

Result Area	Priorities	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
RESULT AREA 1: Strengthening Families	<ul style="list-style-type: none"> ◆ Provide comprehensive parent education opportunities that focus on support for families with children 0-5 years of age. 	<ul style="list-style-type: none"> a) Increase the number of parents involved in parent education activities designed to enhance the lives of children 0-5 years of age. b) Adopt parent education models that support early learning and development outcomes for children 0-5. c) Provide parent education activities specifically targeting children 0-3 years of age. d) Adopt new methods for measuring the impact of parent education activities. (<i>Systems Change</i>) 	<p>The number of parent education programs that are offered and are evidence-based or a best practice targeting families with children 0-5 years of age.</p> <p>The number of educational/ language appropriate workshops educating parents on issues identified in the Strategic Plan, such as: asthma, nutrition, health insurance, breastfeeding, prenatal care, literacy, special needs and early care.</p> <p>The number of parent education activities specifically targeting families with children 0-3 years of age.</p> <p>The number of language appropriate parent workshops/educational materials being offered.</p> <p>The number of 'high-need' families with children 0-5 participating in parent education workshops.</p>	<ul style="list-style-type: none"> ➤ The percentage increase in the number of individuals with children 0-5 participating in parenting programs being provided. ➤ The increase in language appropriate workshops/ educational materials available to Imperial County parents. ➤ The increase in the proportion of parents demonstrating knowledge of understanding of key issues related to child development and well-being. ➤ The increase in parents receiving referrals and accessing new services. ➤ The increase in utilization of parent educational programs through Family Resource Centers and linkages to other community resources. 	<ul style="list-style-type: none"> ◆ (None) Developmental measure 	2 new programs by 2025
	<ul style="list-style-type: none"> ◆ Provide Targeted Intensive Support Services for "high-need" families that have children 0-5 years of age. 	<ul style="list-style-type: none"> a) Increase the number of "high-need" families with children 0-5 enrolled in targeted intensive parenting programs. b) Increase the number of children that have a case 	<p>The number of families with children 0-5 years of age participating in intensive parenting classes utilizing an evidence-based model that is age appropriate, meets linguistic needs and promotes diversity.</p>	<ul style="list-style-type: none"> ➤ Documented changes in behaviors as noted on evaluation assessments or parent questionnaires for individuals participating in parenting classes. 	<ul style="list-style-type: none"> ◆ 266 parents involved in parenting classes for FY 18-19: 43.4% with children 0-5 	Increase of 150 children 0-5 years of age

Result Area	Priorities	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(Continued) RESULT AREA 1: Strengthening Families		<p>in the Child Welfare System for maltreatment that receive advocacy services.</p> <p>c) Increase the number of children from “high-need” families that receive a multidisciplinary array of services through case management services or child advocacy designed to address adverse childhood experiences (ACES).</p> <p>d) Increase the proportion of families that are Stabilized or Reunified with a child that has a case closing in Child Welfare System.</p> <p>e) Develop processes that are culturally and linguistically appropriate across programs to increase participation in targeted intensive parent support services, such as home visitation or parent programs. (Systems Change</p>	<p>The number of parenting classes designed specifically for families with infants or toddlers.</p> <p>Number of “high” need families participating in case management of home visitation program.</p> <p>The number of children identified as participating in behavioral health and/or therapeutic services.</p> <p>Number of children and families in the Child Welfare System receiving advocacy and special services.</p> <p>The number of children that have been separated from their families that are reunified with their biological parents.</p> <p>The number of targeted intensive service programs that are adopting measures to meet the cultural and linguistic needs of families and promote inclusion and diversity.