



Building a Healthier Community for All Children

First 5 Yolo FY2019-20 Local Evaluation Report

During the First 5 years of life, children...

- Develop faster than at any other time; 90% of brain development occurs in the first 5 years of life.
- Need love and attention from adults.
- Learn by exploring the world around them.
- Rely on adults for good health and safety.
- Rely on the support of the whole community for healthy development and equal opportunities to achieve their potential.

Our Mission

First 5 Yolo will assist our community in raising children who are **healthy, safe, and ready to learn**. We will ensure that our resources are *effectively used*, and *all community voices are heard*.



What We Do

First 5 Yolo engages community partners to design, improve, advocate for, and fund critical services to support the needs of children and their families prenatally through age five by administering Proposition 10 (tobacco tax) and other funds.

Letter from the Executive Director

Informed by research, First 5 Yolo's Strategic Plan focuses on reaching families in greatest need and earlier in life (prenatally through the first three years) to strengthen and improve health, safety, and early learning to close the persistent opportunity gap for children at risk of falling behind in school and in life.

This is done by implementing systems improvements to transform care and services, and by braiding and leveraging investments to strengthen impact and enhance sustainability. This approach opens opportunities to maximize First 5 Yolo's limited resources while improving the lives of children, particularly those who have been historically underserved.

In FY19-20, we reaffirmed our commitment and began implementing a new major countywide initiative focused on systems improvement for children ages 0-5, and continued movement toward better aligned, deeper, and more impactful investments. The onset of COVID-19 presented numerous and unprecedented challenges, and it also painfully raised greater awareness about the underinvestment in society's most essential systems for our children and their families. The pandemic exacerbated the needs in our community, requiring new partnerships with various sectors and statewide collaboration. We are proud of our partners who worked tirelessly and continue work in the face of the COVID-19 pandemic to create and sustain a connected network of services for families in greatest need.

The coming year will require all of us to be focused on working together to build healthier and more accessible services for our youngest children and their families. This year challenged us to question the status quo and find new ways to build stronger relationships, especially with those most severely impacted by systemic inequalities predating the pandemic. Rebuilding and creating a more equitable future for all will lie in listening to the hopes and dreams of all our children and their families.

Gina Daleiden
Executive Director, First 5 Yolo

“Few tragedies can be more extensive than the stunting of life, few injustices deeper than the denial of an opportunity to strive or even to hope, by a limit imposed from without, but falsely identified as lying within.”

Stephen Jay Gould,
The Mismeasure of Man

Systems Change: It's All About Relationships!

First 5 Yolo is constitutionally charged with bringing stakeholders together to make early childhood systems and services easily accessible for all children and families. First 5 Yolo evaluates programs and services regularly with partners and data support from LPC Consulting Associates, Inc., an independent evaluator, using Mark Friedman's Results-Based Accountability Framework to answer three simple questions: **How much did we do? How well did we do it? Is anyone better off?**

Collectively, all sectors, systems, agencies, and families contribute towards population-level goals of child and family well-being that align to First 5 Yolo's mission. No one agency or system can create the conditions for child and family well-being; this requires strong relationships with all sectors of society working together to create and sustain those conditions so children and families can lead healthy lives and reach their optimal development.

In Fiscal Year 2019-2020 (FY19-20), First 5 Yolo invested **\$1.96 million in programs and services that supported all four priority areas** outlined in the current Strategic Plan, which focuses on investing in high impact services that address the mission of First 5. The key to addressing these priority areas is nurturing relationships and fostering shared responsibility for the wellbeing of the youngest children and their families. First 5s throughout the state support a whole-child, whole-family approach to services, recognizing that the health of a child is dependent on the health and wellbeing of their family and the environment in which people live, learn, work, and play.

“Responsive relationships early in life are the most important factor in building sturdy brain architecture.”

Center on the Developing Child,
Harvard University

First 5 Yolo County | Strategic Priority Areas



Improve Systems & Networks



Improve Child Safety



Improve Child Health



Improve Quality Early Learning

Strategic Priority Area



Funded Strategy/Service



Result

Improve...



Systems & Networks



Child Safety



Child Health



Quality Early Learning

Through...

- Cross-Agency Coordination
- Data-Informed Decision-Making & Advocacy
- Home Visiting & Navigation
- Training & Development
- Family-Centered Services
- Parenting Education & Family Support
- Crisis Intervention & Supportive Services
- Timely Screening, Monitoring, & Early Intervention
- Access to Health, Social Services, & Information
- Early Literacy
- Bilingual Education

Systems Are Ready So that...

