventing overweight in children from Birth to Five Years Old, California WIC Association February 2006

^v Ten Steps to Support Parents' Choice to Breastfeed Their Baby, American Academy of Pediatrics Section on Breastfeeding

^{vi} UCLA Policy Brief, "Breastfeeding: One of California's First Investments in Young Children"

^{vii} WIC Food package costs and rebates summary: fiscal year 2005

Best Practices: Child Safety

(Car seat, Child abuse, Water, Bike, Domestic violence, Sexual assault, Asthma)

PRIMARY: PUBLIC EDUCATION CAMPAIGN PROMOTING CHILD SAFETY ISSUES

Research: The following studies speak to the importance of child safety:

Community Regional Medical Center Trauma :

- In Fresno & Madera Counties alone, misuse or non-use of car seat restraints is 90% compared to the national average of 73%.ⁱ

National Child Abuse and Neglect System :

- Research indicates that very young children (ages 3 and younger) are the most frequent victims of child fatalities. NCANDS data for 2007 demonstrated that children younger than 1 year accounted for 42.2 percent of fatalities, while children younger than 4 years accounted for more than three-quarters (75.7 percent) of fatalities. These children are the most vulnerable for many reasons, including their dependency, small size, and inability to defend themselves.ⁱⁱ

CSSR Child Abuse Allegations/Child Count study, 2008:

- Madera County had approximately 13,000 children 0-5 years old. In this year, 875 child abuse allegations were brought forth; of those, 213 were substantiated. The prevalent allegation type was General Neglect. Sixty-nine (69) children 0-5 were identified as being at risk of child abuse as a result of a sibling being abuse.

California Breathing: Madera County Profile 2008

- In 2003, asthma occurrences were at 14% in Madera County, 2nd highest in San Joaquin Valley.

Children's Hospital Central California (CHCC), Water Safety Program

- Drowning is the leading cause of unintentional injury-related death for children ages 1 to 4ⁱⁱⁱ; approximately 514 children under the age of four died in the US as a result of drowning.

Children Central California: Injury statistics and incidence rates

- Infants can drown in just one inch of water; most drowning occurs in the bathtubs; children ages 1-5 most often drown in swimming pools.

Best Practices

Best Practice Organizations	Program Name	Program Description	Modalities
Safe Kids Program	Spot the Tot	Educates parents, caregivers, drivers, and children how to check the entire perimeter of the vehicle for children, pets, and toys.	Trainings, pamphlets
	Buckle up	Educates parents and caregivers on the proper use and installation of car seats, booster seats, and seat belts.	Car seat safety checks
Outcomes	<ul style="list-style-type: none"> • Child safety seats has found them to reduce fatal injury by 71% for infants and 54% for toddlers^{iv} • Car seat misuse rate dropped 14% during a six week study 		
California Highway Patrol	California Occupant Restraint Campaign	Program will provide the means to strengthen its enforcement and education efforts statewide through a combination of seat belt and safety seat-usage surveys and child passenger safety presentations.	Presentations, surveys
Outcomes	Program outcomes not yet available program started in November 2009. <ul style="list-style-type: none"> • Previous data demonstrates that the car seat usage in California is 94% but dropped to 91% in 2009 • Passenger vehicle occupant fatalities age 4 and under decreased 42% in 2007 to 25% in 2008 		
Children's Hospital of Central California	Water Safety Program	Program is designed to target parents and children preschool through 1 st grade regarding water safety	Program coloring books and 5 minute DVD for parents followed up with a PowerPoint presentation on prevention
Outcomes	As per Water Safety Program, the 2009 summer was the first summer where no drowning were reported for the first time in 20 years.		
Child Abuse California	It Only Takes a Minute	Since Summer 2004, Prevent Child Abuse California has been working with partners throughout the state, using national research to create a primary prevention and public education campaign for California to generate greater awareness of what everyone in California can do to prevent child abuse and neglect. Everyone can make a difference in the life of a child— it only takes a minute.	Posters, inscribed wristbands, book markers, buttons and banners
Outcomes	Information that is disseminated is used to influence public policy, program practices, strengthening families, and to protect children. Several public policies have been set		

