FIRST 5
SANTA CLARA COUNTY

October 31, 2024

Feasibility Study for Expansion of Home Visiting Services for Children

FIRST5KIDS.ORG

FIRST 5
SANTA CLARA COUNTY

CONTENTS

03
Executive Summary

06
I. Introduction and Background

09
II. Current Landscape of Home Visiting Programs in Santa Clara County

22
III. Home Visiting Funding

33
IV. Opportunities

40
V. Recommendations

50
VI. Conclusion

Appreciation 51
List of Abbreviations 52
Works Cited 53
Appendix 54

EXECUTIVE SUMMARY

Purpose and Background

In June 2023, FIRST 5 Santa Clara County (FIRST 5) received funding from the Santa Clara County Board of Supervisors to conduct a county-wide assessment of home visiting services for children 0-5 and their families and identify potential opportunities for program improvements and expansion at the request of Supervisor Susan Ellenberg. FIRST 5 is the catalyst for ensuring that the development needs of children prenatal through five years are a priority in all sectors of the community. Since 2020, FIRST 5 has supported the Santa Clara County Home Visiting Collaborative (SCCHVC). SCCHVC convenes partners representing 14 home visiting programs and eight agencies in Santa Clara County, hosts a Community of Practice, gathers family feedback annually, and works to remove silos among programs. These programs serve over 6,900 children ages 0-5 in Santa Clara County.

The purpose of this report is to provide an overview of current home visiting services provided across various systems, identify service needs and gaps, and make recommendations to sustain and expand local capacity for home visiting programs in an effort to improve health, equity, and social outcomes for our community's children.

Importance of Home Visiting

Home visiting programs support parents/caregivers by meeting with families with young children 0-5 in their homes (or other familiar locations) to encourage healthy development and parent-child relationships and support families with accessing resources. Home visiting is a cost-effective and efficacious prevention strategy that can decrease incidence of child abuse and neglect (1); support improved outcomes in maternal and child health, school readiness, economic well-being, and parenting practices (2); and reduce racial and ethnic health disparities by providing mothers with screenings, case management, family support, and referrals that address a family's physical, mental, and health-related social needs (3). Additionally, home visiting programs have been shown to be cost effective with studies demonstrating that return on investment for home visiting programs can range between $1.75 to $5.70 for every dollar spent (4).

Findings

- **Family and Program Surveys and Listening Sessions** highlighted the strengths of services, including family satisfaction with the skilled, committed, caring workforce that focuses on a relationship-based, culturally responsive approach. These methods also revealed challenges related to resource constraints, staffing, and access to desired professional development opportunities.

- **ZIP Code Mapping** showed where home visiting services took place in FY 23-24 and revealed ZIP codes with the highest percentage of children 0-5 with Medi-Cal (30+%) had the lowest reach or saturation of home visiting services (5%), despite programs focusing services in these areas. There is an opportunity to further saturate home visiting services for children 0-5 with Medi-Cal.
    - An interactive version of the map can be accessed at this link: Santa Clara County HVC Map FY2023-24 | Tableau Public

- **Fiscal Mapping** analyzed funding sources and amounts for home visiting programs in Santa Clara County, totaling $35.1M for eight home visiting models in FY 22-23. Fiscal analysis identified that Medi-Cal accounted for 46% of home visiting funding, but there is an opportunity to leverage further with new Medi-Cal benefits, especially given the number of children 0-5 with Medi-Cal who do not access home visiting services.

- **Cost Modeling** analyzed the true cost for home visiting services per child, considering program capacity, caseload size, salary, operational costs, and other infrastructure costs. The cost model highlighted a lack of low-intensity services and revealed a gap between the available funding (shown in the fiscal map) and the true cost of services. Further, the cost model highlights a discrepancy in salary for home visitors at Community-Based Organizations, who do not make a living wage in Santa Clara County.

Recommendations: Sustain, Enhance, Expand

Sustain Home Visiting Programs

- Sustain current home visiting programs through county investment, at minimum $12 million, while being inclusive of Cost of Living Adjustments to make progress towards a living wage for home visitors.
- Develop partnerships with Managed Care Plans to maximize sustainable funding sources, such as leveraging the new Medi-Cal benefits, to sustain home visiting programs.
- Maintain the current Santa Clara County Home Visiting Collaborative to align service delivery of home visiting programs across the county, strengthen collective impact, and identify a sustainable funding source.

Enhance Home Visiting Programs

- Develop and implement a Home Visitor Professional Development Pathway or Educational Pathway with a menu of trainings offered through a centralized registry, along with an equity-informed stipend program to support home visitors with providing culturally-appropriate, trauma-informed, and healing-centered services for young children and their families.
- In partnership with system leaders, develop a No Wrong Door approach to enhance referrals into home visiting programs and improve care coordination with other entities.

Expand Home Visiting Programs

- Expand access to home visiting programs in under-represented high-risk neighborhoods by utilizing the Zip Code Map and Home Visiting Cost Model to ensure that children are connected to prevention services early on.
- Develop universal short-term home visiting programs across Santa Clara County to help mitigate exposure to toxic stress and improve health and social outcomes for families with newborns.

Feasibility Study for Expansion of Home Visiting Services for Children

I. Introduction and Background

Purpose

In June 2023, FIRST 5 Santa Clara County (FIRST 5) received funding from the County of Santa Clara Board of Supervisors to conduct a county-wide assessment of home visiting services for children 0-5 and their families and identify potential opportunities for program improvements and expansion. The purpose of this report is to provide an overview of current home visiting services provided across various systems, identify service needs and gaps, and make recommendations to sustain and expand local capacity for home visiting programs in an effort to improve health, equity, and social outcomes for our community's children.

Report Objectives

The objectives of this report are to:

1. Provide an overview of currently available home visiting services in Santa Clara County with information about eligibility, capacity, and provider type
2. Highlight strengths and gaps in currently available home visiting services
3. Share the financial landscape for home visiting services, including a fiscal map that outlines fiscal year 2022-2023 (FY 22-23) funding for home visiting services and a cost model that identifies the true cost for home visiting services
4. Share opportunities and recommendations to sustain, enhance, and expand home visiting services in Santa Clara County

What is FIRST 5 Santa Clara County?

FIRST 5 is the catalyst for ensuring that the developmental needs of children prenatal through five years are a priority in all sectors of the community. FIRST 5 makes a difference for local children by investing millions of dollars each year towards effective programs in early education, health, and family support.

What is the Santa Clara County Home Visiting Collaborative?
Since 2020, FIRST 5 has supported the Santa Clara County Home Visiting Collaborative (SCCHVC) by convening partners representing 14 home visiting programs operated by eight agencies in Santa Clara County. The collaborative's goal is to develop a coordinated approach to delivering home visiting programs across participating agencies, including establishing common goals and values, maximizing capacity and cross-referrals between agencies, and sharing best practices and professional development strategies. Partners in the SCCHVC include ParentChild+, Planned Parenthood Mar Monte, San Andreas Regional Center (SARC), Santa Clara County Office of Education (SCCOE), Santa Clara County Public Health Department (SCCPHD), Santa Clara County Behavioral Health Services Department (SCCBHSD), Santa Clara County Clara Social Services Agency (SCCSSA), and FIRST 5.

Partners in the SCCHVC share home visiting as a modality of service. Unlike other services, such as mental health services, which are housed in one County department, home visiting programs are housed across various county agencies, public entities, and community-based organizations (CBOs). Without the SCCHVC, home visiting programs are completely siloed, as there is no other centralized body convening home visiting programs. The structure of the SCCHVC and the engagement of the home visiting partners over the last four years has deeply informed this report and includes the perspectives of providers and families.

What is Home Visiting?
Home visiting is an effective service delivery strategy that uses a two-generation approach to support children and families to thrive. Home visiting programs support parents/caregivers by meeting with families with young children prenatal through age five in their homes (or other familiar locations) to encourage healthy development and parent-child relationships and support families with accessing resources. Traditional home visiting includes three primary activities that take place between a home visitor and family in the family's home, "assessing family needs, educating and supporting parents, and referring families to needed services in the community" (5).

Home visiting has been implemented across the United States for decades. Evidence from various home visiting models has shown that they can be highly effective prevention strategies and decrease incidence of child abuse and neglect (1). Home visiting programs support improved outcomes in maternal and child health, school readiness, economic well-being, and parenting practices (2). Evidence-based home visiting programs can help reduce racial and ethnic health disparities by providing mothers with screenings, case management, family support, and referrals that address a family's physical, mental, and health-related social needs (3). **Additionally, home visiting programs have been shown to be cost effective with studies demonstrating that return on investment for home visiting programs can range between $1.75 to $5.70 for every dollar spent (4).**

Home visiting programs operating in Santa Clara County include both traditional, prevention-based home visiting and home-based early intervention services. The prevention-based home visiting programs utilize both evidence-based models and community-defined practices to support their work. Additionally, home visiting programs in Santa Clara County also include home-based early intervention services offered to families with children with developmental delays or other disabilities. Home visiting models are delivered at different intensities. Models with higher intensities include more frequent visits and providers with lower caseloads and are often better suited to support families with more complex needs. A variety of provider types can deliver home visiting services, including nurses, paraprofessionals, social workers, community workers, and mental health professionals. Additionally, all home visiting programs in Santa Clara County ensure that children enrolled in the programs have a medical home and support connection to well-child visits.

Report Methodology

FIRST 5 staff collaborated with the following partners on this study: Nicole Young (Optimal Solutions Consulting), Applied Survey Research, Prenatal to Five Fiscal Strategies (P5FS), and SCCHVC partners. Data presented in the study was gathered through a variety of methods, including:

01 Listening Sessions with managers and staff from all home visiting programs

02 Surveys and listening sessions with families receiving home visiting services

03 Fiscal Survey and follow-up listening sessions to support development of a fiscal map and cost model

04 Partner program data collection to support development of the Home Visiting Landscape Analysis and ZIP code map

05 Training Survey and follow-up conversations to support development of a home visiting training matrix and training recommendations

06 Research and meetings with health plans, county staff, and other First 5 Commission staff throughout the state to learn about the potential for utilizing Medi-Cal to support home visiting and other home visiting systems statewide.

A full description of study methodology and summarized findings from partner and family listening sessions can be found in Appendices A, B, and C.

II. Current Landscape of Home Visiting Programs in Santa Clara County

The home visiting programs represented in the SCCHVC serve over 6,900 families annually across various age ranges, eligibility criteria, and funding streams. Most home visiting programs operating in Santa Clara County utilize evidence-based models of service delivery, rely on grant funding, and typically serve focused populations of families such as those involved in the child welfare system, families who have low income, or those enrolled in CalWORKs.

The following table (Table 1) is a matrix of home visiting services, including the program, provider type, eligibility requirements, duration of service, and annual funded capacity (as of FY 23-24). All families must reside in Santa Clara County to be eligible for the following home visiting programs.

Table 1: Home Visiting Programs in Santa Clara County

Black Infant Health	A culturally affirming client-centered, strength-based group intervention with complementary life planning and case management that embraces the life-course perspective and promotes skill building, stress reduction and life goal setting. Black Infant Health includes home visiting services as an optional component for all participating families.			
Operating Agency	**Provider**	**Eligibility Requirements**	**Model Intensity**	**Annual Funded Capacity**
SCCPHD	Public Health Nurse, Health Education Specialist, Health Education Associate and Social Worker	1) Birthing parent 16 years of age or older 2) Mothers/birthing parent of African/African American descent 3) Pregnant or infant less than 6 months old at enrollment	Frequency: once a month varies depending on participant needs Duration: up to 1 year of age (child) Caseload: 35	104
Early Childhood Mental Health Outpatient Continuum (ECMHOC), formerly KidConnections Network	ECMHOC provides developmental and behavioral health services to children from birth through age 5 and their families in Santa Clara County. With a focus on the caregiver/child relationship, ECMHOC uses a team approach to support families whose children have developmental and behavioral health.			
Operating Agency	**Provider**	**Eligibility Requirements**	**Model Intensity**	**Annual Funded Capacity**
SCCBHSD via Alum Rock Counseling Center, Community Solutions, Gardner Health Services, Pacific Clinics, Rebekah Children's Services	Home Visitor, Licensed Clinical Social Worker, Licensed Marriage and Family Therapist	1) Young children 0 through 5 2) Children on Medi-Cal 3) Children with developmental and behavioral health concerns	Frequency: weekly visits Duration: up to 6 years of age (child); typically six-eight months of service Caseload: 25	1,800

Operating Agency	Provider	Eligibility Requirements	Model Intensity	Annual Funded Capacity
Early Start (SCCOE)	The Early Start program serves children with many disabilities, including developmental delays, hearing impairments, vision impairments, motor impairments, autism, and multiple disabilities. ESP builds upon and provides support and resources to family members and caregivers to enhance children's development through everyday learning opportunities.			
Operating Agency	**Provider**	**Eligibility Requirements**	**Model Intensity**	**Annual Funded Capacity**
SCCOE	Case Manager, Teacher for Deaf, Visual Impairment Teacher, Occupational Therapist, Physical Therapist, Speech Therapist	1) Young children, birth to 3 2) Child with solely low incidence disability including one or more visual, hearing, or orthopedic impairments 3) Dually eligible children including children with speech impairments, trisomy 21, autism, and other health impairments	Frequency: varies depending on child's needs Duration: up to 3 years of age (child) Caseload: 25	174
Early Start (SARC)	The Early Start program provides services and support to help infants and toddlers (birth to three years old) with disabilities or delays in their development. These services help eligible children learn new skills, overcome challenges, and increase success in life. The primary goal is to help children achieve developmental progress through early intervention services and parent education.			
Operating Agency	**Provider**	**Eligibility Requirements**	**Model Intensity**	**Annual Funded Capacity**
SARC	Family Advocate, Occupational Therapist, Physical Therapist, Speech Therapist	1) Young children, birth to 3 2) Young children who have a 25% delay in one of the five developmental domains: Personal/Social, Motor, Cognitive, Communication or Adaptive or two high-risk factors	Frequency: varies depending on child's needs Duration: up to 3 years of age (child) Caseload: varies by provider	1,800