</p> <p>Number of families with young children moving into self-sufficiency.</p> <p>The number of new measures used to help streamline services and support referrals for families across programs.</p>	<ul style="list-style-type: none"> ➤ The increase in the number of families with children 0-5 years of age receiving services for basic needs. ➤ The increase in “high-needs” families participating in case management services and receiving/following up on appropriate referral services. ➤ The increase in support and advocacy for children housed in shelters and/or that are identified as being under the custody of the Child Welfare System. ➤ Increase in children in out-of-home care reunified with their biological parents or placed in a permanent home. ➤ The increase in the number of programs that assist families in need of behavioral health services. 	<ul style="list-style-type: none"> ◆ 42.5% average for all CWS substantiated cases were children 0-5 from 2017 to 2020. ◆ 81 Children 0-5 in out of home care – 2021 (3-year average 85) ◆ 65 children 0-5 in CWS received advocacy services FY 2020-2021 ◆ 18.9% of children in CWS were reunified with at least one parent in FY 2020-2021 	<p>95% of children 0-5 in out-of-home care receive advocacy services</p> <p>35% of children in CWS reunification rate</p>

Result Area	Priorities	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(Continued) RESULT AREA 1: Strengthening Families	◆ Offer evidence-based Family Literacy Programs for families with children 0-5 years of age.	<p>a) Increase the number of parents or families participating in family literacy activities that have children 0-5 years of age.</p> <p>b) Increase activities that offer preliteracy and literacy skills for children 0-5 years of age that are directed by parents or other family members.</p> <p>c) Increase parent and child together (PACT) time.</p> <p>d) Increase the number of “high-need” families enrolled in family literacy programs that are culturally and linguistically appropriate.</p> <p>e) Increase the number of parents enrolling in Adult Education and/or English as a Second Language courses.</p> <p>f) Increase parent education that focuses on the Talk, Read, Sing Campaign.</p> <p>g) Increase parents enrolled in home visitation programs that focus on home instruction,</p>	<p>Number of new family literacy programs that are evidence-based targeting parents with young children.</p> <p>The number of family literacy programs adopting the four components of family literacy.</p> <p>The number of “high-needs” families with children 0-5 participating in family literacy programs.</p> <p>The number of family literacy programs that offer materials and information that are culturally and linguistically appropriate and promote diversity and inclusion.</p> <p>The number of programs incorporating the Talk, Read, Sing Campaign.</p> <p>The number of parents in home visitation programs that have a focus on literacy through parent home instruction.</p>	<p>➤ The number of family literacy programs implementing four components of integrated family literacy models, and/or other research-based family literacy practices.</p> <p>➤ The number of parents with children 0-5 years of age enrolled in adult literacy programs and ESL coursework.</p> <p>➤ An increase in preliteracy and literacy skills for preschool age children and children transitioning into kindergarten.</p> <p>➤ The number of “high-need” parents with children 0-5 years of age, especially those living in underserved areas, involved in family literacy programs.</p> <p>➤ Percent of parents that spend more time reading, and engaging in preliteracy activities with their children.</p> <p>➤ Percent of families that have library cards and/or regularly visit their local library.</p> <p>➤ Percent of children entering Kindergarten that are school ready.</p>	<p>◆ 31.4% of 3rd Grade Students met English Language Proficiency 2021-2022</p> <p>◆ 3.8 % Kindergarten Children scored Advanced or Early Advanced in English Language Proficiency</p>	<p>45% English Language Proficiency</p> <p>20% of Kindergarten Children score Advanced or Early Advanced in English Language Proficiency</p>

Result Area	Priorities	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