Unmet Need:

- Demand = 13,000 families
- Supply = 0
- Deficit = 13,000

Cost Benefit Analysis

Continuum of Prevention	Number of Children Affected	Unmet Need	Cost Amount to Structure	Cost Avoidance
Primary Prevention	13,000	13,000	Unknown	Unknown
Staff Recommendation	To fund a multi-media campaign that includes the following: <ul style="list-style-type: none"> ● Educate parents regarding safety issues such as car seat, child abuse, water, bike, domestic violence, sexual assault, asthma, i.e. CDRT (Child Death Review Team) ● Partner with existing programs to determine relevant topic areas 		\$30,000.00 (total based on a 3-year contract)	Unknown

ⁱ Community Regional Medical Center Trauma Program, October 2007 presentation to First 5 Madera County Commission

ⁱⁱ NCADS Data for 2007

ⁱⁱⁱ Children's Hospital Central California (CHCC), Water Safety Program, <http://www.childrenscentralcal.org/HealthE/P02984/P03002/Pages/home.aspx>

^{iv} NHTSA'S National Center for Statistics and Analysis, Traffic Safety Facts 2006 Data

Best Practices: Prenatal Care/Pregnancy/Infants

(Including teens, preconception planning, breast feeding, substance abuse, maternal depression)

PRIMARY: PUBLIC EDUCATION CAMPAIGN PROMOTING PRECONCEPTION PLANNING

SECONDARY: ONE-ON-ONE IN-HOME SKILL BUILDING AMONG NEW PARENTS (0-1 YEAR OLD)

Research: The goal of preconception planning is to promote the health of women and men of reproductive age before conception and thereby improve pregnancy-related outcomes. The following studies generate findings that illustrate the benefits of providing preconception planning:

The Comprehensive Perinatal Outreach Program

- Partnered with the Prenatal Care Guidance to provide outreach and case management to high-risk expectant mothers
- Reached over 144,400 people between November 1993 and August 1994
- Of the case-managed women, only 7.5% delivered low-birth weight infants, almost as good as for all LA County (6.4%)

The Center for Disease Control

- Preconception care could succeed in improving maternal and child health where the current paradigm is failing, but most providers don't provide it, most insurers won't pay for it and most consumers don't demand it.¹

In the report "The Role of Home-Visitation Programs in Improving Health Outcomes for Children and Families", the American Academy of Pediatrics found the following:

- Home visitation programs' positive outcomes have included increased birth weight of babies, decreased preterm labor, improved nutrition during pregnancy, decrease in maternal smoking, greater participation by the father, fewer subsequent pregnancies, decrease in the number of verified incidents of child abuse and neglect
- In a 15-year follow up, participants who had received a mean of 9 home visits during pregnancy and 23 home visits up to their child's 2nd birthday demonstrated fewer subsequent pregnancies, reduced maternal criminal behavior, decrease in welfare used, less maternal behavioral impairment attributable to alcohol and drug abuse
- The study suggests investing in a broad multi-problem approach to address the full needs of the family

In the UCLA Center for Healthier Children, Families and Communities Policy Brief entitled "Home Visiting: A Service Strategy to Deliver First 5 Results" it was suggested that

- Home visiting programs should target various populations within a community via a variety of staffing and practice models, curricula, and intervention approaches
- To further substantiate the claim above, the National Resource Center for CBCAP highlighted the following models:
 - Nurse-Family Partnership targeting first time, low-income mothers in the early stages of pregnancy through age 2; intended outcomes include improved prenatal health, fewer childhood injuries, fewer subsequent pregnancies, etc
 - Healthy Steps which targets low to medium risk parents of children ages birth to 30 months (2.5yrs) of age; intended outcomes include development of close relationship between health provider and parents to address physical, emotional, and intellectual growth and development of children