Early Head Start Home-Based	Early Head Start Home-based Option is designed to nurture healthy attachment between parent and child (and child and caregiver). Services encompass the full range of a family's needs from pregnancy through a child's third birthday.			
Operating Agency	**Provider**	**Eligibility Requirements**	**Model Intensity**	**Annual Funded Capacity**
SCCOE	Home Visiting Specialist	1) Young children, birth to 3 2) Family annual income at or below 100% federal poverty level; CalWORKs participants; Supplemental Security Income (SSI) recipients; foster children, families experiencing homelessness	Frequency: weekly (46 home visits per year); 90 minutes per home visit Duration: up to 3 years of age (child) Caseload: 10	170
Nurse-Family Partnership and Nurse-Family Partnership Expansion (CalWORKs)	The Santa Clara County Nurse-Family Partnership (NFP) Program is an evidenced-based community health program that empowers the vulnerable, low-income first-time mothers to transform their lives and create a better future for themselves and their babies. The three main goals of the NFP Program include: 1) Improving pregnancy outcomes, 2) Improving child health and development, and 3) Improving the economic self-sufficiency of the family.			
Operating Agency	**Provider**	**Eligibility Requirements**	**Model Intensity**	**Annual Funded Capacity**
SCCPHD	Public Health Nurse	Nurse-Family Partnership: 1) Low income 2) First time parents 3) Individuals who are less than 28 weeks pregnant Nurse-Family Partnership CalWORKs: 1) Same as above AND active CalWORKs participant	Frequency: minimum of one visit per month (early pregnancy and infancy - weekly home visits); typical one visit a week to every two weeks. Duration: <28 weeks pregnant (parent) to up to 2 years of age (child) Caseload: 22	Nurse-Family Partnership: 200 Nurse-Family Partnership CalWORKs: 16

ParentChild+ and ParentChild+ CalWORKs	ParentChild+, an Early Learning Specialist visits the caregiver and child (16-36 months old) at home, at a Family Resource Center, or virtually. Each week, the Specialist gives gifts of books and toys to support the child's early learning and social-emotional development.			
Operating Agency	**Provider**	**Eligibility Requirements**	**Model Intensity**	**Annual Funded Capacity**
FIRST 5 via Catholic Charities of Santa Clara, SOMOS Mayfair, Rebekah Children's Services	Early Learning Specialist	ParentChild+: 1) Young children, 16-36 months old 2) Intake window: 16-36 months old 3) Families with low income (or other barriers) ParentChild+ CalWORKs: 1) Young children, 16-36 months old 2) Intake window: 16-36 months old 3) Families enrolled in CalWORKs	Frequency: twice a week for 30 minutes; 92 visits Duration: up until preschool (child) Designed for 2 years of service Caseload: 12	ParentChild+: 168 ParentChild+ CalWORKs: 48
Public Health Nursing Home Visiting for Systems-involved Children and Families (formerly FIRST 5 Public Health Nursing Home Visiting Program)	The Public Health Nursing (PHN) Home Visiting for Systems-involved Children and Families connects young children and foster youth referred from the Department of Family and Children's Services (DFCS) with a free, personal nurse who offers health screenings, parent education, and referrals to other services to support the family. Ongoing services for clients if medical concerns require close PHN follow-up. When stabilized, eligible clients can be re-referred as often as needed.			
Operating Agency	**Provider**	**Eligibility Requirements**	**Model Intensity**	**Annual Funded Capacity**
SCCPHD	Public Health Nurse	1) Young children, 0 through 5, who have Department of Family and Children's Services (DFCS) involvement 2) Foster youth and non-minor dependents (NMDs) who are pregnant and/or parenting an infant under one year of age	Frequency: one or more visit a month Duration: up to 6 years of age (child) Caseload: 35	300

Regional Public Health Nursing Services	A free personal nurse or other trained staff makes regular visits to the client's home to give nursing and case management support. Two regional offices serve all of Santa Clara County from North County to Gilroy. • Help to access medical care or to manage a chronic health condition • Case management for children and youth who have or are at risk for lead poisoning • Childhood Lead Poisoning Prevention Program (CLPPP) • Provides nurse case management services for lead burdened children. Persistent lead levels 9.5-14.4mcg/dL and lead levels >14.5+. Cases are followed until the child meets case closure criteria; sources remediated.			
Operating Agency	**Provider**	**Eligibility Requirements**	**Model Intensity**	**Annual Funded Capacity**
SCCPHD	Public Health Nurse	1) Families who are uninsured and underinsured in Santa Clara County	Frequency: depends on client needs. Most postpartum clients served two months after giving birth. Duration: depends on client needs, no age limits Caseload: 35	1,690
Strong Moms, Strong Babies - CalWORKs	The Strong Moms, Strong Babies Program connects parents with more than one child to a registered nurse who will provide 1-1 parenting support and referrals for healthcare and other social services.			
Operating Agency	**Provider**	**Eligibility Requirements**	**Model Intensity**	**Annual Funded Capacity**
SCCPHD	Public Health Nurse	1) Families enrolled in CalWORKs at enrollment 2) Pregnant individuals or individuals parenting a child less than 24 months of age	Frequency: minimum one visit per month until all developmental concerns are resolved Duration: Prenatal (parent) up to 2 years of age (child) Caseload: 32	165

Teen Parent Support Program/CalLearn	Teen Parent Support Program (TPSP) provides free support for pregnant and/or parenting youth under the age of 21. Case managers visit participants throughout Santa Clara County to help youth reach their goals, promote a healthy and nurturing environment for young people and their families, and assist participants with obtaining their high school diploma or GED certificate. TPSP case managers use a Strength based Positive Youth Development model with young people focusing on goal setting, locating supportive adults in their lives, and resilience.			
Operating Agency	**Provider**	**Eligibility Requirements**	**Model Intensity**	**Annual Funded Capacity**
Planned Parenthood Mar Monte	Case Manager	1) Pregnant/parenting youth, under age 21, who live in Santa Clara County	Frequency: two visits per month, in-person or virtual Duration: 18 visits (can extend) Designed for nine months of service Caseload: 25	250-300 annual (175 monthly capacity)

ZIP Code Map

FIRST 5 uses a map of selected indicators to understand which geographic areas of Santa Clara County have the most need to support families with children from prenatal through age 5. These indicators include: Medi-Cal enrollment rate, low birth weight rate, low maternal education rate, late entry to prenatal care, child abuse reports per 1,000, teenage births per 1,000. These indicators are correlated with a higher risk for poor health and developmental outcomes.

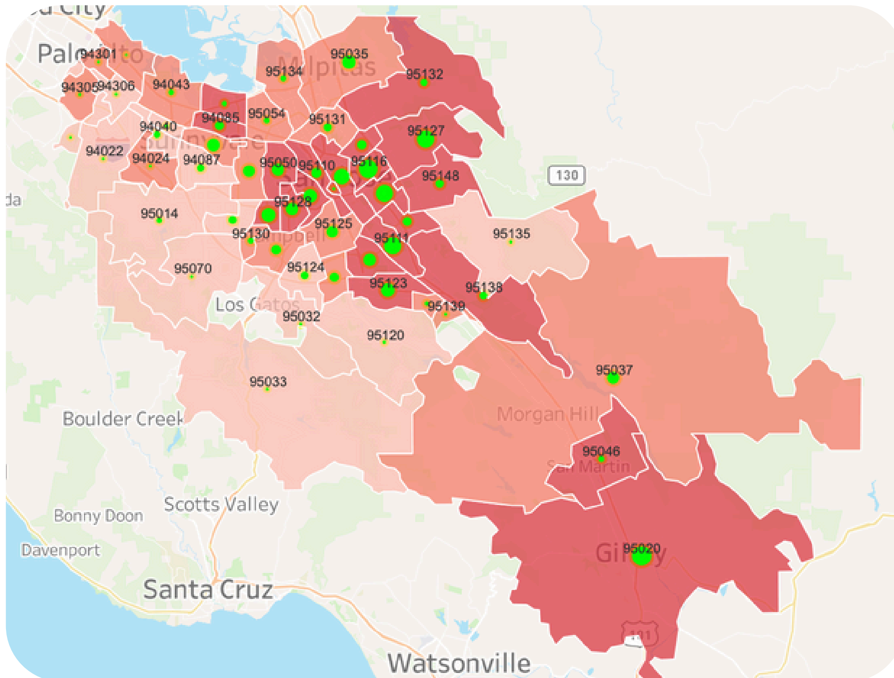
To map where home visiting services are taking place in comparison to where families may experience higher risk for negative outcomes, the following home visiting programs shared unduplicated children served by ZIP code in FY 23-24: Black Infant Health, Early Start SCCOE, Early Childhood Mental Health Outpatient Consortium - ECMHOC (formerly KidConnections), Nurse-Family Partnership, ParentChild+, Public Health Nursing Home Visiting for Systems-involved Children and Families (formerly FIRST 5 Public Health Nursing Home Visiting Program), Regional Public Health Nursing Services, Strong Moms Strong Babies, Teen Parent Support Program/CalLearn.

The SCCHVC evaluation consultant, Applied Survey Research, overlaid a map of where families are receiving home visiting services by ZIP code for FY 23-24. The shading of the ZIP code map illustrates the average disparity level (higher instance of indicators listed above) compared to the rest of the county. The size of the green dot on the map indicates the number of children served by home visiting programs within that ZIP code.

This map is an interactive tool, allowing the user to see where home visiting services took place in FY 23-24 and to compare with risk for poor health outcomes for children in Santa Clara County. Identifying ZIP codes where children are disproportionately at risk and disproportionately served highlights where more outreach can be done and where home visiting programs can focus services.

Figure 1: Santa Clara County Map of Selected Indicators by ZIP Code

An interactive version of the map can be accessed at the link below: The map works best when opened in a web browser on a computer and is inaccessible on a mobile device.



SCAN QR CODE FOR MAP OR CLICK HERE

Table 2 shows four brackets of ZIP codes by percentages of children 0-5 on Medi-Cal insurance, ranging from less than 10% to over 30%. The right column shows the average percentage of children 0-5 on Medi-Cal who received home visiting services to convey the Average Home Visiting Reach. ZIP codes with the highest percentage of children 0-5 with Medi-Cal (30+%) had the lowest reach or saturation of home visiting services (5%). The ZIP codes with the highest percent of children 0-5 with Medi-Cal primarily represent East San Jose, as well as North County and Gilroy. While home visiting programs already provide focused services in East San Jose and Gilroy, there are many families still eligible for services given the large size of the Medi-Cal population. Income is a common eligibility requirement for home visiting services, and therefore there is an opportunity to increase reach to low-income families in these neighborhoods. Further analysis of home visiting program reach in individual ZIP codes should be done to offer insight on increasing services in these ZIP codes.

Table 2: ZIP Codes with Percent of Children on Medi-Cal by Average Home Visiting Reach

Percent of Children 0-5 with Medi-Cal(by % range)	Zip Codes of Children 0-5 with Medi-Cal	Average Home Visiting Reach(Average of Percent of Children 0-5 on Medi-Cal who received HV services*, excluding EHS and Regional PHN)*Not all programs have an income eligibility requirement, but most require the family to have low income.
<10%	94022, 94024, 94086, 94087, 94304, 95014, 95032, 95051, 95070, 95120, 95129, 95135	9%
10-19%	94040, 94301, 94306, 95035, 95037, 95050, 95054, 95119, 95124, 95125, 95128, 95131, 95132, 95134	6%
20-29%	94041, 94043, 94085, 95008, 95033, 95046, 95118, 95123, 95130, 95136, 95138, 95139, 95148	23%
30% +	94089, 94303, 94305, 95020, 95110, 95111, 95112, 95116, 95117, 95121, 95122, 95126, 95127, 95133	5%

Strengths of Current Home Visiting Programs

Family Perspective
Based on family feedback collected by SCCHVC across two years, home visiting programs in Santa Clara County are utilizing best practices to engage and support families.

To better understand parents' experiences in home visiting programs, the SCCHVC sends out family surveys each October, and hosts family listening sessions each December through February. All families who complete the Home Visiting Family Survey receive a free Potter the Otter children's book; the first 200 respondents receive an additional $10 gift card.

Increased Knowledge and Access to Needed Resources: Of families who completed the annual family survey across the years 2022 and 2023 (N=123), over 90% strongly agreed that they were very satisfied with their home visiting program, and 80% of families expressed that as a result of home visiting, they have gained the knowledge and resources to help meet their family's needs. Programs were most successful in meeting needs related to child development, medical needs, mental health, and housing, and many families asked for more and extended program service hours. Respondents also mentioned common benefits such as providing resources to support their child's development and promoting their own self-esteem and confidence.

This program has helped me become more aware of my mental health and gave me new ways of how to take care of myself and baby."

--Parent, enrolled in home visiting services in FY 22-23

Clear, Culturally-Relevant Communication: Bringing parents from the community into the workforce connects families to home visitors with lived experience and boosts community economic mobility. Indeed, some organizations hire program graduates as home visiting staff. This was reflected positively in survey results, as a majority of survey participants expressed that home visitors speak clearly in a language they understand and respect their culture and beliefs.

"I love the program… They take the parents' input when it comes to what we want our child to improve on. They are respectful of my child and take in consideration their needs and their learning style

--Parent, enrolled in home visiting services in FY 22-23

Support and Adaptability: Relevant program content and support, a positive dynamic between home visitors and families, and scheduling flexibility are all key to families staying engaged and maximizing their home-visiting experience (6). In listening sessions, parents shared that home visitors supported them in developing parenting skills, built genuine relationships with them, and were flexible to their family's needs.

> "[The program] has matched my needs and exceeded my expectations. My home visitor is an angel and has been a blessing. She has been a great help to my son and me. She is so patient and understanding. She has been a great part of our team."
>
> --Parent, enrolled in home visiting services in FY 22-23

Provider Perspective

While the current home visiting programs have distinct models and characteristics that distinguish them from one another, they share many strengths that contribute to their collective impact. Key strengths that were illuminated and affirmed during the listening sessions with home visiting programs include:

Relationship-based, Culturally Responsive Approach: All home visiting programs prioritize building strong relationships with families based on trust and transparency, knowing that creating this bond is essential to engaging families with diverse needs and backgrounds in home visiting and other services. Providing personalized and culturally responsive support and services enhances families' comfort with participating in home visiting services, which ultimately contributes to improved child and family well-being.

Comprehensive, Coordinated Care: All home visiting programs apply a "whole child, whole family" approach, which recognizes the interconnectedness of multiple dimensions of well-being — physical, social, emotional, educational, economic, cultural — and addresses the needs of children and their parents and caregivers simultaneously. Home visiting programs provide direct services to children and their parents and caregivers and also connect families to other organizations that provide essential resources such as healthcare, housing, food, and education.

Family Empowerment and Advocacy: In addition to advocating on behalf of families for access to services, all home visiting programs intentionally focus on fostering families' skills, confidence, and capacity to support their children's development and advocate for themselves. Home visiting programs provide families with resources, support, and encouragement to pursue their personal and professional goals, and also provide education and guidance on topics such as advocacy skills and selecting healthcare and other service providers.

Resilience, Innovation, and Adaptability: All home visiting programs experience a variety of challenges related to workforce needs, capacity constraints, and barriers to sustainable funding. At the same time, all home visiting programs have a long history of demonstrating their resilience, innovation, and adaptability, particularly during the COVID-19 pandemic when programs maintained client engagement through virtual technologies and flexible meeting locations — all while dealing with tremendous uncertainty and upheaval.

Skilled, Committed, Caring Workforce: All home visiting programs highlighted the critical role that their staff play in delivering high quality, impactful services. They recognize the importance of investing in the well-being and professional growth of staff, not only to ensure services are of high quality but also to recruit and retain committed, caring staff. All home visiting programs prioritize training and learning opportunities to ensure managers and direct service staff stay up to date on effective skills and practices. Additionally, all home visiting programs provide regular reflective supervision, which creates opportunities for home visitors to discuss cases, address challenges, and provide mutual support.