RESULT AREA 2: Early Care and Education of the Child	<ul style="list-style-type: none"> ◆ Provide increased opportunities for access to early care in nurturing environments that are safe, culturally appropriate, and/or adopt quality improvement measures. 	<p>cognitive development and child/family literacy.</p> <ol style="list-style-type: none"> Increase the utilization rate for available childcare slots at preschool/childcare centers and family childcare homes to 90%. Increase number of children enrolled in preschool and kindergarten programs, including recognized preschool home instruction programs and Transitional Kindergarten. Increase the percent of children in foster care or out-of-home care enrolled in preschool programs Increase early care and education sites that are equipped to work with children with special needs. <i>Increase preschool/kindergarten articulation programs between administrators and preschool/kindergarten</i> 	<p>The number of children enrolled in early care and education programs.</p> <p>The number of programs identifying and recruiting families with children 0-5 for participation in early care and education programs (preschool or transitional kindergarten).</p> <p>The number of “high-need” children participating in early care and education programs.</p> <p>The number of children with special needs enrolled in early care and education.</p> <p>The number of early care and education sites equipped to work with children with special needs.</p> <p>The number of early care and education sites and elementary schools participating in articulation meetings.</p> <p>The number of childcare providers and elementary school teachers/administrators involved in articulation meetings.</p>	<ul style="list-style-type: none"> ➤ Increase percentage of children enrolled in early care and education and kindergarten programs, including recognized home instruction programs. ➤ Increase the proportion of the slot utilization rate for center-based program and family childcare homes. ➤ An increase in the proportion of children from “high-need” families enrolled in early care and education programs. ➤ The increase in foster care or children in out-of-home care enrolled in early care and education programs. ➤ The increase in children with special needs enrolled in early care and education programs. ➤ Reported agreements or gains in preschool -to-kindergarten articulation meetings. ➤ The number of childcare providers reporting positive results from articulation meetings. 	<ul style="list-style-type: none"> ◆ Enrolled in Kindergarten: 3,050 in 2019-2020 15% Transitional Kindergarten ◆ Preschool enrollment: 38% 3-5 years olds ◆ Children in need of care Subsid: 64% ◆ Childcare slots: 5,880 ◆ Center utilization rate: 67% ◆ FCC utilization rate: 69% 	<p>25% increase in TK Enrollment</p> <p>45% Preschool enrollment</p> <p>90% Center utilization rate</p> <p>80% FCC utilization rate</p>

Result Area	Priorities	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(Continued) RESULT AREA 2: Early Care and Education of the Child	<ul style="list-style-type: none"> ◆ Offer or enhance early care and education programs designed to increase the school readiness of children and prepare them for kindergarten entry. 	<p><i>staff (Systems Change Effort).</i></p> <ul style="list-style-type: none"> a) Increase the proportion of children that are identified as developmentally ready to enter kindergarten. b) The increased use of culturally and/or linguistically appropriate preschool/kindergarten educational materials available. c) The increased number of language appropriate, preschool/kindergarten educational materials available. d) Increase the number of children enrolled in early care and education sites participating in developmental screening services. e) <i>Increase preschool/kindergarten articulation programs between administrators and preschool/kindergarten staff (Systems Change Effort).</i> 	<p>The number of children participating in preschool programs that have enhanced curriculums or activities that support school readiness.</p> <p>The number of children transitioning into kindergarten programs that are identified as being school ready.</p> <p>The number of materials offered to preschool and kindergarten programs that work to enhance school readiness.</p> <p>Number of programs benefiting from school readiness enhancements offering materials that are linguistically appropriate.</p> <p>The number of early care and education sites utilizing developmental screening assessments.</p> <p>Number of articulations meeting between early care and education sites and elementary schools.</p> <p>The number of childcare sites using environmental rating scales in their early learning program.