Best Practices

Best Practice Models	Continuum of Prevention	Audience	Program Description	Intensity/ Duration	Assessments
Inclusion	Primary	All women and men of childbearing age	Increase community awareness on the benefits of preconception planning/care for both the targeted audience as well as with health providers. Include in current health awareness campaigns such as diabetes and smoking cessation as well as inclusion of a women's wellness visit or during home visitations.	N/A	Will be developed according to modality chosen
Outcomes	Lower percentage of low-birth weight, possible decreases in diabetes, decrease repetitive pregnancies, improved overall health of baby and mother				
Nurse-Family Partnership	Secondary	Any mother birthing for the first time	In-home visitation program beginning at prenatal through the child's 2 nd year. It excludes mothers who birthed but lost a child (either thru death or removal/ separation for other cause) and anyone past the 28 th week of gestation.	<ol style="list-style-type: none"> 1) Prenatal – every week for 1st four weeks then every other week until baby is born 2) Postpartum – every week for the first 6 weeks and then every other week until baby is 21 months 3) 21-24 months – visits are monthly 	Ages and Stages Questionnaire (ASQ) and ASQ-SE (Social Emotional), Denver II, Edinburgh Postnatal Depression Scale (EPDS), NCAST Scales
Outcomes	Pregnant women displayed improved health behaviors such as decreased tobacco use, decreased hypertension, and increased use of community resources. Also, there was a decrease in preterm babies and an increase in birth weight among teens. There was a decrease in subsequent pregnancies and an increase in intervals between 1 st and 2 nd child. ⁱⁱ				
First Parents Program	Secondary	Any parent who has not previously parented an infant	In-home visitation program beginning at prenatal through the child's 1 st year.	<ol style="list-style-type: none"> 1) Through the program until child is 9 months, visits are generally 2x/month; more visits occur as needed 2) If family is stable from 9-12 months, visits are monthly 	ASQ and ASQ-SE, Denver II, EPDS, Growing Great Kids & Growing Great Families, NCAST Scales
Outcomes	Ninety-five percent (95%) of participants breastfed upon delivery where as the national rate was 56% in 2004. ⁱⁱⁱ The program also demonstrated a 75% success rate of referrals to community resources. Prematurity rates among participants also decreased.				

Unmet Need:

- Primary Prevention
 - 2,000 children
- Secondary Prevention
 - 2,000 children

Opportunities:

- Partnering with local health practitioners to offer preconception planning during wellness visits

Cost Benefit Analysis

Continuum of Prevention	Number of Children Affected	Unmet Need	Cost Amount to Structure	Cost Avoidance
Primary Prevention	2,000	2,000	Unknown	Unknown
Secondary Prevention	2,000	2,000	\$1.4 Mil as per the Nurse-Family Partnership ≈\$186,000.00 as per First Parents Program	\$34 Mil (\$17,180 per family x 2,000) ^{iv}
Staff Recommendation				
Primary	To not fund a preconception planning media campaign		\$0	Unknown
Secondary	To continue to fund the First Parents Program: <ul style="list-style-type: none">• Serve any parent who has not previously parented an infant• Inclusion of preconception planning/care strategies• Allow participation beginning entry anywhere between prenatal through the child's 1st year• Visits should continue until child is 9 months, 2x/month with more visits occurring as needed; if family is stable from 9-12 months, visits should be monthly		\$540,000.00 (total based on a 3-year contract)	\$34 Mil (\$17,180 per family x 2,000)

ⁱ <http://www.cdc.gov/ncbddd/preconception/whyconception.htm>

ⁱⁱ O'Brien, Ruth: Nurse-Family Partnership Theory of Change Logic Model

ⁱⁱⁱ National data s per the 2004 Pediatric Nutrition Surveillance and National Survey of Women's Childbearing Experiences published in 2006

^{iv} Cost based on a 2003 independent review conducted by the Washington State Institute for Public Policy

Best Practices: Community Resources

(Access and Connection)

PRIMARY: WIDESPREAD ACCESS AND CONNECTIVITY TO UP-TO-DATE INFORMATION ON COMMUNITY RESOURCES THROUGH A VARIETY OF VEHICLES INCLUDING WEBSITES, 2-1-1, ETC.