Children have optimal early childhood development.



*Note: Ready Children figure adapted from "Getting Ready: Findings from the National School Readiness Indicators Initiative A 17 State Partnership"*ⁱ

"A team effort among families, the medical home, childcare/early intervention, schools, and communities provides the experiences, relationships, and interactions that shape the learning process and serve as building blocks for **later success in school and in life.**"

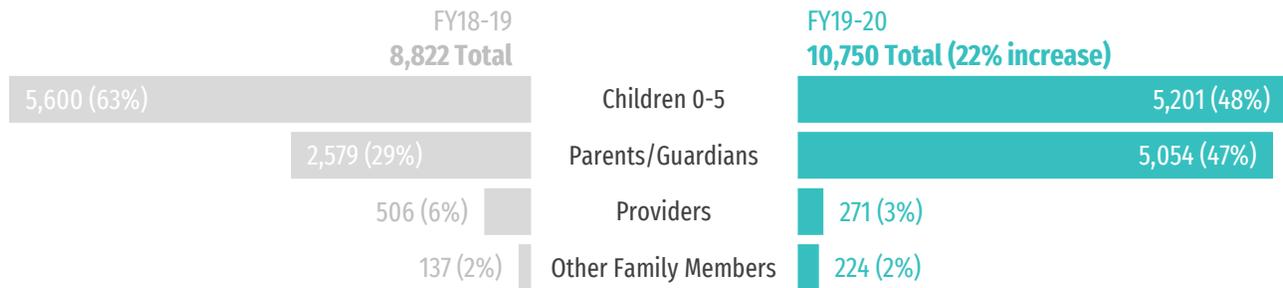
Pediatrics, "The Pediatrician's Role in Optimizing School Readiness"ⁱⁱ

Yolo County Children & Families Served in FY19-20

First 5 Funded Partners worked to meet the diverse needs of families in Yolo County in FY19-20, with a focus on serving those facing greatest adversity. As the COVID-19 pandemic began, F5 Funded Partners moved quickly and effectively to virtual services, where appropriate, and re-focused their work to include providing essential items and COVID-19 crisis assistance.



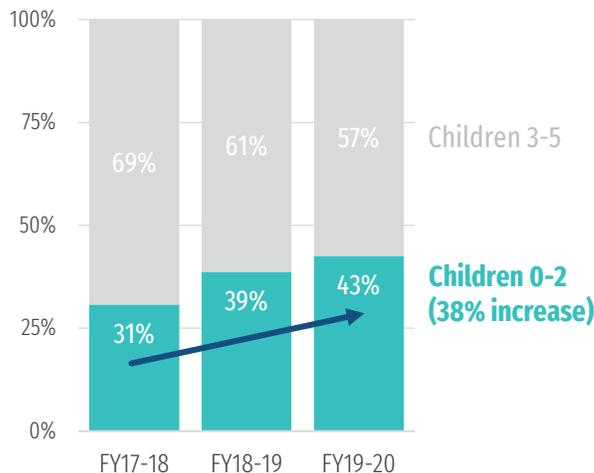
In FY19-20, First 5 Yolo served 10,750 participants countywide. (22% increase from FY18-19)



A greater number of parents/caregivers were served this year (61% increase from FY18-19) largely due to the addition of developmental play groups, enrolling prenatal clients in expanded home visiting services, parent support groups, and multi-generational family engagement activities demonstrating a whole-child, whole-family approach to services.ⁱⁱⁱ