</p>	<ul style="list-style-type: none"> ➤ Increase the percentage of children that are identified as being school ready at kindergarten entry. ➤ The increased number of language appropriate, preschool/kindergarten educational materials available. ➤ Results from early care and education child assessment tools, such as the DRDP. ➤ An increase in the number of early care and education sites using developmental screening instruments on a regular basis. ➤ Increase in articulation meeting between preschool program and elementary schools ➤ The increase in the proportion of early care and education sites using ERS. 	<ul style="list-style-type: none"> ◆ 31.4% of 3rd Grade Students met English Language Proficiency 2021-2022 ◆ 3.8 % Kindergarten Children scored Advanced or Early Advanced in English Language Proficiency ◆ No articulation meeting during 2020-2021 school year ◆ Early care and education sites using CLASS 26% DRDP 27% ERS 32% ASQ 20% 	<p>45% English Language Proficiency</p> <p>20% of Kindergarten Children score Advanced or Early Advanced in English Language Proficiency</p> <p>5 elementary schools hosting articulation meeting with preschool sites</p> <p>Sites using CLASS 40% DRDP 40% ERS 55% ASQ 35%</p>

Result Area	Priorities	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(Continued) RESULT AREA 2: Early Care and Education of the Child	<ul style="list-style-type: none"> ◆ Offer capacity building activities for early care and education professionals that support quality improvement and equity in childcare settings. 	<p>f) <i>Increase the number of childcare centers and family childcare homes effectively using Environmental Rating Scales (Systems Change).</i></p> <p>a) Increase the number of early care and education providers obtaining units/credits from an accredited institution of higher education.</p> <p>b) Increase the number of early care and education teachers achieving objectives related to higher education (e.g., AA degrees, BA Degrees, MA Degrees).</p> <p>c) Increase the number of early care and education programs that are accredited.</p> <p>d) Increase the number of early care and education trained to use and implement quality improvement tools.</p> <p>e) Increase the number of early care and education providers involved in</p>	<p>The number of early care and education providers enrolling in unit-based programs through and institution of higher education.</p> <p>The number of new early care and education providers obtaining an AA or BA Degree from an institution of higher education.</p> <p>The number of professional growth and educational attainment stipend or scholarships awarded to early care and education providers.</p> <p>The number of assistants in early care and education programs enrolled in an institution of higher education or completing unit-based coursework.</p> <p>The number of early care and education programs participating in an accreditation process.</p>	<ul style="list-style-type: none"> ➤ The increase in the number of early care and education providers obtaining units/credits from an institution of higher education. ➤ The increase in the number of early care and education providers obtaining their child development permit. ➤ The increase in the proportion of early care and education providers obtaining an AA or BA degree. ➤ Increase the number of center-based and family childcare programs that are accredited. ➤ The increase in early care and education sites using CLASS, ERS, DRDP and/or ASQs) ➤ Increase in early care and education providers participating in race, equity, diversity and inclusion training. 	<ul style="list-style-type: none"> ◆ Workforce Educational Attainment: 26.2% BA 19.9% AA 37.7% Some college ◆ Accredited Programs: 1-Center No FCC ◆ Special Needs Training 42.9% ◆ Early care and education sites using g CLASS 26% DRDP 27% ERS 32% ASQ 20% 	<p>35% ECE with AA Degrees 30% BA Degrees</p> <p>Accredited Programs: 2-Centers 10 FCC</p> <p>Special Need Training: 50% all ECE</p> <p>Sites using CLASS 40% DRDP 40% ERS 55% ASQ 35%</p> <p>30% of early care and</p>

Result Area	Priorities	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(Continued) RESULT AREA 2: Early Care and Education of the Child		<p>race, equity, diversity and inclusion trainings.</p> <p>f) The proportional increase of early care and education care teachers entering the profession.</p> <p>g) The increased number of teachers that are up-to-date on meeting needs of children with special needs and/or "high-risk" children.</p> <p>h) Increase in the number of safety plans adopted and incorporated for childcare centers and family childcare homes.</p> <p>i) The increased number of children enrolled in facilities that have adapted indoor and outdoor facilities to meet safety standard compliances.</p> <p>j) <i>Assess quality improvement measures in early care and education sites (Systems Change).