Home Visiting Program Challenges

While the home visiting programs in Santa Clara County share a number of key strengths, research conducted for this study also found some critical programmatic gaps and system challenges that impact outreach, enrollment, and service quality for home visiting programs. Key findings on gaps and challenges are outlined below:

Staffing Challenges: Many of the home visiting programs highlighted challenges related to staff retention and wage disparities that lead to turnover, negatively impacting the stability of home visiting programs. Some home visiting programs expressed difficulty in recruiting candidates interested in in-home services that are demanding, require extensive travel, and can be emotionally taxing. Further, the fiscal survey and cost model development highlighted that the current patchwork of funding streams leaves many home visiting programs chronically underfunded, which in turn means they are unable to offer compensation that is considered a livable wage in Santa Clara County. Many of the home visiting programs that participated in this study have limited resources for professional development and support. Strategies to support this gap could include advocacy for competitive and equitable wages for staff, as well as additional resources for professional development.

Resource Constraints: In listening sessions, the fiscal survey, and follow-up conversations, many home visiting programs noted that their budgets have remained level over the past few fiscal years with the assumption that they will continue to operate their programs at the same capacity. Rising material and staffing costs have made level funding no longer sufficient to serve the same number of families. Insufficient funding makes it increasingly difficult for programs to meet the existing need for home visiting services and connect families to basic necessities, let alone consider expanding their services.

Communication about Home Visiting: In surveys and listening sessions, families and other service providers shared that they are not always aware of the benefits of home visiting programs or the various home visiting programs available in Santa Clara County. Family surveys indicated that one of the most common ways that families hear about home visiting programs is through word of mouth from friends and families who have been through the program. However, while home visiting programs in Santa Clara County strive to reach as many families who meet their eligibility requirements as possible, some families are hesitant to enroll in home visiting programs due to fears of being surveilled and having an interaction with Child Protective Services. Additionally, some providers shared that stigma, shame, and fear about accessing this type of program prevent some potential participants from seeking help or fully engaging with a home visiting program. These sentiments were echoed in a 2022 study conducted by the First 5 Association (7). Additional investments in communications campaigns with referral partners and families to increase awareness of home visiting programs and their benefits could help address this challenge.

System and Service Delivery Challenges: In listening sessions, home visitors and families shared challenges in accessing community resources and navigating bureaucratic processes. Providers shared that challenges are often due to gaps in coordination and integration between agencies and systems that serve the same children and families, particularly when it comes to a lack of (or cumbersome) protocols for sharing client-level data for referrals and care coordination.

III. Home Visiting Funding

A home visiting fiscal map catalogs the funding that supports a community or region's home visiting programs over an established period of time. P5FS conducted a fiscal analysis to assess the current composition of home visiting funding in Santa Clara County. Fiscal surveys and listening sessions were conducted March through June of 2024. Representatives from home visiting programs were asked to provide fiscal data for the previous fiscal year, FY 22-23, at the time of data collection. The resulting fiscal map, presented in Table 3 below, organizes home visiting funding in Santa Clara County in FY 22-23 by home visiting model and source (federal, state, local). The accompanying narrative analysis describes the funding accessed by home visiting models and presents notable features of the current funding landscape for home visiting.

Early Start Programs operated by SARC and SCCOE are not included in this fiscal analysis. Early Start is an early intervention program that offers services in the home to young children with special needs. While these programs offer home visiting support to parents in addition to in-home therapies, early intervention programs have different funding sources than typical home visiting programs. Early Start is an entitlement, which means SARC is required to serve any child who meets the eligibility requirements. Early Start SCCOE serves a sub-group of Early Start eligible families and later connects families to school districts for continued special needs support services.

Key themes from the fiscal map include:
- Home visiting programs in Santa Clara County are leveraging all major federal and state sources available.
- All programs, except one, are braiding or blending multiple funding sources to resource their programs.
- The majority of investment in home visiting programs in Santa Clara County goes to high intensity models.

Home Visiting Funding Sources

Like many early childhood and family support services, home visiting programs are funded by a complex web of federal, state, and local dollars from public and private (philanthropic) sources. Public funding typically (but not always) flows from the federal to the state level, and then is allocated down to the county level. The local entity responsible for accessing and administering funds from federal and state sources varies, depending on the funding stream.

In Santa Clara County, County entities (SCCPHD, SCCSSA, and SCCBHSD), SCCOE, and FIRST 5 either directly manage home visiting models or serve as local authorities overseeing the CBOs* responsible for program implementation, ensuring effective service delivery and adherence to program standards. There are state sources of funding, such as Proposition 10, the "California Children and Families Act of 1998" (Prop 10) and the Mental Health Services Act (MHSA), that support home visiting without relying on federal funding. Early Head Start home-based services, operated by SCCOE, is the only model that receives federal funding directly, without a state administering agency as an intermediary.

Currently, 23 states use Medicaid (known as Medi-Cal in California) as a funding source for home visiting programs. States may use Medicaid funds to reimburse a percentage of personnel and operating cost expenses incurred during matchable activities allowed under Medicaid regulations. These Title XIX funds are applicable only to women and children who are Medi-Cal beneficiaries or Medi-Cal eligible. In Santa Clara County, five of the home visiting models analyzed used Title XIX matching funds. Medi-Cal, alone, administered by the California Department of Health Care Services (DHCS), funded 45.5% ($15.9M) of the total funding allocated toward Santa Clara's home visiting programs in FY 22-23.

*CBOs providing home visiting services: Alum Rock Counseling Center, Catholic Charities, Community Solutions, Gardner Health Services, Pacific Clinics, Planned Parenthood Mar Monte, Rebekah Children's Services, SOMOS Mayfair

Braiding and Blending Funding

The braiding (leveraged use of multiple funding streams) and blending (co-mingling funds from more than one source) of funding is critical for home visiting programs to subsist. Local entities are responsible for managing different funding streams, including contracting with and reporting to varied funders, to maintain programs. For example, SCCPHD (local authority) utilizes California Home Visiting Program (CHVP) and MHSA allocations, combined with general fund dollars and Medi-Cal billing (via the California DHCS) for Targeted Case Management (TCM) to support the Nurse-Family Partnership program model. The combination of funds is necessary to fully resource Nurse-Family Partnership and other home visiting models that the public health department administers. All home visiting models in Santa Clara County, except Early Head Start, rely on at least two sources of funding.

Total Funding in FY 22-23

There were eleven sources of funding (federal, state, local) supporting home visiting programs in Santa Clara County in FY 22-23. In total, organizations in Santa Clara County received $35.1M for eight home visiting models in FY 22-23. The following table lists the amount of funding granted to each model in FY 22-23 by the administering agency, or the entity that allocates the funding directly, to the organizations with fiscal oversight responsibilities (local authority). The administering agency is not necessarily the source of funding. In the following table, for example, funding administered by the California Department of Social Services (CDSS) is categorized as state dollars, despite being sourced from both federal Temporary Assistance for Needy Families (TANF) dollars and state general fund. The Office of Head Start is the only federal agency that grants funding directly to a local authority with fiscal oversight responsibilities, which is why Early Head Start funding is listed as the only federal funding stream in the table. The models are separated by level of intensity.

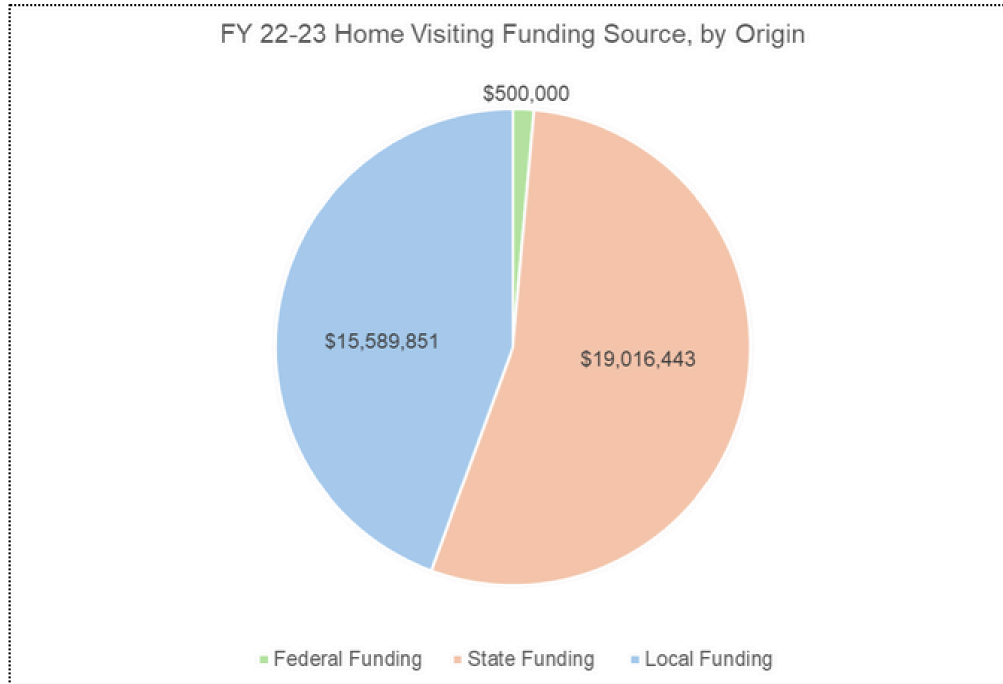
Table 3: FY 22-23 Home Visiting Funding by Model and Administering Agency*

Model	Annual Funded Capacity	Federal Funding	State Funding	Local Funding	Total
Medium intensity home visiting models (typically including caseloads of ≥ 30 families per home visitor)					
Public Health Nursing (Regional Public Health Nursing Services & FIRST 5 Public Health Nursing)	1,990	-	$1,186,932 (DHCS/Medi-Cal)	$6,721,312 (Public Health, FIRST 5)	$7,908,244
Strong Moms, Strong Babies	165	-	$1,664,951 (CDSS CalWORKs HVP, DHCS/Medi-Cal)	-	$1,664,951
Total	**2,155**	-	**$2,851,883**	**$6,721,312**	**$9,573,195**
Medium-high intensity models (typically including caseloads of 15 ≤ x ≤ 30 families per home visitor)					
Nurse-Family Partnership	216	-	$1,648,804 (CDPH and DHCS/Medi-Cal)	$1,062,723 (Behavioral Health and Public Health)	$2,711,527
Teen Parent Support Program/CalLearn	180	-	-	$1,079,106 (Public Health, Social Services, Philanthropy)	$1,079,106
Total	**396**	-	**$1,648,804**	**$2,141,829**	**$3,790,633**
High intensity models (typically including caseloads of ≤ 15 families per home visitor)					
Early Childhood Mental Health Outpatient Continuum (formerly Kidconnections)	1,800	-	$13,165,724(DHCS/Medi-Cal)	$5,381,460 (Behavioral Health, FIRST 5)	$18,547,184
ParentChild+	200	-	$180,000(CDSS CalWORKs HVP)	$1,211,298 (Philanthropy, FIRST 5)	$1,391,298
Early Head Start Home-based	170	$500,000 (Office of Head Start)	-	-	$500,000
Total	**2,170**	**$500,000**	**$13,345,724**	**$6,592,758**	**$20,438,482**
Group intervention model that includes home visiting as an option					
Black Infant Health	104	-	$1,170,032 (CDPH, DHCS/Medi-Cal)	$133,952 (Public Health)	$1,303,984
Grand Total	4,825	$500,000	$19,016,443	$15,589,851	$35,106,294

*All funding amounts have been rounded to the nearest dollar.

**Black Infant Health program is listed under its own category, as the state defines it as a group intervention program rather than a home visiting program. It has been included in the report because the model includes home visiting services, although they are optional and are not the primary method of intervention.

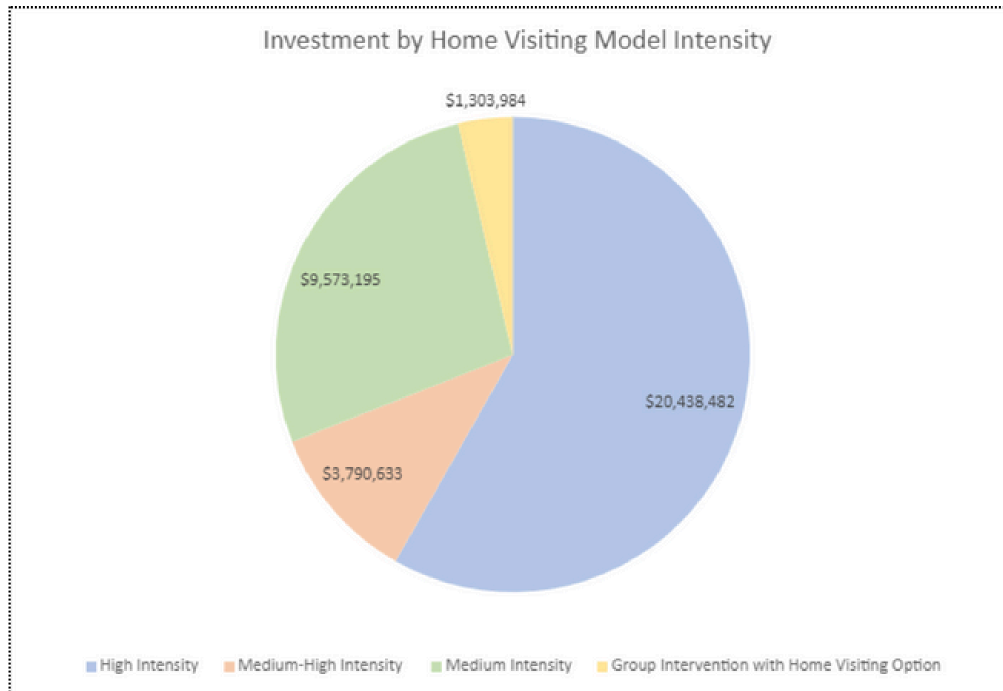
Figure 2: Home Visiting Funding Source in FY 22-23



ECMHOC (formerly KidConnections Network), received 53% of all funding ($17.5M), 71% of which was sourced from Medi-Cal. Public Health Nursing programs, including Regional Public Health Nursing and FIRST 5 Public Health Nursing, accounted for 23% of the home visiting dollars in the county, while the Nurse-Family Partnership, which received one-time expansion funds in FY 22-23, accounted for 6% of home visiting dollars in the county. Each of the remaining models had revenue that accounted for less than 5% of the total home visiting funds in the county.

As shown in the chart below, high intensity home visiting models that offer more frequent visits (and in the case of ECMHOC, often assign both a home visitor and clinician to a single family) represented the largest share of total funding (58%). This was followed by medium intensity models that offer less frequent visits for each family (27%), medium-high intensity models (11%), and a group intervention with optional home visiting (4%). High intensity models are not necessarily more valuable or effective than lower intensity models. Home visiting models are designed to meet the different needs of families, with higher intensity models often better suited to support more complex family needs.