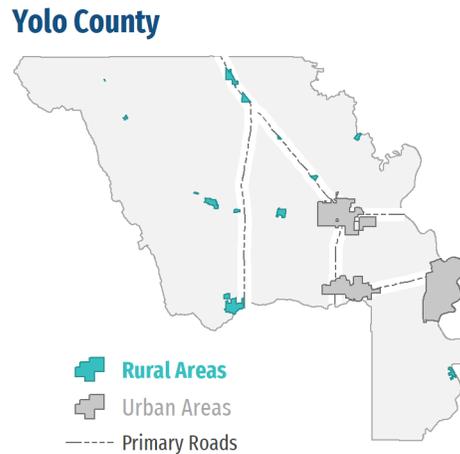
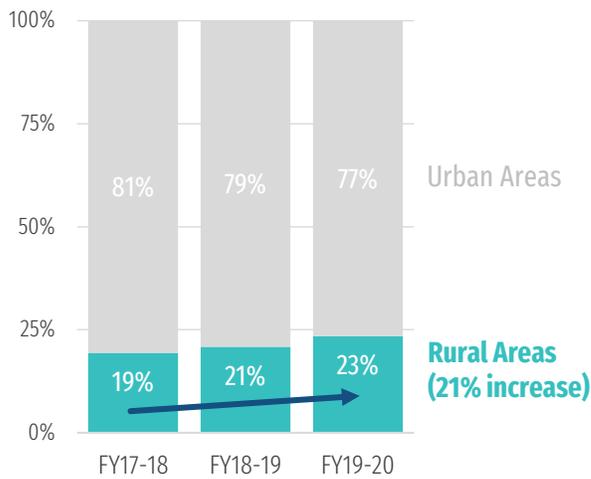
The proportion of younger children served (children ages 0-2) continued to increase in FY19-20. (38% increase from FY17-18)



Yolo County Children & Families Served in FY19-20 (continued)



The proportion of children served from rural areas continued to increase in FY19-20. (21% increase from FY17-18)

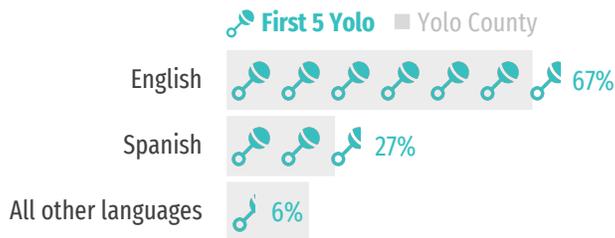


Demographics

Children Served in FY19-20 & County Averages

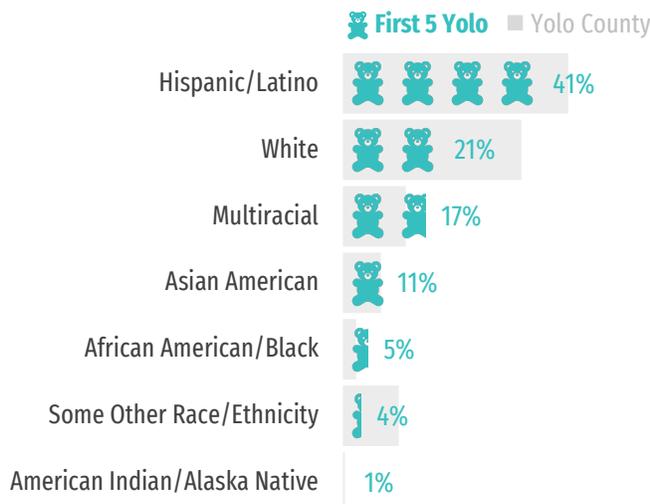
Yolo County is home to a diverse community with multiple languages spoken in the home. Some families face additional barriers to access needed services due to linguistic isolation and lack of social support. First 5 funded partners offer peer navigators and trusted advocates that provide a bridge for families to access services they otherwise would not know about. Language lines and interpreting services are currently used to meet the shortage of staff who can offer home visiting services in languages other than English and Spanish.

One-third (33%) of children served spoke a language other than English at home.



Source: U.S. Census Bureau, American Community Survey 2018 5-Year Estimates Definition: Estimated population of households with limited English spoken

First 5 Yolo served a greater proportion of racially/ethnically diverse children compared to County averages.



Source: U.S. Census Bureau, American Community Survey 2018 5-Year Estimates accessed via kidsdata.org Definition: Estimated child population ages 0-17, by race/ethnicity

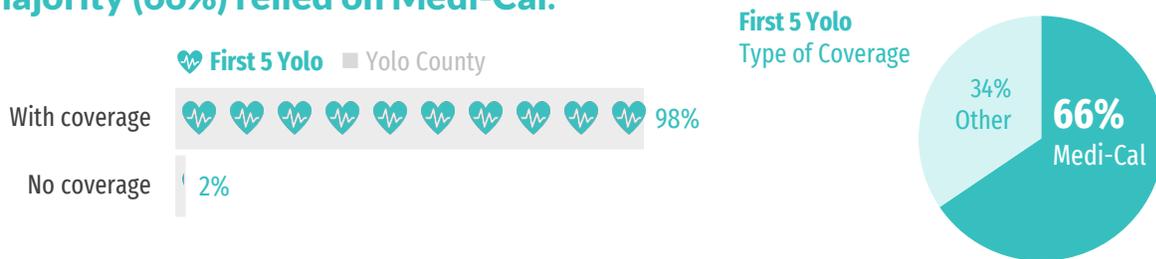


Demographics

Children Served in FY19-20 & County Averages (continued)