Research:

The following studies generate findings that illustrate the importance of the availability of community resources:

Strengthening Families: National program utilizing child care and social service agencies to engage parents

- First, risk must be reduced second, protection must be strengthened, and interventions then strengthen protection and reduce the effects of risk from the basis of risk and resilience orientation.

California Family Resource Center Learning Circle: State of California Healthy and Human Service Agency

- Research has demonstrated that it is not sufficient to only provide a direct service to a family, but also to connect with the family and educate the family on its needs to assist in their self-sufficiency.¹

Fragile Families Research Brief: Research from Princeton University and assessment tools based on social indicators from Columbia University:

- Data strongly suggest that child care centers tied to a high-poverty neighborhood are, in fact, tied to a great number of resource providers.
- 49% of those surveyed had at least 1 tie to a service in the community

In the study "Making New Mexico Better:" Recommendation were made to enhance health and human services

- 2-1-1 would provide free access to health and human services
- Reduction in 800 numbers used for nonprofits and state organizations

Internet: Information and its distribution are the most obvious educational aspects of the internet... Popular tools such as Google and Wikipedia offer information rapidly, if not always comprehensively... According to internetworldstats.com, as of 2008, nearly 22% of the world's populations were internet users, the percentage more than tripled between 2000-2008.

Best Practices

Best Practice Models	Days/Hours of Operation	Resources Offered	Outreach Modality	Assessments
2-1-1	Five days a week; will revert to outsource after closing hours and weekends *Currently, Madera County does not have access to 211	Access to available social services within Fresno County only	Call center Web	Track web hits Call Logs
Outcomes	Some benefits existed after Hurricane Katrina in that the existence of 211 in Louisiana assisted in a coordinated emergency service information hotline. In Florida, a study found that 211 was helpful during its emergency by coordinating volunteers more effectively, managing unmet needs, reassuring callers, etc. The same is true in California during its fire emergencies.			
Family Resource Centers	Five days a week; more if programming requires it	Case Management (through Strengthening Families Five Protective Factors) Programming Activities Referrals	Web Flyers Resource Guide	Family Development Matrix Call logs Sign-in sheets
Outcomes	80% of families were linked to service, case management outcomes are not currently available			
Internet	24/7	Links to local agencies Repository of local service agencies (WDO)	Web	Track web hits
Outcomes	N/A			

Unmet Need:

- Demand = 13,000 families
- Supply = 4,549 per FRC
- Deficit = 8,451

Opportunities:

- Currently, the Workforce Development Office (WDO) has established a website entitled maderacountyworks.com where community members have internet access to various resources regarding employment. Staff has contacted Elaine Craig regarding possible links made on the website to First 5, 211, partnering agencies, etc. Elaine has committed to researching possibilities and costs for a project of this type. Questions to consider:
 - What strategies do we want to implement with the website? Do we want links to agencies or are we looking at something more in-depth such as establishing maderacountyworks.com as a depository where the community can select a topic and all agencies and its available services and contact information would be available?
 - Adding links would not have a cost. A repository would have a cost to it and Elaine would consult with her web master regarding this issue.

Cost Benefit Analysis

Continuum of Prevention	Number of Children Affected	Unmet Need	Cost Amount to Structure	Cost Avoidance
Primary Prevention	13,000	8,451	\$250,000.00 for FRC initiative in 2009 No cost for web pages except if repository is selected as a project. Cost unknown at this time.	Unknown
Staff Recommendation Primary	To invest in opportunities to enhance knowledge of community resources which might include: <ul style="list-style-type: none"> • 2-1-1 partnership • WDO collaboration 		\$60,000.00 (total based on a 3-year contract)	Unknown

ⁱ A reflection on how social networks can become a powerful tool to meet basic needs and build momentum for change