Figure 3: Investment into Home Visiting Programs based on Intensity of the Home Visiting Model



A system's distribution of funding for home visiting models of varying levels of intensity should be reflective of family needs across the county. It should be noted that Santa Clara County does not currently have a less intensive, universal touch model that serves families that are otherwise ineligible for the eight existing models in the system or one that is offered to families after a child is born. The lack of low intensity models limits the number of families that can be served. In all instances, the current home visiting programs serve specific populations, whose eligibility is determined by factors including income, Medicaid/Medi-Cal insurance status, first time parent, or parental age. To expand the reach and impact of home visiting services across the county, a strategic shift is necessary

Just as a fiscal map reveals disparities in funding allocation, it also exposes opportunities to bolster already effective funding mechanisms. As noted previously, Medi-Cal accounts for 46% ($15.9M) of home visiting funding in Santa Clara County. In FY 22-23, programs leveraged both the TCM benefit and match rates for Medi-Cal Administrative Activities (MAA), which offers a federal match rate of 75% for translation and interpretation services and a 90% match rate for the administration of family planning services. Expanding services that can be reimbursed with additional Medi-Cal benefits will be further explored.

While the home visiting programs available in Santa Clara County are strengthened by a variety of funding sources, it is necessary to review the distribution of funding in the context of the cost of services and the needs of the community. This additional layering of analysis is necessary to determine the match between funding and program or model, understand the level of investments in relationship to home visiting cost and cost associated with community need, in order to identify funding needs or gaps, system vulnerabilities and opportunities to increase efficiency. The work to understand the cost of home visiting services was supported by the development of a direct service cost model. The outputs and analysis of Santa Clara County's cost modeling tool are the next component of the fiscal analysis.

Modeling the Cost of Home Visiting in Santa Clara County

Cost models are customized, dynamic tools that estimate the true cost of services on a per-program and per-child basis, accounting for different quality or intensity levels of programs and decisions about compensation. Home visiting cost modeling has a unique role in understanding the costs of many types of home visiting, implemented together in a community. Modeling provides key information to shift away from competition for funding between programs and toward a system, or array, of family support services delivered through multiple programs, supported and available to meet diverse needs. A cost model of multiple programs reinforces the fundamental understanding that there is not one singular home visiting model that will meet the needs of every family – a suite of coordinated, complementary programs is necessary for every community. Cost modeling can support assessment and planning for the community efforts to ensure adequate and sustained financing based on the actual cost of programs, and a shared advocacy strategy across programs.

The Santa Clara County Home Visiting Direct Service Cost Model (Cost Model) is designed to support the County in considering the multiple program models needed to serve the diverse population of children and families. This Cost Model was built by Prenatal to Five Fiscal Strategies in partnership with FIRST 5 and the SCCHVC. The program models included in the Cost Model are:

- Early Head Start Home Based
- ECMHOC (formerly KidConnections)
- Nurse-Family Partnership
- ParentChild+
- Public Health Nursing
- Strong Moms, Strong Babies
- Teen Parent Support Program/CalLEARN

The Cost Model was built to model ongoing operational costs of the programs, not the costs related to startup of a program. To use the tool, one selects all the program models to be included in their desired cost modeling scenario and the number of children or families served by each home visiting model. The selection of program models draws upon program specifics related to the operations of each model. These specifics of operating a given model, such as home visitor caseload, ratio of staff to supervisor, and number of group services, are driven by program standards from the national service office for each model, or local program standards, as applicable.

Cost Drivers

Home visiting programs have variances in their cost per child/family served based on the program model. Differences in caseload size, term of the program services, and staff qualification requirements are key cost drivers. Understanding these cost drivers helps estimate the true cost of delivering services and identify adequate funding amounts to ensure the sustainability of high-quality home visiting programs. Cost drivers also include both personnel and non-personnel expenses. Personnel expenses include salary and benefits, while non personnel expenses include occupancy, and program costs such as materials, training, travel, and mileage.

Home visiting is a labor-intensive service, and the salaries and benefits provided to staff members are the main drivers of cost. The Cost Model has two different salary options, with salary scales inclusive of all the main categories of positions in a home visiting program. The first salary scale, labeled "Current Salaries" in Table 4, utilizes FY 22-23 salary data provided in the fiscal survey completed by the home visiting programs, with additional input from the SCCHVC.

The second salary scale, labeled "MIT Living Wage Salaries" in Table 4, incorporates the Massachusetts Institute of Technology (MIT) Living Wage Calculator (8), which estimates the wages a worker needs to earn to afford the cost of living in any given community. Using the MIT Living Wage Calculator for the second salary scale provides a more accurate estimate of the true cost of home visiting services, one that is specific to the cost of living in Santa Clara County and allows for the modeling of different family structures (single adult, two adults, with or without children), which is crucial for understanding how living wage needs change based on household composition. The family structure used in Table 4 "MIT Living Wage" column applies a weighted calculation across various family and earner configurations. This weighted calculation specifically integrates percentage assumptions from the Center for the Study of Child Care Employment on family composition of the early childhood workforce in California, which includes home visitors (9).

In Santa Clara County, Current Salaries are higher for several home visiting positions, such as nurses, compared to programs in other communities and states. However, current wages for certain positions, such as home visitors in non-nursing programs, may not be sufficient to attract and retain a qualified home visiting workforce. The entry-level position, Administrative Support, is assigned a baseline wage, and other positions are increased from there to reflect additional qualifications and responsibilities. This position is pinned at $42,000 in the Current Salaries scale, and $82,992 in the MIT Living Wage Salaries scale. The Home Visitor and Parent Educator positions jump from $60,000 in Current Salaries to $130,297 in the MIT Living Wage Salaries. Table 4 delineates Current Salaries and MIT Living Wage Salaries for each position.

Table 4: Home Visiting Staff Annual Salaries, by Salary Scale Type

	Current Salaries	MIT Living Wage Salaries
Nurse Home Visitor	$138,711	$212,424
Executive Director	$108,951	$236,600
Program Manager	$89,304	$193,935
Program Supervisor	$73,200	$158,963
Program Assistant	$72,610	$155,054
Clinical Home Visitor	$71,400	$155,054
Home Visitor	$60,000	$130,297
Parent Educator	$60,000	$130,297
Administrative Support	$42,000	$82,992

Using the Model to Understand Cost and Needed Funding

The first cost modeling scenario includes all home visiting models in the county, using the Current Salaries scale and the number of children served by home visiting programs in FY 22-23 (4,721 - excluding Black Infant Health, as that funding is set by the state). Under this scenario, the total cost of home visiting is $36,312,588. Based on the FY 22-23 available funding of $35,106,294, home visiting programs were under funded by $1,206,294.

The second scenario includes FY 22-23 service levels, 4,721 children, but modifies the salary selection. Based on feedback from the SCCHVC, Current Salaries were used for ECMHOC, Nurse-Family Partnership and Public Health Nursing. The remaining models, Early Head Start, ParentChild+, Strong Mom Strong Babies, and Teen Services were run with MIT Living Wage Salaries as the salary selection, in order to address the needed living wage for these staff. Running the model with these increased salaries drives the total cost of home visiting to $41,810,728. Compared to the current funding for home visiting in Santa Clara County, $5,498,140 is the necessary investment needed to reduce the gap in compensation levels across different programs in home visiting and maintain the current service levels for home visiting.

Table 5: Comparison of Home Visiting Cost Scenarios

	Scenario One:Current Service Level, Current Salaries	Scenario Two:Current Service Level, Increased Salaries for Programs below Santa Clara County living wage
Total Children Served	4,721	4,721
Total Home Visiting Direct Service Costs	$36,312,588	$41,810,728
Average annual cost per child	$7,692	$8,856

Understanding the range of costs is important to fully understand the cost of home visiting services, as the total cost of home visiting will change if more families are served by models that have a higher cost per service. Home visiting models in Santa Clara County range from medium intensity to high intensity. When Current Salaries are selected, the cost per child in Santa Clara is approximately between $4,500-$12,600 for medium/high intensity service models, and between $10,400-$12,700 for high intensity service models. When MIT Living Wage Salaries are selected, the ranges increase to $4,500-$12,600 for medium/high intensity models and to $10,400-$25,000 for high intensity models. The following chart illustrates the annual cost per child/family for each home visiting model at both Current Salaries and MIT Living Wage Salaries, with an average amount calculated across the models.

Table 6: Annual Cost per Child/Family by Model

	Model Intensity	Cost per Child/Family, Current Salaries	Cost per Child/Family, MIT Living Wage Salaries
Early Head Start Home Based	High	$12,037	$24,971
ECMHOC (Formerly KidConnections Network)	High	$10,365	$10,365*
Nurse-Family Partnership	Medium-High	$12,642	$12,642*
Parent Child +	High	$10,664	$13,375
Public Health Nursing	Medium	$4,563	$4,563*
Strong Moms Strong Babies	Medium	$10,090	$11,851
Teen Parent Services	Medium-High	$5,975	$12,185
Average cost per child		$7,692	$11,689

*Amount remains the same since there is not a salary adjustment to the living wage for these programs. Per program feedback, the salaries are at the living wage needs or salaries are negotiated with Labor Unions.

Changing Funding Landscape

FIRST 5 Santa Clara County

For over two decades, FIRST 5 has continuously made large investments to support the infrastructure and implementation of home visiting programs in Santa Clara County. Until 2019, First 5 County Commissions throughout the state were the largest investors in home visiting programs statewide (10).

First 5 County Commissions came into existence in 1998, supported by Prop 10, a statewide initiative that imposed a $0.50 cent tax on every cigarette pack sold. Prop 10 funds are distributed to the 58 California counties to support families with children prenatal through age five. The steady decline in California's smoking rate and a recent ban on flavored tobacco products means that all First 5 Commissions receive fewer and fewer state dollars from this allocation. There has been a steady decline in FIRST 5's Prop 10 revenues over the past five years, beginning at $14.23 million in 2019 and dropping to $12.79 million by FY 22-23. This is a decrease of 10.11% from FY 18-19 to FY 22-23. To compensate for the decline, FIRST 5 has drawn between $1.2 and $8.1 million from the fund balance to cover costs of community investments including home visiting, which is unsustainable as the fund balance will eventually be depleted. In FY 23-24, Santa Clara County's Prop 10 revenue is projected to be $11 million – a steep decline for FIRST 5's programs and services.

In FY 23-24, after developing and launching a new strategic plan, FIRST 5 designed a new community investment strategy to determine funding priorities over the next three years. This process led to a funding transition for two county-supported home visiting programs – ECMHOC and Public Health Nursing for System Involved Children and Families (formerly FIRST 5 Public Health Nursing Program). As of FY 24-25, ECMHOC has been sustained by state and local funding sources without a reduction in capacity to serve children and families in Santa Clara County. At the time of writing this report, Public Health Nursing for Systems-involved Children and Families will likely be funded without a reduction in capacity by state and local funding sources.

California State Budget CalWORKs Funding Reductions

In May 2024, the Governor proposed a $47.1 million cut for the CalWORKs Home Visiting Program (HVP), administered by CDSS. This cut would have been devastating for implementation of the program statewide. After strong advocacy efforts, this proposal was modified and the final version of the state budget included reduced funding for the CalWORKs HVP by up to $30 million for FY 23-24 and temporarily reduced funding by up to $25 million for FY 24-25 and FY 25-26. The language of the budget bill noted that the intention of this reduction was not to impact service delivery or staffing. At the beginning of October 2024, Santa Clara County received its FY 24-25 CalWORKs HVP allocation, which included an 11% increase. While the program received increased funding this fiscal year, there may be cuts implemented in the future.

IV. OPPORTUNITIES

Considering the findings from our research, we identified several opportunities to strengthen home visiting programs in Santa Clara County. This section outlines our research into sustainable funding sources that could support home visiting as well as opportunities to strengthen professional development and referral pathways.

Explore sustainable funding opportunities
There are several potentially sustainable home visiting funding streams including: Medi-Cal (including CalAIM), Children and Youth Behavioral Health Initiative (CYBHI); Family First Prevention Services Act (FFPSA); and Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV).

From 2023 to 2024, the First 5 Association offered technical assistance related to Medi-Cal reimbursement for home visiting programs. FIRST 5 staff attended webinars and had individual meetings with staff from the First 5 Association and from First 5 Commissions in other counties to better understand potential Medi-Cal reimbursement for home visiting services.

Potential Funding
We identified four potential sustainable funding streams that home visiting programs in Santa Clara County could leverage: Medi-Cal, CYBHI, FFPSA, and MIECHV. Of these four, we recommend further exploration of Medi-Cal and FFPSA to support home visiting programs.

Medi-Cal: CalAIM
Medi-Cal Transformation, also known as California Advancing and Innovating Medi-Cal (CalAIM), is DHCS' commitment to offer more equitable, coordinated, and person-centered care. CalAIM offers opportunities to develop new programs and expand existing partnerships through strengthening service delivery systems and cross system collaboration.

The following Medi-Cal benefits (11), Community Health Worker (CHW), Enhanced Care Management (ECM), Dyadic Services, Family Therapy (12), and Doula Services can be leveraged to expand and sustain home visiting services for families throughout Santa Clara County. Each benefit is designed to provide a whole-family approach to care and improve health outcomes for children and their families.

Integrating these benefits into programs that serve children and families can enhance the effectiveness of interventions, expand home visiting services, and improve care coordination efforts across systems.

- ECM in home visiting will allow for a more individualized and holistic targeted intervention plan along with improved care coordination between different sectors to address the complex needs that families might be experiencing. ECM benefits have expanded to reach pregnant and postpartum individuals.
- CHWs not only provide health education and advocacy but can also support families with accessing services and navigating the complex systems that are in place.
- Dyadic Services and Family Therapy have components that focus on enhancing parent-child relationships, strengthening parenting knowledge and skills, addressing and improving family dynamics, and empowering families to achieve their goals.
- Doula Services can enhance the care and support to pregnant and/or birthing persons during prenatal and postpartum periods, complementing the overall services offered through a home visiting program.

Since home visiting programs in Santa Clara County are already apt at leveraging Title XIX match, they are well-positioned to seek additional opportunities to secure Medi-Cal funds. Many California counties are currently engaged in assessing the possibilities of leveraging other Medi-Cal benefits such as the CHW or ECM services benefit. Leveraging Medi-Cal benefits can support the inclusion of essential services, such as social supports and preventive care, within managed care plans, further expanding the scope and impact of home visiting programs.

The new Medi-Cal benefits provide opportunities to sustain existing home visiting programs and create opportunities to develop new home visiting programs that are culturally appropriate and uniquely tailored to each family's needs. It is important to note that an individual cannot receive ECM and CHW benefits concurrently. In addition, only one ECM provider can support an individual/family, and they cannot receive ECM services from more than one agency at a time.