Nearly 1-in-5 Californians currently lives in poverty. Yolo County has a poverty rate of 21%, joining 10 other counties with the highest rates of poverty in California^{iv}. In addition, 14% of Yolo County children were food-insecure in 2018 and this is projected to reach 21% in 2020 due to COVID-19^v. Children living in poverty are more likely to exhibit emotional, health, and language problems that cause learning difficulties. Research shows that *half* of the educational achievement gaps for children experiencing poverty can be found at the time of kindergarten entry^{vi}, making access to **quality early childhood education** and economic support services critical to closing the gap and providing families with a real opportunity for upward mobility.

While most children served had health insurance coverage in FY19-20, a majority (66%) relied on Medi-Cal.



Source: U.S. Census Bureau, American Community Survey 2018 5-Year Estimates
 Definition: Estimated civilian noninstitutionalized population with no health insurance coverage for children <6 years.



Turning the Curve to Enhance Optimal Child Development

FY19-20 Outcome Highlights

The following metrics are highlights from First 5 Yolo funded programs and initiatives that address the third question of Results Based Accountability: **Is anyone better off?** Measures were selected based on alignment to the current Strategic Plan's priority areas and overall mission of First 5 Yolo. Where multiple programs/partners collected the same data, aggregates are shown. See [Appendix A](#) for methods and sample sizes.



Improve Child Safety

Why This Matters



98%

of families avoided entry or re-entry into Child Welfare Services

Family support groups and services delivered in FY19-20 helped provide much needed connection during the social distancing required by the COVID-19 pandemic. They also helped raise greater awareness about the effects of trauma and adverse childhood experiences on child brain development and how to have nurturing relationships so families can **thrive together**.

Research shows that communities with **caring relationships** have:

- Less crime, violence, substance abuse
- Better school success
- Better physical and mental health.



96%

of parents felt more socially connected

“Social relationships, or...lack thereof, constitute a major risk factor for health – rivaling the effect of well-established health risk factors such as cigarette smoking, blood pressure, blood lipids, obesity and physical activity.”^{vii}



100%

of **The CHILD Project: Road to Resilience (R2R) home visiting clients** received education and information to support substance use prevention and reductions in use.^{viii}

Preventing child abuse and neglect requires moving beyond individual and family characteristics and considering the conditions of the community and society in which they live. This perspective allows a society to use strengths-based approaches to collectively address the root causes of child abuse and neglect.

To learn more about the role all sectors in society have to play in preventing child abuse and neglect, please visit:

[Child Welfare Information Gateway](#)



Improve Child Health

Why This Matters



99%

of children were up to date on immunizations



77%

of children had an improved score on their follow-up developmental screen



89%

of children enrolled in **R2R home visiting** received their last recommended well-child visit *(18% higher than the overall clinic rate)*

Ongoing developmental screening embedded in routine well-child visits is critical in ensuring children are ready for school. The American Academy of Pediatrics requires **3 screens by age 3** but these are not always done or documented consistently. Help Me Grow Yolo offers a much-needed surveillance system to ensure children are not only screened, but their progress over multiple assessments is tracked over time and parents receive appropriate guidance and connection to services.

During the pandemic, program staff were a **vital bridge** in ensuring families were adequately informed throughout California's Shelter-in-Place Orders which helped families avoid losing access to important healthcare or other essential services. This kind of support helped families maintain their positive immunization rates when countywide, and state rates suffered up to a 40% decline during the pandemic.

Early outcomes of enrolled children in The CHILD Project: Road to Resilience home visiting indicate family navigation and home visiting helps **strengthen the health system** by building trusting relationships with families and providing anticipatory guidance to help identify and remove barriers to care, keeping children on track for their health visits.



Improve Quality Early Learning

Why This Matters



99%

of parents/caregivers reported increased knowledge of appropriate activities to facilitate their child's development



79%

of parents/caregivers read with their children more often after participating in a First 5 Yolo program

Parents/caregivers are a child's first and best teacher and are a key partner for health and education providers in ensuring a child's needs are met.