</i></p>	<p>The number of early care and education providers participating in trainings designed to enhance quality improvement measures (CLASS, ERS, DRDP, ASQ and/or REDI)</p> <p>The number of new early care and education teachers working in preschools.</p> <p>The number of new professionals recruited into the early care and education workforce.</p> <p>The number of Transitional Kindergarten teachers with a background in early care and education.</p> <p>The number of early care and education providers participating in special trainings.</p> <p>The number of early care and education sites incorporating safety and quality standards.</p> <p>The number of sites implementing safety measures for equipment provided for indoor and outdoor facilities for safety compliance purposes.</p> <p>The number of early care and education sites participating in continuous quality improvement programs.</p>	<ul style="list-style-type: none"> ➤ The increased number of teachers that are up to date on meeting needs of children with special needs. ➤ The increase of new individuals entering the early care and education profession. ➤ Increase in the number of safety plans adopted by early care and education sites. ➤ A decrease in the number of health and safety incidences reported at childcare center and family childcare homes. ➤ The proportional increase in safety measures/equipment being utilized in indoor and outdoor facilities for compliance with safety issues. 	<p>◆ ECE Workforce approx. 620</p>	<p>education sites receive race, equity, diversity and inclusion training.</p> <p>ECE Workforce Increase: 5yr – 740 10 yr – 960</p>

Result Area	Priorities	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
RESULT AREA 3: Improved Child Health Outcomes	◆ Increase the proportion of expectant mothers who receive early and adequate prenatal care during their pregnancy.	<p>a) Increase the proportion of expectant mothers receiving early prenatal care services in the first trimester of pregnancy.</p> <p>b) Increase the proportion of expectant mothers receiving adequate prenatal care through the term of their pregnancy.</p> <p>c) Increase the proportion of expectant mothers from high-risk populations early and adequate prenatal care.</p> <p>d) <i>Increase medical providers offering prenatal care services that adopt standards of care. (Systems Change)</i></p> <p>e) <i>Develop standards of care to identify delivering mothers that may have received prenatal care in another country. (Systems Change)</i></p>	<p>The number of women enrolling in prenatal care programs during their first trimester of pregnancy.</p> <p>The number of women receiving adequate prenatal care.</p> <p>The number of families that are “high-need” being targeted by programs for enrollment in prenatal care services.</p> <p>The number of child births in the area that reflect positive birth outcomes.</p> <p>The number of medical providers offering standardized prenatal care services.</p> <p>The number of women that received some type of prenatal care outside of the area.</p>	<p>➤ Increase the proportion of women enrolled in prenatal care classes in the first trimester of pregnancy.</p> <p>➤ Increase the proportion of women receiving adequate prenatal care</p> <p>➤ Increase the number of women identified as being within populations that are marginalized or underserved that receive prenatal care in the first trimester of pregnancy.</p>	<p>◆ 56.5% prenatal care in first trimester 16-year average for 2001-2016</p> <p>◆ 51.8% adequate prenatal care between 2016-2018</p> <p>◆ 63.3% between 2005-2007</p>	<p>68% prenatal care rate in first trimester</p> <p>65% adequate prenatal care rate</p>
	◆ Increase initiation and duration rates for mothers breastfeeding their infants.	<p>a) Increase the proportion of mothers who initiate breastfeeding their newborn.</p> <p>b) Increase exclusive breastfeeding rates for</p>	<p>Number of women initiating breastfeeding.</p> <p>Number of women prepared to breastfeed prior to hospital entry.</p>	<p>➤ The increase in in-hospital breastfeeding initiation rates.</p> <p>➤ The increase in exclusive breastfeeding rates.</p>	<p>◆ Breastfeeding initiation rate: 92.7% all mothers.</p> <p>◆ Exclusive breastfeeding</p>	<p>Exclusive Breastfeeding Rate: Year 1 – 55% Year 2 – 60% Year 3 – 65%</p>