Managed Care Plans (MCPs) are required to provide appropriate evaluations to identify and address health concerns and social determinants of health factors, with an increased focus on preventative care. Partnering with MCPs to promote home visiting services through outreach efforts and creating referral pathways from the health care systems will allow more children and families to be enrolled into existing and newly established home visiting programs, allowing home visitors to reach more families across the county. As MCPs are required to create Memorandums of Understanding (MOUs) with county entities, CBOs, First 5 Commissions, and other entities to improve care coordination and referral processes, it would be ideal to develop MOUs between MCPs and home visiting programs in order to successfully leverage the new Medi-Cal benefits (13).

The four new Medi-Cal benefits have various reimbursement rates which can be negotiated between the Supervising Provider and the MCPs. However, two challenges that have been shared by the home visiting partners include: an inability to receive reimbursement for any travel time to meet a family in the home and/or community and no reimbursement on documentation time that providers are required to complete. Due to these challenges and current low reimbursement rates, supplemental funding will need to be explored.

To deliver any of these benefits, an agency will need to be identified as a Supervising Provider (lead agency) who will work in collaboration with a MCP and support with administrative services (billing, auditing) to the contracted agencies delivering home visiting services while leveraging these benefits. First 5 organizations across the state are also working on leveraging these Medi-Cal benefits in various ways, some of which are outlined below.

- First 5 Monterey County is the lead agency, a Supervising Provider, for the implementation of the CHW Medi-Cal benefit. First 5 Monterey County's role is to monitor and identify quality improvement areas, hold a contract with MCPs, as well as identify ways to blend, braid, and leverage other funding sources.

- First 5 Marin County has contracted with Partnership Health Plan to implement ECM benefits for their Help Me Grow (HMG) program. Due to limited staff capacity, First 5 Marin County decided not to become a Supervising Provider but instead contracted with Aliados Health, who provides support with the administrative services of the ECM benefits. First 5 Marin County convenes a group of system and county partners to build, coordinate, and advocate for the implementation of CalAIM for all children in Marin County.

- First 5 Yolo County implements a Welcome Baby program, allowing any resident of Yolo County giving birth and who is uninsured or has Medi-Cal to receive short-term home visiting services (one to three visits). First 5 Yolo County is in the process of leveraging the Medi-Cal CHW benefit for their home visiting programs by acting as a Supervising Provider and delivering CHW benefits through contracted home visiting programs. Currently, the Nurse Home Visitors are on the path of becoming CHW providers.

Family First Prevention Services Act (FFPSA)

Santa Clara County, through the Social Services Agency, has developed an implementation plan for the "Family First Initiative" leveraging federal FFPSA funds. According to CDSS, "The objective of FFPSA is to enhance support services to families to help children and youth remain at home and reduce the use of congregate care placements by increasing options for prevention services, increased oversight, and requirements for placements, and enhancing the requirements for congregate care placement settings" (14). Throughout 2022 and 2023, FIRST 5 representatives worked with SCCSSA to include a prevention-based home visiting program, ParentChild+, in this plan. In FY 24-25, ParentChild+ will be partially funded by the Family First Initiative to expand slots, supporting parenting skills and knowledge of child development to prevent families from becoming impacted by the child welfare system, including having a child removed from the home. This funding is limited to two years.

In order to be eligible for future sustainable funding through the FFPSA, home visiting models must be listed with a Well-Supported rating on the Title IV-E Prevention Services Clearinghouse (15) and included in California's Prevention Plan. Currently, Nurse-Family Partnership is the only home visiting program in Santa Clara County that meets both of these criteria. The two other home visiting models that meet the necessary criteria are Parents as Teachers (PAT) and Healthy Families America (HFA). Home visiting partners in Santa Clara County expressed that the cost of starting a new program is a major barrier to implementing a new model. Current home visiting programs use existing models, so utilizing either of these models would require creating an entirely new program, likely at a new organization. As such, SCCSSA has decided to invest in the expansion of ParentChild+ because it is an existing, culturally-relevant model that has had success in San Jose and South County. To sustain FFPSA funding beyond FY 25-26, ParentChild+ needs to achieve Well-Supported status in the Title IV-E Prevent Services Clearinghouse.

The Title IV-E Prevention Services Clearinghouse conducts an objective and systematic review of research on programs and services intended to support children and families and prevent children from entering the child welfare system. The Clearinghouse staff identifies and prioritizes programs and services for review; reviews research studies on the eligibility and effectiveness of the programs and services; conducts an evidence review to rate the strength of the evidence of the studies; and provides a final rating of programs and services. These ratings include, Well-supported, Supported, Promising, or Does Not Currently Meet Criteria.

The ParentChild+ program has been recommended for review by the Title IV-E Prevention Services Clearinghouse, with documentation submitted, but it has not been reviewed at the time of this report. Under the California Evidence-based Clearinghouse, ParentChild+ has a Promising rating and has submitted additional research to achieve a Supported or Well-Supported status. Programs that achieve Supported or Well-Supported status in a state Clearinghouse are moved up on the review list for the federal Title IV-E Prevention Services Clearinghouse. FIRST 5, SCCSSA and ParentChild+ are working to ensure the needed research is submitted to the Title IV-E Prevention Services Clearinghouse in order to draw down FFPSA funds in the future.

Motivational Interviewing is listed as a Well-Supported mode of service delivery in the Title IV-E Prevention Services Clearinghouse. Eight home visiting programs in Santa Clara County use Motivational Interviewing, which should be further explored with SCCSSA to draw down additional FFPSA dollars.

Children and Youth Behavioral Health Initiative

Authorized as part of the 2021 California State Budget Act, the CYBHI is a historic $4.7 billion, multi-year investment intended to reimagine and remake systems that support behavioral health for all of California's children, youth, and families. As part of CYBHI, the DHCS is committed to supporting statewide expansion and scaling of evidence-based and community-defined practices through six competitive grant funding rounds.

Round three of CYBHI grant funding allocated up to $60 million to support and scale early childhood wraparound services, with a focus on home visiting programs. Identified evidence-based programs as part of this funding round included home visiting programs such as PAT, HFA, Nurse-Family Partnership, and Family Spirit, along with funding for select practice components of Early Childhood Mental Health Consultation, which supports children and families in early learning settings. Funding for round three was released on August 7, 2023, and award announcements were made on September 13, 2024. SCCBHSD was awarded funding to support implementation of Early Childhood Mental Health Consultation. Funding will support the program over a period of 24 months.

At this point, no additional CYBHI funding rounds to support expansion or sustainability of home visiting services have been announced, and the availability and long-term viability of this funding source to support home visiting remains uncertain.

Maternal, Infant, and Early Childhood Home Visiting Program and California Home Visiting Program

The California Home Visiting Program (CHVP), administered by the California Department of Public Health (CDPH), oversees evidence-based and innovative home visiting sites spread throughout 34 California counties, focusing on three evidence-based home visiting models: Nurse-Family Partnership, HFA, and PAT. CHVP is supported by funding from the federal MIECHV program and the California State General Fund (16). Santa Clara County's CHVP funds for Nurse-Family Partnership and local models come from the California State General Fund, not MIECHV.

At the time of writing this report, there is not an opportunity to draw down MIECHV funds. The CDPH MIECHV program started in 2012. At that time, California selected 16 communities to participate in the funding and Santa Clara County was not included. As MIECHV funding has not significantly increased, there has been no expanded opportunity to participate in the program.

Additional Opportunities

Expand Trainings Available

A stable, qualified, well-supported workforce is essential to delivering high quality, impactful home visiting services. Although home visitors come from different fields — such as nursing, behavioral health, early childhood education, and family strengthening — with varying levels of experience and education, they share a common need for ongoing training and professional development opportunities that enhance and expand their knowledge and skills, as well as promote their safety, well-being, and job satisfaction.

Home visiting is both a rewarding and demanding profession. Many families who participate in home visiting programs experience challenges such as social isolation, low incomes, housing insecurity, concerns about children's health and development, mental health issues, substance use, and interpersonal violence. Home visitors are trained to "meet families where they are," responding to each family's needs with compassion, cultural humility, and concrete supports — no matter what challenges the family might be facing. Over time, constant exposure to the challenges and trauma faced by families can lead to stress, burnout, poor physical and mental health, and even secondary trauma among home visitors. Without adequate and systematic support, these stressors can impact home visitors' job satisfaction and retention and, ultimately, the quality of services.

This elevates the importance of strengthening service delivery by supporting the home visiting workforce through comprehensive and effective training, professional development opportunities, and workforce supports for home visitors, supervisors, managers, and other program staff. Currently, all home visiting programs in Santa Clara County require or encourage an extensive array of trainings and ongoing professional development on topics such as child development, child maltreatment and mandated reporting, cultural humility and equity, fundamentals of home visiting, mental health, parent-child interactions, and reflective supervision — not only for home visitors providing direct services, but for administrative staff, supervisors, and managers that support program operations.

However, home visiting programs also report challenges in meeting their training and professional development needs. During the listening sessions and a subsequent Home Visiting Training Inventory survey, program managers and home visitors identified common challenges in accessing relevant trainings, such as scheduling conflicts, limited availability of trainings, high costs, waitlists, and other barriers. Home visiting programs expressed an interest in and a need for more specialized or comprehensive trainings on topics such as cultural consciousness, motivational interviewing, trauma-informed care, toxic stress, interventions for autism, behavioral supports, and connecting families to local resources.

The Santa Clara County Home Visiting Training Matrix in Appendix D summarizes responses from the Training Inventory survey about the most commonly required or encouraged training topics by types of positions in each home visiting program. This matrix provides valuable information that will help the SCCHVC identify ways to collaborate in order to expand access to training and professional development opportunities — e.g., opening up existing trainings to other home visiting programs, pooling funds to purchase trainings, supporting cross-program peer learning and reflective supervision, etc. While some collaborative strategies can be incorporated into the existing SCCHVC partnerships and meetings, other strategies will require additional, sustained investments in training and professional development in order to strengthen and expand the home visiting system as a whole.

Enhance referral pathways

In 2021, the SCCHVC established four main buckets of work to address: service delivery alignment, communications strategy, community of practice, and exploring data sharing. Home visitors and systems partners in the SCCHVC expressed the need for a clear referral system and pathway for partners across the county to refer into home visiting programs and for home visitors to refer families to additional resources. Having unclear referral processes and informal referral partners are barriers to families accessing and engaging in home visiting services (6).

The SCCHVC identified referrals as a key area of focus to align service delivery. After developing a decision tree and exploring different options to increase referrals between programs, the SCCHVC decided to pilot the web-based Findhelp platform for closed loop referrals between home visiting programs. This decision was made due to the user-friendly nature of Findhelp and to align with other entities in Santa Clara County utilizing Findhelp, such as Santa Clara Family Health Plan, Anthem, and Santa Clara County Health and Hospital System. Since December 2022, the SCCHVC has trained nine home visiting programs and has opened Findhelp trainings to community partners. The SCCHVC Findhelp site has had 1,995 distinct users, 194 connections (individual contacted resource using information provided by Findhelp), and 41 referrals (referral made through Findhelp).

During the listening sessions, home visiting programs shared their experiences with Findhelp, as well as suggestions for increasing usage among home visitors. Common themes included:

Current Usage: Home visitors who have used Findhelp felt it was helpful and enhanced their ability to support families effectively. However, home visitors often default to contacting their own networks when they are searching for resources (rather than using Findhelp), or they use Findhelp to gather information to pass on to families, but they are not yet making full use of the platform to make direct referrals.

Challenges: Gaps or inconsistencies in using Findhelp are largely reflective of the relative newness of the platform and the time it takes to build awareness of and readiness to implement this type of change within and across organizations. Continuing to offer trainings and technical support to home visiting programs and other system partners will help answer and address the types of questions and concerns that were raised in some listening sessions (e.g., whether and how legal issues such as informed consent and compatibility with existing workflows have been addressed; the accuracy and availability of information within the platform, etc.).

Increasing Future Usage: Home visiting programs expressed general interest in learning more about Findhelp and its functionalities. Suggestions for improving usage included incorporating training sessions or guest speakers to educate staff further on Findhelp's potential benefits. Some home visiting programs have begun exploring the integration of the Findhelp application with their existing referral systems. Additionally, home visiting program managers and administrators have called out the importance of creating greater alignment and interoperability between Findhelp and other existing (and often required) data systems. Without this, adopting any new platform, such as Findhelp, that requires manual or duplicate data entry will create systemic barriers that prevent increased and efficient usage of the platform.

Whether programs continue to use Findhelp or move to another referral system, creating greater alignment around referrals will support families' access to home visiting programs and access to other resources. If the SCCHVC and other County entities continue to use Findhelp, there is an opportunity to utilize a new Findhelp feature: Social Care Coalitions. A Social Care Coalition allows a group of two or more customers with bespoke Findhelp sites to share read-only access to clients' assessments and referrals made by navigators. This would allow Santa Clara County to form a group to coordinate a client's longitudinal care by securely sharing access to individual social care histories (referrals). Every participating navigator could then access the most relevant and recent activities and client data, maximizing efficiency and the number of clients whose needs are met (17).

Given other entities in Santa Clara County have white label websites, Santa Clara County could develop a Social Care Coalition to follow client journeys through accessing services. This would allow County agencies, CBOs, and other community resources to ensure Santa Clara County residents are getting connected to the resources they need, including home visiting programs.

V. Recommendations

Upon conducting a landscape analysis and identifying strengths, challenges and opportunities in the home visiting field, three layers of recommendations have emerged, all of which take place at a direct service and systems level: 1) sustain, 2) enhance, 3) expand. As FIRST 5 introduced this Study to the Santa Clara County Home Visiting Collaborative (SCCHVC) and worked with fiscal consultants to analyze the current state of home visiting in the county, it became clear that it is not possible to explore only expansion when many programs are struggling to sustain programming at current capacity. As highlighted throughout this report, in FY 22-23 home visiting programs had to identify new funding sources as a result of lost funding due to the revenue decline of Proposition 10 (Prop 10) and level funding from other sources year over year. Furthermore, the fiscal analysis revealed that some program providers are not making a living wage in Santa Clara County, which is necessary to sustain current home visiting services and systems work. The listening sessions revealed opportunities to enhance existing programs and systems to ensure quality services are provided for families and implement a No Wrong Door (NWD) approach for families to receive timely access to services. Finally, analyzing the current intensities of program models in Santa Clara County and using the ZIP Code Map, opportunities for expansion of home visiting services emerged. Based on the findings and themes of this study, actionable recommendations are outlined below should the Board of Supervisors decide to act.

Sustain Current Home Visiting Programs

1. Sustain county investment in home visiting programs and ensure cost of living increases for home visiting contracts.

Recommendation

1a. Maintain the current County investment in home visiting programs.
1b. Future investments in home visiting programs must include annual increases to account for rising materials and operations costs, as well as cost of living adjustments. This is crucial to ensure staff retention and high-quality implementation.