Read, talk, sing – it really does mean everything!

According to research, early language is the best predictor of school readiness^{ix}, language development starts before birth^x, and children who experience quality reading, singing and storytelling can build a strong foundation for learning across all domains, including social and emotional. Research has found that the quality of the adult-child interactions is more important than the quantity^{xi}.

Strengthening Systems to Reduce Fragmented Care & Service Gaps

FY19-20 Systems Change Highlights

Developmental Screening & Early Childhood Mental Health



In FY19-20, [Help Me Grow \(HMG\) Yolo](#) completed its fifth year, expanding and deepening relationships in the community to build an early identification and intervention system for children 0-5 to reach their potential. Over 180 agencies are now part of the HMG referral network. HMG is delivered through a cross-agency collaborative of four community-based agencies led by Northern CA Children’s Therapy Center which offers vital early intervention services that are scarce in the county and the state. In FY19-20, HMG Yolo supported optimal child development and quickly adapted to the changing needs of the community during the pandemic.

“All children in California are supported by a system of **accessible developmental and behavioral resources** in their communities to ensure they achieve their greatest potential.”

[Help Me Grow California Vision](#)

Improve Systems & Networks Why This Matters



1,476 developmental screens completed

998 unique children screened

478 children received a follow-up screen



2-years-old

Average age of children served by HMG Yolo in FY19-20



9,911

HMG training participations from parents, providers, & community agency representatives (113% increase from FY18-19)



5,200

developmental activity packets distributed to support age-appropriate skills in the home and participation in online-learning

Developmental screening in the first 3 years of life and **ongoing monitoring and follow-up** is critical to helping children stay developmentally on track. The first 3 years of life are a foundational developmental window and regular monitoring and follow-up can prevent later disruptions and help children achieve their potential in school and in life.

Often, children are not connected to services because their concerns are not “severe enough,” they are not the right age, or services are not available or accessible. **Only 3% of eligible children** received early intervention services in 2019 in California, making the need for collective action, and focus on this area, increasingly paramount given the exacerbated disparities in special healthcare needs, and Black and Latinx communities emerging out of the COVID-19 pandemic^{xii}.

Developmental Screening & Early Childhood Mental Health (continued)

In FY19-20, HMG Yolo expanded its early intervention services to include developmental playgroups, parent support groups, and Maternal Mental Health In-Home Therapy. Developmental playgroups and parent support groups are available to any family with a child connected to the HMG system regardless of ability to pay, severity of concern, or other typical obstacles faced by families looking for support for their child(ren). Maternal Mental Health In-Home Therapy is available for families who may be struggling and are unable to access traditional mental health supports and are provided at no cost to the family.

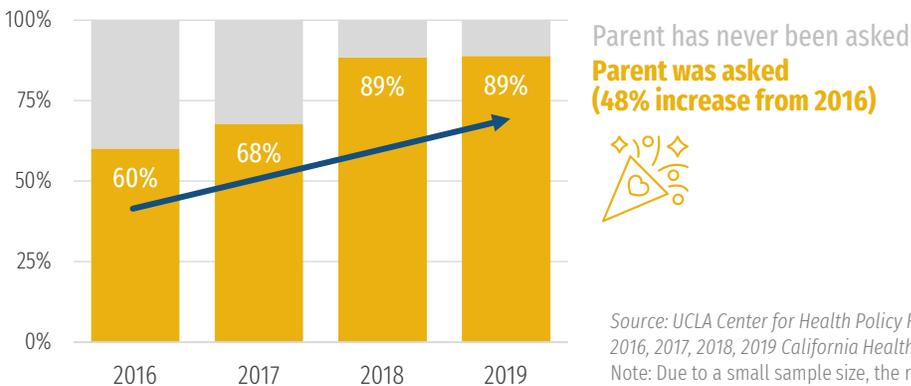
To support all children receiving developmental screening and access to child and family mental health services, **100% of First 5 Funded Partner contracts include HMG connections**, with referral processes and collaborative projects ongoing. All partners are working collectively to help all children obtain a developmental screen and get linked to child development resources and early intervention services, as needed. The community also greatly benefits by having access to experts in child development that empower training participants to build more nurturing environments in healthcare, education, and at home.