Result Area	Priorities	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(continued) RESULT AREA 3: Improved Child Health Outcomes	<ul style="list-style-type: none"> ◆ Reduce the proportion of children that are overweight. 	<ul style="list-style-type: none"> mothers breastfeeding their newborn at the time of discharge. c) Increase the proportion of mothers breastfeeding their infant up to 6 months of age. d) Increase the availability of information promoting the benefits of breastfeeding in English/Spanish. e) Increase capacity building opportunities that focus on breastfeeding education and support for healthcare professionals. f) <i>Increase the adoption of standards of care that promote breastfeeding practices. (Systems Change</i> a) Increase family participation in early childhood nutrition and/or 	<ul style="list-style-type: none"> The number of women exclusively breastfeeding, combination feeding, and not breastfeeding their newborn at hospital discharge. The number of women breastfeeding up to 6 months and up to 1 year. The number of women exclusively breastfeeding for up to 6 months. The number of individual publications or materials available in English/Spanish. The number of healthcare professionals participating in lactation education professional development opportunities. The number of new lactation educators, specialists and certified consultants employed by medical providers working with expectant mothers. The number of medical providers adopting standards of care that support lactation education and encourage breastfeeding. The number of families with children 0-5 years of age enrolled in workshops/programs on nutrition and physical activity. 	<ul style="list-style-type: none"> The increase in breastfeeding duration for 6 months to 1 year. ➤ Increase the number of healthcare professionals participating in lactation support services and trainings. ➤ Increase the number of medical providers effectively promoting lactation for new mothers. ➤ Increase in the availability of breastfeeding literacy and materials in English/Spanish. ➤ An increase in systems of care adopting standards that promote increasing breastfeeding initiation and duration rates, such as <i>The 10 Steps to Successful Breastfeeding</i>. ➤ Increase the proportion of children that engage in moderate physical activity, and exercise regularly. 	<ul style="list-style-type: none"> rate: 42.5 2016-2018 ◆ 6 month Breast-feeding duration: 2003 -32.7% 2005 – 30.2% ◆ 29 of 100 individuals identified as being obese 	<ul style="list-style-type: none"> 45% 6-month Breastfeeding duration

Result Area	Priorities	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(continued) RESULT AREA 3: Improved Child Health Outcomes		physical fitness/activity programs.	The number of children consuming the recommended fruits and vegetables.	➤ Increase the proportion of children meeting statewide fitness standards.	◆ 49.5% of children 2-5 years are overweight or obese in 2016	30% of 2- to 5-year-olds overweight or obese
		b) Increase the proportion of children 2 to 5 years of age consuming the recommended servings of fruits and vegetables.	The number of children consuming sugar sweetened beverages.	➤ The percent of children at less than 85 percentile in Body Mass Index for their age and height.	◆ 21.7% of children ate rec. servings of fruits or vegetables.	40% of children eat rec. servings of fruits of vegetables.
		c) Decrease the proportion of children 2-5 years of age consuming sugar-sweetened beverages.	The number of children that decrease consumption of fast foods.	➤ Increase the number of children 2 to 5 years of age consuming at least the daily recommended quantity of fruits and vegetables.	◆ 49.4% of children drank sugar sweetened beverages 2015-2016	35% of children drink sugar sweetened beverages
		d) Increase the proportion of families identified as being high-need that participate in early childhood nutrition and physical activity education programs.	The number of “high-need” families with children 0-5 years of age enrolled in nutrition and/or physical activity programs or workshops.	➤ Increase the proportion of families eligible for subsidized nutrition programs.	◆ 21.7% of children met Statewide fitness standards	40% of children meet Statewide fitness standards
		e) Increase the proportion of children meeting statewide fitness standards.	The number of children engaged in physical fitness activities.	➤ Reduce the proportion of families reporting that their children had consumed fast food the prior day.		
		f) <i>Increase the number of early care and education sites adopting nutrition standards and increasing access to outdoor play. (Systems Change)</i>	The number of physical fitness programs implemented in preschools, homes, or through community-based organizations using evidence-based standards.	➤ The increase in the number of parents and caregivers involved in child nutrition and physical fitness education.		