Rationale

The fiscal map demonstrates that local investment is critical to supporting the current home visiting system. Santa Clara County currently invests over $12 million in home visiting programs, nearly a third of the total investment. With funding declining from other sources, this investment remains vital to the sustainability of home visiting programs.

Home visiting is a powerful and cost-effective, upstream prevention strategy, with studies demonstrating that return on investment for home visiting programs can range between $1.75 to $5.70 for every dollar spent (4). Despite this, home visiting programs struggle to secure adequate funding. Many programs are expected to maintain program capacity with level funding, amid rising operational costs. Cost of program evaluation, program supplies, and staff training squeeze program budgets, especially as programs attempt to offer Cost of Living Adjustments (COLAs). When programs receive flat funding for the same amount of services offered, they often have to increase caseloads which prevent them from operating with fidelity to their model. This may further impact state and federal funding requiring specific, evidence-based home visiting models operated with fidelity.

When new funds are secured for home visiting programs, some of those funds might cover the cost of existing work due to rising program costs. As programs rely on braided and blended funding, new funders often expect expansion of services, which is not feasible with histories of level funding. FIRST 5's declining Prop 10 funding has exacerbated this issue. FIRST 5 maintained level funding for several home visiting programs over the course of several years.

The Home Visiting Cost Model reveals disparities between home visitor salaries and the cost of living in Santa Clara County. To effectively recruit and retain qualified home visiting staff, it is essential to address these pay inequities. While County agency employees are unionized and regularly receive cost-of-living adjustments, community-based organizations (CBOs) employing home visitors do not all have similarly regulated pay increases. The Cost Model outlined that the largest disparities in living wage exist for home visiting staff employed by CBOs. Further, compensation for home visitors working in CBOs is often tied to educational experience and pay for other similar positions, which makes increasing compensation complicated. This, coupled with year-over-year flat or declining funding for CBOs, with the expectation to serve the same number of families, further exacerbates the disparity. Santa Clara County has offered cost of living increases through contracting with CBOs in past years without increasing deliverables with the understanding that those costs cover both salary increases and other costs of maintaining the same level of service.

Proposed Implementation

County administration should explore funding considerations for home visiting program sustainability as part of FY 25-26 budget process and ongoing, utilizing findings from the Home Visiting Cost Model to ensure county contracts are covering the true cost of services. County administration should also ensure that ongoing funding includes annual increases to ensure that programs can continue to implement models to fidelity while covering rising operational costs and COLAs to make progress towards a living wage for home visitors.

2. Maximize sustainable funding sources by leveraging the new Medi-Cal benefits.

Recommendation
Leverage Medi-Cal benefits to maximize sustainable funding sources for Home Visiting Programs in Santa Clara County.

Rationale
As described on page 33 of this report, leveraging the new Medi-Cal benefits will support home visiting programs with long-term funding sustainability. The new Medi-Cal benefits provide a new funding structure that can be braided and blended with other funding streams allowing home visiting programs to maximize funding sources to successfully maintain current home visiting programs while ensuring the actual program cost and living wage of employees of Santa Clara County are reflected. Access to Medi-Cal reimbursement for services which home visiting programs are currently engaged in allows them to reduce reliance on time-limited grant funds and other discretionary funding sources. In addition, collaboration with Managed Care Plans (MCPs) will allow for home visiting programs to be integrated into the support services and care coordination offered to children and families enrolled in Medi-Cal, increasing accessibility for families in need of home visiting services.

The Department of Health Care Services (DHCS) has developed the Bold Goals: 50x2025 Initiative (18) to reduce health disparities and inequities which have been magnified by the COVID-19 pandemic by the end of 2025. The Bold Goals: 50x2025 Initiative aims to improve quality of services and ensure equity of care in three areas: children's preventative care, behavioral health integration, and maternity care. The overall goal is to achieve a reduction of certain health care disparities by 50 percent and improve care by 50 percent. DHCS has required all MCPs to exceed the 50th percentile for all children's preventative care measures, these include, infant and child well-child visits, childhood vaccinations, prenatal/postpartum visits and depression screenings, as well as blood lead and developmental screening.

Since home visiting programs provide unique individualized early intervention services for pregnant persons and families with young children, partnering with MCPs will support the health plans in working towards the DHCS Bold Goals by ensuring that Medi-Cal recipients are connected to a medical home, receiving timely screenings, attending well-child visits, and thus reducing emergency room visits and costs for other medical interventions. As part of the new Medi-Cal benefits, MCPs are required to screen and address Social Determinants of Health (SDOH) factors that families might be experiencing. Home visiting programs also attempt to address any social factors that could be impacting a child's health. As all entities attempt to address SDOH factors, a partnership between the MCPs and home visiting programs will allow for improved care coordination of services and referrals to support the overall health and well-being of children and families.

In addition, with the passage of AB 904 (19), starting in January 2025, MCPs will be required to develop a maternal and infant health equity program with the goal of reducing racial health disparities through the use of Doulas, which is in alignment with the Enhanced Care Management (ECM) Birth Equity Population of Focus (POF). The ECM Birth Equity POF is an approach to reduce disparities in access to prenatal care and pregnancy-related mortality for all Medi-Cal members.

Leveraging Medi-Cal benefits and contracting with MCPs will not only support the home visiting programs with identifying a sustainable funding source but will support MCPs with achieving their goals of reducing health disparities among pregnant and birthing individuals, increasing access to medical homes, well-child visits, health screenings, and addressing SDOH factors. As highlighted in the ZIP Code Map analysis, there is an opportunity to increase saturation of home visiting programs for children 0-5 on Medi-Cal insurance. The new Medi-Cal benefits will ensure that home visiting programs can continue to deliver critical services to the most vulnerable children and families across Santa Clara County and support MCPs with reducing health disparities and improving health access and services.

Proposed Implementation

By June 2025, County entities and CBOs from the SCCHVC should collaborate with representatives from the 3 MCPs (Santa Clara Family Health Plan, Anthem Blue Cross, and Kaiser Permanente) to explore opportunities and develop a plan on how to leverage the new Medi-Cal benefits.
Medi-Cal benefits can be leveraged to support home visiting programs across Santa Clara County by considering the following processes.

- CBOs, County entities, and MCPs explore and identify Medi-Cal benefits that can successfully be leveraged to support the various types of home visiting programs available in Santa Clara County. Memorandum of Understandings (MOUs) between entities and the MCPs should include collaboration to support existing and potentially expanding home visiting programs. With this collaboration, all entities can ensure alignment in objectives and goals in improving health outcomes for young children and their families.

- Develop and identify grants to support CBOs and County entities with building infrastructure to support administrative tasks such as, billing structures for the Community Health Worker (CHW), ECM, Dyadic Service and Family Therapy and Doula benefits. As Doula services are provided by independent contracted individuals, additional incentives and training pathways to increase the Doula workforce will need to be explored to leverage this benefit as a complement to home visiting services.

- CBOs and County entities to identify a Supervising Provider who will provide administrative backbone support (billing, auditing) to home visiting programs that will be implementing the Medi-Cal benefits.

- Ensure the reimbursement rates for each of these benefits reflects the actual cost of service and living wages of employees in Santa Clara County. With appropriate reimbursement rates, CBOs and County entities will have the ability to blend and braid funding with the new Medi-Cal benefits in order to maximize sustainable funding for the CHW, ECM, Dyadic Services, and Family Therapy benefits. This will support CBOs and County entities to have sufficient funding to cover the cost of service delivery and administration.

    - In Monterey County and Yolo County a 150% reimbursement rate has been negotiated with the respective MCPs for the CHW benefit for home visiting services. Additional counties in California are negotiating reimbursement rates that are closer to the true cost of the direct services provided, though not reflective of the systems cost of home visiting programs.

3. Identify sustainable funding for the Santa Clara County Home Visiting Collaborative and update the Board of Supervisors on systems change progress annually.

Recommendation

3a. Sustain the strength of the home visiting system by convening a group to identify funding to support the SCCHVC and report back to the Board of Supervisors by March 2025.

- Cost: The SCCHVC is supported by FIRST 5 staff (equivalent to 2.0 full-time employees) and evaluation consultants to convene and facilitate the Collaborative's meetings and work. The total annual cost to sustain the Collaborative is approximately $300,000, and recognizing the decline in funding from Proposition 10, sustainable funding must be identified for the Collaborative to strengthen the work and impact of home visiting programs in Santa Clara County.

3b. The SCCHVC should provide the Board of Supervisors with an annual update on home visiting systems progress to ensure alignment with other County initiatives.

Rationale

The SCCHVC convenes home visiting programs across the County to align service delivery, reduce silos, strengthen impact, and continually address sustainability. Home visiting programs span models, agencies and funders– unlike other services that exist in one County department, home visiting is spread across agencies and systems. The SCCHVC is a central hub, convening the network of home visiting programs. Without the concerted effort of the SCCHVC, program staff are siloed as there is no other centralized body convening home visiting programs. As a result, families may not find the program that most closely matches their needs and programs are set up to explore and leverage funds as a group.

- Since 2020, home visiting programs in the SCCHVC have been engaged in ongoing collaboration and service coordination. This group meets monthly to strengthen the collaboration, impact, and sustainability of home visiting programs supporting families with young children in Santa Clara County. SCCHVC activities include:
- Develop and maintain a Community of Learning for home visitors to connect, learn about community resources, and attend shared trainings;
- Develop a communications strategy to inform families and referring providers about the benefits of home visiting programs and reduce stigma;
- Pilot a closed-loop referral platform, Findhelp, to receive referrals into home visiting and to share community resources with families;
- Conduct annual family surveys and listening sessions to hear about community experience in home visiting programs;
- Conduct annual listening sessions with SCCHVC partners to assess the work of the Collaborative and adjust the next year's action plan.

The SCCHVC relies on grant funding from First 5 California to fund 1) backbone agency (FIRST 5) staff to plan and facilitate meetings for program managers and providers, 2) evaluation consultants to evaluate and support Collaborative work, and 3) trainings for providers. **Funding is sustained through June 30, 2025, but future funding from First 5 California is uncertain. FIRST 5 has committed to sustaining staff to continue this work through June 30, 2027, but funding for evaluation and trainings is not guaranteed.**

Whether the backbone functions remains with FIRST 5 or transitions to another partner, sustaining the SCCHVC is necessary to break down silos and address home visiting systems change. The ongoing collaborative efforts and engagement of home visiting partners made this report possible, and continued coordination is a key support for home visiting programs in Santa Clara County.

Updates to the Board of Supervisors on these efforts will ensure alignment between home visiting and County systems of care.

Proposed Implementation

The SCCHVC members, in partnership with additional County agency staff as recommended by the Board of Supervisors, hold four meetings from November 2024 to February 2025 to identify a sustainable funding source for the SCCHVC evaluation and training efforts by March 2025, with funding to begin in July 2025.

This report recommends the Board of Supervisors to include an annual Home Visiting Collaborative update on this Referral to share progress on systems change efforts made by the SCCHVC, related to program sustainability, expansion, referrals, communications to referring providers and community members, and shared trainings.

Enhance Current Programs

4. Develop a Professional Development Pathway and associated stipend program for the home visiting workforce.

Recommendation

4a. Develop and implement a Home Visitor Professional Development Pathway that provides a menu of trainings, offered through a centralized registry, which could be available to all home visitors. Home visitors use multiple competencies to approach supporting family needs, and the Professional Development Pathway can offer a menu of trainings on various topics, across these domains.

4b. Develop and implement an equity-informed stipend program to support providers who complete the Home Visiting Professional Development Pathway.

Rationale

In order to improve service delivery of home visiting programs, access to on-going trainings is a crucial element for home visitors to be equipped with knowledge, tools, and skills to provide culturally-appropriate, trauma-informed and healing-centered services for young children and their families. In listening sessions, home visiting program managers and staff highlighted that many trainings currently required or encouraged for home visiting staff to complete often have limited capacity, are costly, or have long waitlists. However, in the home visiting training survey conducted in August 2024 and in subsequent listening sessions, programs identified that there are many overlapping training domains for home visiting programs (see Appendix C) and alignment for desired trainings. Topics could include, but are not limited to, trainings such as Adverse Childhood Experiences/Positive Childhood Experiences, Fatherhood Engagement, Working with LGBTQIA+ families, all of which have been requested by home visiting programs.

With the development of a Home Visitor Professional Development Pathway, programs can ensure home visiting staff have access to the needed trainings to best support families. Additionally, such a Pathway would support parents who have received home visiting services and other community members to join the home visiting workforce. Rather than rely on specific education requirements, some home visiting programs could ensure new staff are trained as part of their onboarding through a Pathway that is recognized by all home visiting programs in the County. Upon completion of the Pathway, home visiting providers could receive a stipend which would incentivize completion of the Pathway. An equity approach should be utilized to distribute stipends, with a focus on home visitors who are not currently making a living wage.

Proposed Implementation

Utilize the existing SCCHVC (led by FIRST 5) with support from an additional 0.5 FTE Program Coordinator to develop a Home Visiting Professional Development Pathway. FIRST 5 can utilize existing models to support this work with the collaborative. The FIRST 5 Early Learning and Care team is currently supporting the development of a similar Pathway for Early Childhood Educators to align professional development opportunities across a set of identified core competencies. Return to the Board of Supervisors with an operational plan for implementation of the professional development pathway, inclusive of resources needed to support implementation as part of annual update.

5. Develop and implement a No Wrong Door approach for families to access Home Visiting Programs in Santa Clara County

Recommendation

Maximize the impact of the home visiting programs by ensuring that eligible families and parents benefit from culturally responsive and appropriate services through a No Wrong Door approach.

Rationale

During the research for this Home Visiting Expansion Feasibility Study, both families and providers expressed their limited understanding and ability to access home visiting programs. Currently, there is no universal model that supports eligibility, availability, and connection to home visiting programs, despite their proven role in improving outcomes for children 0-5 and their families. Home visiting programs play a crucial role in supporting families, particularly those with young children, by providing personalized services and resources directly in the home. These programs focus on a range of areas aimed at promoting the well-being of children of families, such as early childhood development, maternal and child health, parenting skills, and family self-sufficiency.

A No Wrong Door (NWD) approach can bridge this gap by providing easy, timely, and coordinated access to services in the community. This concept has been an ongoing effort in Santa Clara County for decades. In recent years, NWD efforts have been strengthened through system of care initiatives, which, through the building of meaningful partnerships, seeks to create a system that is organized, coordinated, and integrated, focusing on the continuum of prevention, and expanding primary prevention and early intervention services. Recent legislative efforts including California's Family First Prevention Services Program (AB 153), highlights the need for a community based NWD system (Community Pathways), allowing families to access services without direct involvement from child welfare. The Comprehensive Prevention Plan (CPP) aligns this vision, creates a unique opportunity for Title IV-E funding for prevention services and creates opportunities for integrated access through community partners, such as Family Resource Centers and CBOs. The CPP is a written coordinated plan by county and public child-serving agencies outlining their efforts to coordinate, implement, and monitor federal FFPSA opportunities and obligations for prevention services for children with unmet needs. This work is grounded by the Children and Youth System of Care reform (AB 2083), which aims to create a coordinated, timely, and trauma-informed system of care approach to address shared responsibilities across all partners that serve children, youth, and families.