Medi-Cal rates are available annually, however, county data and statewide data (inclusive of all children not only Medi-Cal) on the actual rates of developmental screening are currently not possible to obtain reliably^{xiii}. The California Health Interview Survey (CHIS) provides a useful perspective on whether a family was asked about developmental concerns during their pediatric appointment (see figure below). This upward trend in Yolo County coincides with additional support from Yolo County's Mental Health Services Act funds, allowing HMG Yolo's early identification and intervention system to expand trainings, outreach, and screening in 2017. First 5 Yolo is working with funded partners, Partnership Health, UC Davis MIND Institute, and an advisory council of medical providers and other stakeholders to identify better ways to support the health care system, families, and early childcare providers, with developmental screening efforts as part of COVID-relief efforts. There is also ongoing work to obtain more reliable data on linkage and access to early intervention services that is currently challenging due to siloed information systems.

Developmental Screening Matters

1-in-6 children have one or more developmental disabilities or delays. However, only 23% of Medi-Cal clients received a developmental screen in California in 2019.^{vx}

Yolo County Parents Asked by Providers About Child's Developmental Concerns



Coordinated Home Visiting & Family-Centered Navigation

In FY19-20, First 5 Yolo celebrated the launch of The CHILD Project: Road to Resilience (R2R) which, **in less than one year**, achieved notable integration between health and social services agencies. This coordinated, multi-agency initiative benefited from the early investment and lessons learned from The CHILD Project Pilot conducted at the Davis CommuniCare Perinatal Clinic and in collaboration with the City of Davis, CommuniCare Perinatal, and Yolo County Children’s Alliance during FY18-19.



The CHILD Project: Road to Resilience built on the Pilot by expanding services countywide and including three evidence-based and evidence-informed home visiting services (Healthy Families America Yolo County, Behavioral Health Navigation, and Attachment & Biobehavioral Catch-up) focused on Yolo County families in greatest need. Through a central point of coordination, collaborative case management across agencies, and a shared database, families had more seamless connection to services that matched their needs and had greater access to mental health services, substance use cessation support, medical services, basic needs, and other social services. In the face of the COVID-19 pandemic, the project prevented disruptions to services when supportive resources were critical to struggling families.

“My home visitor has done a great job helping me expand what I want to talk about and helping me expand my thinking.”

Home Visiting Client



355%

increase in enrollment in mental health services through First 5 Yolo funded services since last fiscal year due to the addition of Behavioral Health Navigation and home visiting services available through R2R.



100%

of participants reported they always feel heard, respected, and understood by their home visitor.



94%

of participants reported they always work on what matters most to them with their home visitor.



Transformation Through Family-Centered Navigation & Home Visiting

As the COVID-19 pandemic has highlighted, stress can make it difficult for families to plan and see possibilities for change or have hope for the future. Home visitors teach families how to set goals, a core life-skill to reduce a family's stress. They address the most urgent needs that keep families from thinking about their future and help them identify their capacity to overcome obstacles on their own.

Home visitors coach families to build these critical executive function skills by helping them identify available resources, plan, and tackle priorities one step at a time. They also teach families how to navigate resources in the community and access additional support when needed. The family sets the agenda in family-centered goal planning with home visitors providing guidance and support in learning about and enhancing the social, emotional, and cognitive development of their children. Home visitors also provide coaching on parenting skills and positive infant-parent relationships and support parent-child bonding and attachment.

Family-centered goal-setting, and in-depth screening and assessments help link the content covered from one home visit to the next. For some mothers, the goal may be to nourish themselves better to breastfeed their infant, and for others, it might be to pursue higher education or job training. The goal-setting skills families learn are transferable to all areas of their life and they can teach these same skills to others like their children, friends, and family, magnifying the impact of home-visiting services.

[Click here](#) to learn how home visiting helped a rural-area family access critical support and reduce their stressors during the pandemic and learn more about R2R.



Home visitors teach families how to set goals, a core life-skill to reduce a family's stress.



Looking Forward

The strategic investments dating back to 2017 that established the systems change groundwork, led to First 5 Yolo's funded services remaining largely uninterrupted and quickly shifting to virtual platforms at the onset of the COVID-19 pandemic. For example, home visiting services under First 5 Yolo's CHILD Project: Road to Resilience and Healthy Families America Yolo County were some of the only home visiting services that remained available at the onset and throughout the pandemic. Help Me Grow's developmental playgroups, parent support groups, Maternal Mental Health In-Home Therapy for Moms, and crisis intervention services provided respite to families struggling to meet the unrealistic demands of parenting during a pandemic.