	◆ Increase the proportion of children with asthma participating in	a) Decrease the proportion of children hospitalized or treated in emergency rooms for asthma.	The number of early care and education sites promoting and increasing outdoor play activities.	➤ The decrease in proportion of children admitted for emergency care for treatment of asthma or asthma related symptoms.	◆ Asthma rates children 0-17 in 2016: 16.4%	
			The number of children hospitalized due to asthma.			

Result Area	Priorities	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(continued) RESULT AREA 3: Improved Child Health Outcomes	management and prevention programs.	<p>b) The number of children 2 to 5 years of age with asthma or symptoms related to asthma monitored through asthma management and prevention services.</p> <p>c) <i>Increase the number of medical providers adopting nationally recognized standards of care for asthma treatment. (Systems Change)</i></p>	<p>The number of emergency room visits for children due to asthma or asthma related condition.</p> <p>The number of children 2 to 5 years of age identified with asthma or asthma-like symptoms enrolled in special asthma programs.</p> <p>The number of families and children enrolled in education support services.</p> <p>The number of providers adopting standards of care for asthma management and care.</p> <p>The number of providers meeting objectives related to the use of standards of care for asthma patients.</p>	<ul style="list-style-type: none"> ➤ The number of children with asthma or asthma related symptoms being monitored through asthma management plans. ➤ An increase in the number of medical providers treating children with asthma or asthma related symptoms that adopt nationally accepted standards of care. ➤ The number of families that feel confident in managing their child's asthma. 	<p>Hospitalization rates in 2016: Children 16.9 per 10,000 children</p> <p>Adults 8.7 per 10,000</p> <p>Emergency Room Visits for children 0-17 in 2016 per 10,000 was 133</p>	<p>Hospitalization rate: 10 per 10,000</p> <p>Emergency Room visits 75 per 10,000</p>
	◆ Increase proportion of children participating in early childhood developmental screening and surveillance services.	<p>a) Increase the proportion of children receiving early childhood developmental screening using a screening tool that is recognized for reliability.</p> <p>b) Increase early identification of developmental delays and intervention services for children 0-5 years of age.</p>	<p>The number of children receiving early childhood developmental screening and surveillance services.</p> <p>The number of children identified with developmental delays.</p> <p>The number of children identified as not being at their age-appropriate developmental level.</p>	<ul style="list-style-type: none"> ➤ Increase the number of children participating in developmental screening services. ➤ Increase in early identification of children with delay in development. ➤ The proportional increase in children receiving well-baby and well-child checkups. ➤ The proportion of children identified as having developmental delays that are 	<ul style="list-style-type: none"> ◆ Early Developmental screening – 23% children 0-5 ◆ Children Enrolled in Special Education Programs in 2018 – 4,392 761 were children 0-5; 	<p>40% of children 0-5 receive early developmental screening.</p> <p>Increase early identification to 6% of 0-5 population</p>

Result Area	Priorities	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
<p>(continued) RESULT AREA 3: Improved Child Health Outcomes</p>		<p>c) Increase the proportion of children 0-5 years of age identified with a delay in development that are referred to specialist or special program for comprehensive screening.</p> <p>d) Increase the proportion of children receiving early intervention or special education services prior to kindergarten entry.</p> <p>e) Increase the number of providers equipped to offer developmental screening and surveillance services to families.</p>	<p>The number of children referred for further screenings with a specialist or special program.</p> <p>The number of children identified for services through special education programs.</p> <p>The number of children screened through well-baby or well-child check-up or assessment services.</p> <p>The number of children referred for additional assessment or comprehensive screening services for developmental delay to a specialist or special program.</p>	<p>referred to a specialist or special program for comprehensive screening.</p> <ul style="list-style-type: none"> ➤ An increase in the number of providers offering families developmental screening services. ➤ An increase in the number of children receiving special education services prior to kindergarten entry. 	<p>represents 4.1% of 0-5 age group</p> <p>Percent of children enrolled in Special Education Programs (7-yr average) 8.7% (10.8% for Calif)</p>	