Additionally, NWD is being elevated through the DHCS as they are requiring MCPs to prioritize the development and implementation of a No Wrong Door approach to support the health needs of Medi-Cal beneficiaries. There are mandates which have created urgency and a readiness to strengthen cross-sector service delivery, management, and infrastructure for the healing and wholeness of families.

Proposed Implementation

Since 2022, the SCCHVC has been exploring and piloting strategies to enhance and strengthen program coordination of home visiting programs. This includes making timely referrals through Findhelp. The virtual platform has been tested to support seamless referrals and closed-loop processes with member agencies of the Collaborative, in order to connect families to services.

Similarly, the Santa Clara County Social Service Agency (SCCSSA) has been leading the implementation of the Family First Prevention Services Program and the Community Pathway framework that works to ensure access for all families through the creation of a NWD without child welfare intervention.

Establishing a broad network of community entry points, such as with community entities where families seek support and services at family resource centers, wellness centers, schools, faith-based organizations, childcare settings, primary healthcare sites, and other community partners is a primary and early intervention strategy to prevention child abuse and neglect.

By partnering with SCCSSA's Community Pathway Initiative, the SCCHVC is leveraging the existing initiatives and can further streamline services and support to families, ensuring better coordination and access. Planning and initial discussion should be completed by the end of FY 24-25.

Expand Current Programs and Create New Programs

6. Increase funding for home visiting programs under-represented in high-risk ZIP codes, utilizing the ZIP Code Map and Cost Model.

Recommendation

6a. Consider further investment in home visiting programs using County General funds to address service gaps in geographic areas identified in the FY 23-24 ZIP Code Map, including parts of East San Jose, North County, and Gilroy. Additional analysis of the ZIP Code Map with home visiting programs is needed to identify how to increase saturation of services, focusing on equity.

Rationale

The current home visiting programs (including early intervention program Early Start) in Santa Clara County have capacity to serve over 6,900 families annually. There are over 27,000 children from birth to age 5 on Medi-Cal insurance. Expanding access to more children and families, with a focus on disparities in access to service by geographic location, ensures that children and families are connected to needed resources, including connection to basic needs, parenting education, and early learning materials.

Appendix E shows the breakdown of ZIP Codes with the number of children on Medi-Cal insurance compared to the number of children served by home visiting programs in FY 23-24. The ZIP codes with the lowest percentage of Medi-Cal insured children served by home visiting programs, that also have the highest disparities compared to the County, are the most important to focus on increasing services. There is room for further saturation of home visiting programs for children 0-5 on Medi-Cal insurance, but more analysis with home visiting program partners is needed to increase services in neighborhoods where disparities are highest.

Proposed Implementation

This report recommends the Board of Supervisors consider additional investment in home visiting programs to address home visiting service saturation disparities across the County. By June 2025, members of the SCCHVC and FIRST 5, alongside additional County entities or staff as recommended by the Board, meet four times to further analyze the FY 23-24 ZIP Code map to identify which services are not accessible in under-represented, at-risk ZIP codes on the map. Due to changing funding for home visiting programs in FY 24-25, this additional monitoring and exploration is needed with home visiting systems partners. Once the high-risk ZIP codes where services are inequitably offered are identified and stratified by program, the group can utilize the Cost Model tool to identify how much funding is needed by program to expand access in those areas.

Current Progress

Work toward expanding access for families to home visiting programs throughout Santa Clara County is currently underway. As of the writing of this report, contracting efforts are taking place to utilize FFPSA funding to expand ParentChild+ across the County, including in South County. FFPSA does not allow supplantation and should be seen as a payer of last resort, which is why the funding is being used for program expansion, rather than sustainability.

7. Establish a targeted universal, short-term newborn home visiting program in Santa Clara County.

Recommendation

Develop a targeted universal, short-term, light touch home visiting program for families with newborns.

Rationale

This report has identified an opportunity to improve health and social outcomes for families with newborns, particularly those disproportionately affected by injustices such as homelessness, poverty, and the court system by implementing a light-touch, targeted universal newborn home visiting model. According to projections from the State of California Department of Finance, approximately 18,000 children will be born in 2025 (20), of which approximately 25% will have Medi-Cal. A targeted universal newborn home visiting effort will offer a cost-effective and inclusive solution to improve health and social outcomes for higher-need families, including those approximately 4,500 newborns on Medi-Cal in Santa Clara County. This model will also help mitigate exposure to toxic stress, creating lasting positive impacts for young children and their families. Currently, Santa Clara County does not have light-touch home visiting programs, and this recommendation could have a significant impact.

A light-touch home visiting model involves providing up to two or more in-home visits from a provider to offer support to families with newborns who are not already accessing other home visiting services. This includes increasing their access to resources and screenings at a lower cost per child than more intensive models. Research conducted by Prenatal to Five Fiscal Strategies (P5FS) suggests that the cost for implementing a universal model, once fully operational (excluding startup costs), could range from $632 to $1,000 per child per year. By adopting this model, Santa Clara County can significantly expand its support network, ensuring that no family falls through the cracks during the crucial newborn period. This universal approach will complement existing intensive programs by creating program pathways and referrals, creating a more robust, equitable system of family support.

Table 7: Annual Cost Per Child for a Targeted Universal Newborn Home Visiting Program

	Annual Cost per Child/Family, Non-Nurse	Annual Cost per Child/Family, Public Health Nurse
Targeted Universal Newborn Home Visiting, Light-touch model (1-3 visits)	$632	$1,000

Counties in California, including Los Angeles, Yolo, and Kern, are adding this kind of universal home visiting program to support parenting education and early access to needed resources. This approach has been so effective that the First 5 Association and First 5 Commissions across the state have been exploring how to bring a universal home-visiting approach to other counties. By setting up a light-touch, targeted universal home visiting program now, Santa Clara County can be a pioneer in this field, inspiring other counties and contributing to a more robust, equitable system of family support.

Proposed Implementation

In order to address this recommendation effectively, the County administration should direct key leaders from Health and Hospital System, Public Health Department, Social Services Agency, MCPs, and FIRST 5 Santa Clara County to develop an operational plan for implementing a pilot, light-touch newborn home visiting program in Santa Clara County. This type of universal home visiting program has been successfully implemented in other counties, including Yolo and Los Angeles, which can be used as models for this program. An operational plan for pilot implementation should be developed by Fall 2025.

In 2012, Healthier Kids Foundation (HKF) in partnership with FIRST 5, MCPs, SCCSSA, Santa Clara County, local hospitals, and pediatricians launched the Baby Gateway Program across the county. The Baby Gateway Program ensures health coverage for newborns and enables families to secure a medical home for their infants. Along with this initial touchpoint, families are not only supported with health insurance enrollment for their newborn but are also provided a Kit for New Parents from First 5 California which includes resources to support child development. The Baby Gateway program is currently implemented at all three county hospitals. As this initial touchpoint is already established for families within the health and hospital systems across Santa Clara County, an expansion of the Baby Gateway Program can support families with receiving a connection and referral into a universal, short-term home visiting program. An expansion of the Baby Gateway Program will ensure that families are supported with health insurance enrollment for their newborn and a warm hand-off is provided for families interested in receiving short-term home visiting services.

VI. Conclusion

Home visiting is a cost-effective and efficacious prevention and early intervention strategy that enhances child and family well-being while reducing racial and ethnic health disparities. This study of home visiting programs in Santa Clara County highlighted the dedication of the current workforce and the effectiveness of culturally responsive services, but also identified key challenges such as funding constraints, workforce retention, and service gaps in high-need areas. Home visiting programs in Santa Clara County are primarily moderate- to high-intensity models that serve families with young children across the county, but saturation in East San Jose, North County, and Gilroy could be increased. In order to serve more families, home visiting programs work to braid and blend a variety of federal, state and local funding streams. Even so, additional funding is needed to pay home visitors a living wage and cover program materials and administration. The recommendations listed in this report offer tangible first steps toward fortifying a strong home visiting system that supports young children and their families throughout the community. By implementing these strategies, Santa Clara County can build on the strengths of its existing programs, create a more integrated system of care, and ensure that every family has access to the resources they need to thrive.

APPRECIATION

We share gratitude with everyone who contributed their valuable time, data and creative ideas to the development of this report. We are grateful to the families and home visiting providers who participated in surveys and listening sessions to inform this report.

Santa Clara County Home Visiting Collaborative

Mindy Asprer, Planned Parenthood Mar Monte
Jane Capili, Public Health Department
Charadine Dore, Public Health Department
Reyna Dominguez, Santa Clara County Office of Education
Sheka Espy, Public Health Department
Whitney Evans, ParentChild+
Charisse Feldman, Public Health Department
Michelle Kjellesvig, Santa Clara County Office of Education
Kalil Macklin, Anthem
Jeanette Marazzo, Planned Parenthood Mar Monte
Crystal Nava, Behavioral Health Services Department
Jennifer Pham, Behavioral Health Services Department
Patty Ramirez, Social Services Agency
Isela Solorzano, San Andreas Regional Center
Ngoc-Diep Tang, Santa Clara County Office of Education

FIRST 5 Santa Clara County Staff

Kelsey Bhatnagar, Director, Community Health and Wellness
Rosa Carrera, Program Coordinator, Community Health and Wellness
Jennifer Cloyd, Executive Director
Fox Deatry, Director, Strategic Communications
Emily Fayram, Program Officer, Community Health and Wellness
Mike Gonzalez, Executive, Family and Health Strategies
Nishma Samat-Singh, Program Officer, Community Health and Wellness
Gabriella Sandoval, Program Coordinator, Community Health and Wellness

Report Consultants

Jeanna Capito, Prenatal to Five Fiscal Strategies
Lisa Colvig-Niclai, Applied Survey Research
Eli Pessar, Prenatal to Five Fiscal Strategies
Daphna Ram, Applied Survey Research
Jessica Rodriguez Duggan, Prenatal to Five Fiscal Strategies
Nicole Young, Optimal Solutions Consulting

List of Abbreviations

Abbreviation	Definition
CalAIM	California Advancing and Innovating Medi-Cal
CBO	Community-Based Organization
CDSS	California Department of Social Services
CDPH	California Department of Public Health
CHVP	California Home Visiting Program
CHW	Community Health Worker
COLA	Cost of Living Adjustments
CPP	Comprehensive Prevention Plan
CYBHI	Children and Youth Behavioral Health Initiative
DHCS	Department of Health Care Services
ECM	Enhanced Care Management
ECMHOC	Early Childhood Mental Health Outpatient Continuum
FFPSA	Family First Prevention Services Act
FIRST 5	FIRST 5 Santa Clara County
HFA	Healthy Families America
HKF	Healthier Kids Foundation
HMG	Help Me Grow
MAA	Medi-Cal Administrative Activities
MCP	Managed Care Plan
MHSA	Mental Health Services Act
MIECHV	Maternal, Infant, and Early Childhood Home Visiting
MOU	Memorandum of Understanding
NWD	No Wrong Door
P5FS	Prenatal to Five Fiscal Strategies
PAT	Parents as Teachers
POF	Population of Focus
Prop 10	Proposition 10
SARC	San Andreas Regional Center
SCCBHSD	Santa Clara County Behavioral Health Services Department
SCCHVC	Santa Clara County Home Visiting Collaborative
SCCOE	Santa Clara County Office of Education
SCCPHD	Santa Clara County Public Health Department
SCCSAA	Santa Clara County Social Services Agency
SDOH	Social Determinants of Health
TANF	Temporary Assistance for Needy Families
TCM	Targeted Care Management

WORKS CITED

1. National Conference of State Legislatures (2022, March 5). Home Visiting: Improving Outcomes for Children. https://www.ncsl.org/human-services/home-visiting-improving-outcomes-for-children
2. Filene, J. H., Kaminski, J. W., Valle, L. A., & Cachat, P. (2013). Components associated with home visiting program outcomes: a meta-analysis. Pediatrics, 132 Suppl 2(0 2), S100–S109. https://doi.org/10.1542/peds.2013-1021H
3. Lewy, D. (2021, October 13). Addressing racial and ethnic disparities in maternal and Child Health Through Home Visiting Programs. Center for Health Care Strategies. https://www.chcs.org/resource/addressing-racial-and-ethnic-disparities-in-maternal-and-child-health-through-home-visiting-programs/#:~:text=Evidence%2Dbased%20home%20visiting%20programs,and%20health%2Drelated%20social%20needs
4. The Pew Charitable Trusts Center on the States. (2011). Policy Framework to Strengthen Home Visiting Programs. https://www.pewtrusts.org/-/media/legacy/uploadedfiles/pcs_assets/2011/homevisitingmodelpolicyframeworkpdf.pdf
5. Home visiting. The Administration for Children and Families. (n.d.). https://www.acf.hhs.gov/opre/topic/home-visiting
6. Kleinman, R., Ayoub, C., Del Grosso, P., Harding, J.F., Hsu, R., Gaither, M., Mondi-Rago, C., Kalb, M., O'Brien, J., Roberts, J., Rosen, E., & Rosengarten, M. (2023). Understanding Family Engagement in Home Visiting: Literature Synthesis. OPRE Report #2023-004. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
7. First 5 Center for Children's Policy. (2022). The Role of First 5s in Home Visiting: Innovations, Challenges and Opportunities in California Report. https://first5center.org/publications/the-role-of-first-5s-in-home-visiting-innovations-challenges-and-opportunities-in-california
8. Massachusetts Institute of Technology. Living Wage Calculator. https://livingwage.mit.edu/
9. California Center for the Study of Childcare Employment. (2020). California Early Care and Education Workforce Study. https://cscce.berkeley.edu/projects/california-early-care-and-education-workforce-study/
10. First 5 Center for Children's Policy. (2023, August 30). "Home Visiting Landscape in California." https://first5center.org/blog/home-visiting-landscape-in-california
11. California Children's Trust (2024, August). To CalAim or Not to CalAim? The Question Every Community-Based Organization is Asking. https://cachildrenstrust.org/wp-content/uploads/2024/08/CCT-PWA-CalAIM-Guide.pdf?utm_source=CCT+Email+Updates&utm_campaign=9f54abe00f-Newsletter_March2024_Wraparound_COPY_01&utm_medium=email&utm_term=0_bfa5ae94b4-9f54abe00f-477625100&mc_cid=9f54abe00f&mc_eid=577819606f
12. Durham, D. (2023, March 23). California Department of Health Care Services All Plan Letter 22-029: Dyadic Services and Family Therapy Benefit. https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-029.pdf
13. Durham, D. (2023, October 11). California Department of Health Care Services All Plan Letter 23-029: Memorandum of Understanding Requirements for Medical Managed Care Plans and Third-Party Entities. https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-029.pdf
14. California Department of Social Services. (n.d.) Family First Prevention Services Act (FFPSA) Overview. https://www.cdss.ca.gov/inforesources/cdss-programs/ffpsa-part-iv/overview
15. Title IV-E Prevention Services Clearinghouse. (n.d.) Programs and Services Reviewed. https://preventionservices.acf.hhs.gov/program
16. California Department of Public Health. (n.d.) California Home Visiting Program. https://www.cdph.ca.gov/Programs/CFH/DMCAH/CHVP/Pages/Sites.aspx#site_map
17. Findhelp (2023, May 1). Social Care Coalitions. https://auntbertha.atlassian.net/servicedesk/customer/portal/14/article/2701459560
18. California Department of Health Care Services. (n.d.). CalAIM Bold Goals: 50x2025. https://calaim.dhcs.ca.gov/pages/bold_goals
19. Health Care Coverage: Doulas, CA AB904. (2023). https://legiscan.com/CA/text/AB904/id/2764364
20. State of California Department of Finance (2024). Projections. https://dof.ca.gov/forecasting/demographics/projections/