Partner response to COVID-19 **expanded access to services** through telehealth and virtual platforms, creating new opportunities for many and connecting families to basic needs. At the same time, new problems, such as lack of internet access in rural areas, computer literacy, access to technology, childcare shortages, and severely increased financial hardships were magnified with the pandemic for those who were already struggling. All First 5 funded partners continue to look for innovative ways to support families, address barriers, and bridge gaps to support families through this difficult time.

The efforts of community partners to fill in gaps in existing systems was impressive but they also highlighted the need to invest in more systemic changes in the county. The root causes of many disparities for children and families remain unaddressed, requiring new ways of thinking and working together across sectors in Yolo County for all families to reach **collective health and wellbeing**.

As First 5 Yolo moves into Fiscal Year 2020-21, new and exciting opportunities are unfolding that will help identify how to continue to maximize the collective impact and use resources more effectively to provide a continuum of care for Yolo County children and families. In FY20-21, greater investments and dedicated resources will be added, focused on integration and coordination of all early childhood services including countywide home visiting coordination and increased access to early quality education through innovative and diverse partnerships, including focused work with Family, Friend and Neighbor childcare providers. These efforts will allow services to reach more underserved children, particularly those ages 0-2, amplifying program impact. In the coming year, First 5 Yolo will continue to focus its resources on research supported efforts, look for better ways to meaningfully involve families in rebuilding systems, and begin to establish a common language and metric with all stakeholders in Yolo County to measure future success by the **wellbeing of all children**.



“As issues are debated, priorities are set, and decisions are made, asking first and foremost ‘How are the children?’ will guide us toward a more just and thriving society.”

The Skillman Foundation

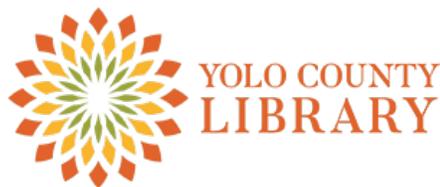
A Very Special Thank You

Thank you to the First 5 Yolo Commission for their continued leadership and to our community partners, First 5 Yolo staff, County and City colleagues, volunteers, donors, subject matter experts, and consultants, whose dedication helped us get through unprecedented times with their unwavering commitment and compassion for Yolo County's youngest children and their families.

A very special thank you to all our **Fiscal Year 19-20 Funded Partners** who make this work possible.



United Way
California Capital Region



Appendix A

Data Sources

Increased Access to Mental Health services via HMG-Maternal Mental Health, and R2R Behavioral Health Navigation (total served=41), (MMH in home CBT + BH navigation/home visiting) % increase since last year in MH home visiting services=9 in FY18-19, 355% increase.

100% (17/17 participants) reported that they always feel heard, respected, and understood by their home visitor.

94% (16/17) participants reported that their home visitor always works with them on what they want to talk about during their visits.

77% Children who screened and needed monitoring, had an improved score on their follow-up screen after receiving HMG resources and support. 80 children were rescreened and showed an improved score in at least one of the developmental domains that was previously a monitor or concern. 104 children who were rescreened after a monitor score.

Parents reported feeling more socially connected:

Aggregate of Family Hui, Nurturing Parenting Program and Early Literacy/Storytime satisfaction surveys: 96% (97/101)

79% (Total for 2019/20 57/72) parent's/caregiver's report that they are reading with their children a lot or somewhat more often after participating in Storytime.

Children who avoided entry or re-entry into CWS:

YCN intervention services, R2R, and ABC Joint project: 98%
(Total F5 programs measuring this indicator: 222/226)

Children who are up to date on vaccinations from entry to exit (FY19-20):

Aggregated for YCN Intervention services and R2R: 99% (443/447)

Data source for R2R: verification of immunization records during home visits.

Data source for YCN: Form 701 Physician's report for Child Care Centers. The completed form is required before the child enters respite care.

Well child visits: Data for all CCHC patients from 7/1/2019-6/30/2020: 71% of children received all recommended well-child exams from birth to age 15 months (6 appointments).

Data from R2R: 89% (16/17) of enrolled children are up to date on well child exams (received their last recommended well-child visit per AAP schedule during enrollment)

99% parents/caregivers reported increased knowledge of appropriate activities to facilitate their child's development.

Raw Values including numerator and denominator: 745 positive responses/755 responses provided*100=99%

Population included in the calculation: The parent/caregiver responses provided by participants at developmental playgroups and parent support groups.

Appendix B

Funded Programs & Service Providers in FY19-20

Program	Partner Agency
Help Me Grow (HMG), Maternal Mental Health In-Home Therapy for Moms (MMH)	Northern CA Children's Therapy Center, Yolo County Children's Alliance, Yolo Crisis Nursery, RISE Inc., CommuniCare Behavioral Health
The Child Project: Road to Resilience (R2R) Home Visiting and Family Navigation (Healthy Families America, Behavioral Health Navigation and Attachment and Bio behavioral Catch-up Home visiting)	CommuniCare Health Centers, Yolo County Children's Alliance, Yolo Crisis Nursery
Nurturing Parenting Program Pilot (NPP)	RISE Inc., Yolo County Children's Alliance
Attachment and Biobehavioral Catch-Up (ABC) Home Visiting Joint-Project with Child Welfare Services	Yolo Crisis Nursery
Early Literacy/ Bilingual Storytime	Yolo County Library
Crisis Nursery Intervention Services	Yolo Crisis Nursery
Family Hui	Lead4Tomorrow
Early Mental Health Training Cohorts	UC Davis Continuing and Professional Education, Napa Parent-Infant & Child Institute

Notes & Works Cited

ⁱ <https://www.aecf.org/resources/getting-ready/>

ⁱⁱ The Pediatrician's Role in Optimizing School Readiness: Council on Early Childhood and Council on School Health Pediatrics September 2016, 138 (3) e20162293; DOI: <https://doi.org/10.1542/peds.2016-2293>
Kindergarten Readiness, Later Health, and Social Costs. Caroline Fitzpatrick, Elroy Boers, and Linda S. Pagani. Pediatrics December 2020, 146 (6) e20200978; DOI: <https://doi.org/10.1542/peds.2020-0978>

ⁱⁱⁱ In FY19-20, the Other family members category specifically includes children ages 6-18 only, while other adult family members are captured in Parent/Guardian category to align with First 5 CA definitions but allow older children to be separated from parents for clearer local data.

^{iv} California Poverty Measure (CPM), averaged across 2016-18 <https://www.ppic.org/interactive/california-poverty-by-county-and-legislative-district/>

^v Feeding America, <https://www.feedingamericaaction.org/the-impact-of-coronavirus-on-food-insecurity/>

^{vi} Anna E Casey Foundation, <https://www.aecf.org/resources/getting-ready/>

^{vii} House JS, Landis KR, Umberson D: Social relationships and health. Science 241:540-545, 1988Satel, S. & Lilienfeld, S.O. (2013) Addiction and the Brain Disease Fallacy. *Frontiers in Psychiatry*, 4,141. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3939769/>

^{viii} The Child Project: Road to Resilience supports families who may have substance use issues to reduce or quit their use and help prevent future use. Data collection is being refined to track changes in use over time after participating in home visiting. Due to the early outcomes and small sample size, to protect client confidentiality, data will not be available until the next fiscal year.

^{ix} Kuhl, P. K. (2011). Early language learning and literacy: Neuroscience implications for education. *Mind, Brain, and Education*, 5, 128-142.

^x Council on Early Childhood. (2014). Literacy promotion: An essential component of primary care pediatric practice. *Pediatrics*. <https://doi.org/10.1542/peds.2014-1384>

^{xi} Hirsh-Pasek, K., Adamson, L., Bakeman, R., Golinkoff, R. M., Pace, A., Yust, P., & Suma, K. (2015). The contribution of early communication to low-income children's language success. *Psychological Science*, 26, 1071-1083.

^{xii} Hunt, N. (2020). Policy Analysis for California Education. Identifying Young Children for Early Intervention in California <https://files.eric.ed.gov/fulltext/ED605110.pdf>

^{xiii} <https://data.medicaid.gov/>

Fragmented systems in place allow wide variation and inconsistencies in developmental screening rates. Some clinics have the tools to track and monitor screening embedded in their medical records systems and robust clinic workflows and others do not. There are different screening tools or methods used to screen and documentation of the screening itself varies. In the absence of a state-wide integrated data system or screening registry, individual clinics and health systems must set up their own tracking systems and effective data sharing with other agencies working with the same family can be a significant barrier.

^{xx} CDC and Medi-Cal developmental screening: <https://www.cdc.gov/ncbddd/childdevelopment/screening.html>