APPENDIX

A. Report Methodology

B. Home Visiting Listening Session

C. Family Survey and Feedback

D. Home Visiting Training Matrix

E. Zip Code Table

Appendix A: Report Methodology

FIRST 5 Santa Clara County (FIRST 5) staff collaborated with the following partners on this study: Nicole Young (Optimal Solutions Consulting), Applied Survey Research, Prenatal to Five Fiscal Strategies (P5FS), and Santa Clara County Home Visiting Collaborative (SCCHVC) partners. A listing of all activities that were completed to support the findings and recommendations in this report can be found below:

1. Program Interviews and Listening Sessions

Nicole Young of Optimal Solutions Consulting conducted 11 listening sessions with program managers and staff in the following home visiting programs (operated by agencies in parentheses):

1. Black Infant Health (Santa Clara County Public Health)
2. Early Head Start (Santa Clara County Office of Education)
3. Early Start (Santa Clara County Office of Education)
4. FIRST 5 Public Health Nurses, currently Public Health Nursing Home Visiting for Systems-involved Children and Families (Santa Clara County Public Health)
5. Kidconnections, currently Early Childhood Mental Health Outpatient Continuum (Alum Rock, Community Solutions, Gardner, Kidango, Pacific Clinic, Rebekah Children's Services)
6. Nurse-Family Partnership and Strong Moms, Strong Babies (Santa Clara County Public Health)
7. ParentChild+ (Catholic Charities)
8. ParentChild+ (Rebekah Children's Services)
9. ParentChild+ (SOMOS Mayfair)
10. Regional Nursing Services (Santa Clara County Public Health)
11. Teen Parent Support Program and CalLearn (Planned Parenthood Mar Monte)

These listening sessions included questions about program successes, unique characteristics of home visiting programs, program quality, challenges and barriers, and training and professional development.

Additionally, Optimal Solutions Consulting facilitated a listening session on workforce development needs during a quarterly "Coffee Connection" event for home visitors across programs. See Appendix B for a summary of key themes from the listening sessions with program managers and home visitors.

2. Family Surveys and Listening Sessions

To better understand parents' experiences in home visiting programs, the SCCHVC sends out family surveys each October, and hosts family listening sessions each December-February. All families who complete the Home Visiting Family Survey receive a free Potter the Otter children's book and the first 200 respondents receive an additional $10 gift card. 120 families completed the home visiting survey in FY 22-23 and 23-24. See Appendix C for a summary of family survey results.

Additionally, in January and February 2024, FIRST 5 staff conducted six listening sessions with a total of 11 families who are currently enrolled in home visiting programs. Families who participated in these one-hour sessions received a $75 gift card.

3. Fiscal Survey

P5FS and FIRST 5 staff developed a fiscal survey, which was shared with partners. The fiscal survey asked partners to share current budgets (including salary and infrastructure costs) and funding sources. P5FS analyzed the initial survey data and then facilitated a series of seven meetings with partners, along with four additional individual conversations with home visiting program agencies to develop the Fiscal Map and Cost Modeling tool presented in the study.

4. Partner Program Data Collection

The SCCHVC, facilitated by FIRST 5 since 2020, developed and maintains a home visiting service matrix that outlines all home visiting programs operating in the county along with their relative capacity, eligibility, service model, waitlist, and referral pathways. FIRST 5 worked with partner programs to update information presented in this service matrix that is presented in the landscape section of the report. Additionally, programs that were able submitted data on families served by ZIP code to Applied Survey Research, who created the ZIP code maps presented in the report.

5. Training Survey

FIRST 5 and Optimal Solutions Consulting developed a home visiting training inventory survey that was sent to all SCCHVC Partners. The survey asked partners to outline trainings that are required and encouraged/optional as well as current professional development gaps. Findings from this survey were analyzed and used to support the training recommendations presented in the report.

6. Additional Research and Meetings

FIRST 5 staff conducted additional research and met with partners to learn more about potential new funding streams that could support sustainability and/or expansion of home visiting programs. This work included:

- Meetings with Santa Clara County Social Services Agency to learn more about Families First Prevention Services Act funding and the potential to support home visiting programs.
- Meetings with the Santa Clara Family Health Plan and Anthem to learn about potential Medi-Cal benefits that could support home visiting programs.
- Attendance at the First 5 Association Medi-Cal Learning Community.
- Additional research on the newly implemented community health worker benefit and enhanced care management.
- Meeting with First 5 Association staff who support the Medi-Cal Learning Community and are drafting a proposed Home Visiting Medi-Cal benefit.
- Meetings with staff implementing Medi-Cal supported home visiting programs at First 5 Yolo County and First 5 Monterey County.

Appendix B: Home Visiting Listening Sessions

Listening Sessions with Home Visiting Program Managers
In December 2023 and January 2024, Optimal Solutions Consulting conducted 11 listening sessions with program managers and staff from the following home visiting programs:

1. Black Infant Health (Santa Clara County Public Health)
2. Early Head Start (Santa Clara County Office of Education)
3. Early Start (Santa Clara County Office of Education)
4. FIRST 5 Public Health Nurses (Santa Clara County Public Health)
5. KidConnections (Alum Rock, Community Solutions, Gardner, Kidango, Pacific Clinic, Rebekah Children's Services)
6. Nurse-Family Partnership and Strong Moms, Strong Babies (Santa Clara County Public Health)
7. ParentChild+ (Catholic Charities)
8. ParentChild+ (Rebekah Children's Services)
9. ParentChild+ (SOMOS Mayfair)
10. Regional Nursing Services (Santa Clara County Public Health)
11. Teen Parent Support Program and CalLearn (Planned Parenthood Mar Monte)

The purpose of the listening sessions was to hear partners' perspectives on the strengths and gaps in the current home visiting system, as well as opportunities and potential challenges related to home visiting expansion. In each listening session, participants shared their experiences and feedback on a set of questions about Program Successes; Unique Characteristics of Home Visiting Programs; Program Quality; Program Challenges and Barriers; and Training and Professional Development. Common themes from the listening sessions are summarized below.

In every listening session, participants shared many examples of program successes that reflect the commitment and adaptability of home visiting programs to meet the diverse needs of families with young children in Santa Clara County.

1. Outreach, Engagement, and Relationship-Building With Families

- All home visiting programs emphasize building strong relationships with families as a cornerstone of success.
- Successes include personalized enrollment assistance, structured visitation with flexibility, and efforts to adapt to clients' needs, fostering trust and continuity of care.

2. Comprehensive, Whole Child, Whole Family Care

- Home visiting programs offer comprehensive support beyond child-related concerns, addressing broader family needs such as access to resources, healthcare, and social services.
- Successes include facilitating access to essential healthcare services, connecting families with crucial resources, and building strong partnerships and referral networks.

3. Family Empowerment and Support

- Home visiting programs empower families by providing resources, support, and encouragement to pursue personal and professional goals.
- Successes include clients making positive changes in their lives, accessing essential healthcare services, and engaging in discussions about social justice.

4. Staff Resilience and Adaptability During Challenges

- Home visiting programs successfully adapted to challenges such as the COVID-19 pandemic, maintaining client engagement through virtual technologies and flexible meeting locations.
- Collaborative efforts with other organizations and effective recruitment strategies helped overcome workforce shifts and disruptions.

5. Skilled, Dedicated, Caring Staff

- Home visiting programs highlighted successes in fully staffing key positions (sign of recovery after pandemic) and providing ongoing training initiatives, enhancing staff competence and cultural competency.
- Low staff turnover rates in some home visiting programs contribute to program stability and effectiveness.

Unique Characteristics of Home Visiting Program

When asked to describe the unique characteristics that make home visiting programs effective and keep both staff and families engaged, listening session participants most often mentioned the following:

1. Relationship-centered Approach

- Home visiting programs prioritize building strong relationships based on trust and transparency with families.
- Home visitors foster a nurturing and supportive environment for families to bond and access essential services. They promote positive parent-child interactions and provide educational resources to enhance child development.
- This relationship-centered approach is essential to fostering families' engagement in services and activities that contribute to positive outcomes.

2. Comprehensive and Holistic Support

- Home visiting programs offer multidisciplinary support, in-home or within the community, tailored to individual families' needs.
- Collaboration among various professionals ensures comprehensive care covering multiple areas of child and family well-being.
- Home visits, coaching models, and continuous monitoring contribute to the effectiveness of the support provided.

3. Empowerment and Advocacy

- Home visiting programs advocate for families and intentionally focus on building families' sense of agency to support their children's development and advocate for themselves.
- Strategies include providing education on selecting healthcare providers, addressing barriers, and teaching advocacy skills.
- Personalized support and culturally sensitive communication enhance participants' comfort with home visiting and confidence in themselves.

4. Innovative and Flexible Service Delivery

- Home visiting programs offer flexibility in service delivery, accommodating diverse needs and preferences of families.
- Tailored learning activities, continuous program evaluation, and adaptation contribute to engagement and relevance.
- Incorporation of culturally sensitive materials and hiring staff from the community further enhances inclusivity and trust.

5. Reflective Supervision and Support

- Home visiting programs emphasized the importance of reflective supervision for staff, as it provides them with the space to process their experiences and deepen their professional learning and growth.
- Building capacity for self-reflection is seen as beneficial for both staff and families to understand and address needs effectively.
- There was some interest in cross-agency reflective supervision to enhance reflective practices across home visiting programs.

Program Quality

When asked to select from a list the most important features of delivering a quality home visiting program, listening session participants selected the following features most often:

1. Positive Trusting Relationships

- Building and maintaining positive, trusting relationships between home visitors and families is consistently highlighted as a cornerstone of quality home visiting programs. This foundation enables open communication, effective service delivery, and long-term engagement.

2. Ongoing Professional Development and Training

- Continuous training and professional development opportunities for home visitors are vital for staying updated on best practices, enhancing skills, and adapting to evolving family needs.

3. Regular Reflective Supervision and Staff Support

- Ensuring home visiting staff receive regular reflective supervision and ongoing support is crucial for their professional development, well-being, and maintaining quality service delivery. Supervision sessions provide opportunities to discuss cases, address challenges, and prevent burnout.

4. Access to Community Resources

- Facilitating access to community resources and support services is essential for addressing the diverse needs of families. Home visiting programs act as a bridge, connecting families with essential resources such as healthcare, housing, food, and education, thereby enhancing family outcomes and empowerment.

5. Manageable Caseload Sizes

- Maintaining manageable caseload sizes allows home visitors to dedicate sufficient time and attention to each family, ensuring individualized support and effective case management. Reasonable caseloads contribute to better outcomes for families and prevent staff burnout.

Appendix B: Home Visiting Listening Sessions

Program Challenges and Barriers

Similarly, listening session participants selected from a list the challenges and barriers their home visiting programs currently experience. The issues ranged from resource constraints to systemic barriers, all of which impact the effectiveness and reach of home visiting programs. Top challenges and barriers, and strategies to address them, included:

1. Resource Constraints

- Insufficient funding for home visiting programs impacts their capacity to meet the existing need for home visiting services and connect families to basic necessities, let alone consider expanding their services.
- Some home visiting programs also face constraints due to limited availability of bilingual staff and translation services.

To address this challenge, home visiting programs implement strategies such as:

- Seek additional funding for program expansion, bilingual staff, and basic necessities for families.
- Collaborate with other agencies to improve access to services and reduce waitlists.

2. Staffing Challenges

- Challenges related to staff retention and wage disparities lead to turnover, affecting the stability of home visiting programs.
- Some home visiting programs have experienced difficulty in recruiting candidates interested in in-person services and extensive travel.
- Home visiting programs have limited resources for professional development and support.

To address this challenge, home visiting programs implement strategies such as:

- Advocate for competitive wages for staff, as well as additional resources for professional development.
- Implement internal career advancement opportunities and support systems for staff.

3. Service Delivery Challenges

- Many families have complex needs related to housing, mental health, child disabilities, and other issues that home visiting programs cannot solve on their own.
- Time-consuming administrative tasks detract from billable hours and direct service provision.
- High cancellation rates due to conflicting schedules and logistical barriers.

To address this challenge, home visiting programs implement strategies such as:

- Explore virtual options for service delivery and coordinate with partner organizations to streamline access to resources.
- Pilot alternative visitation times and service delivery models to accommodate diverse needs.

4. Communication and Coordination Issues

- Home visitors and families experience challenges in accessing community resources and navigating bureaucratic processes. This is often due to gaps in coordination and integration between agencies and systems that serve the same children and families, particularly when it comes to a lack of (or cumbersome) protocols for sharing client-level data for referrals and care coordination.
- Home visiting programs are not always able to provide services in the primary language of families. Although translation assistance is available, this can create communication gaps with families.
- Families and other service providers are not always aware of the benefits of home visiting programs or the various home visiting programs available.

To address this challenge, home visiting programs implement strategies such as:

- Streamline data-sharing processes and invest in training for staff.
- Improve communication with referral partners and families to increase awareness of home visiting program benefits.

5. Systemic Barriers and Structural Challenges

- Stigma, shame, and fear prevent some participants from seeking help or fully engaging with the program.
- Home visiting programs have to navigate multiple service delivery, data collection, and reporting requirements for different funding streams — often while funding levels remain stagnant or decrease. This increases the administrative burden on programs, which impacts their capacity to meet existing needs for services.

To address this challenge, home visiting programs implement strategies such as:

- Advocate for policy changes to address funding constraints and administrative burdens.

Appendix B: Home Visiting Listening Sessions

Findhelp

Partners in the SCCHVC recently began using the web-based Findhelp platform to connect families to community resources. During the listening sessions, home visiting programs shared their experiences with Findhelp and suggestions for increasing usage among home visitors. Common themes included:

1. Current Usage

- In general, there's awareness of Findhelp among home visiting programs, but its usage is sporadic. Home visitors often default to their own networks when they are searching for resources, rather than using the Findhelp app for referrals.
- Most home visiting program staff who have used Findhelp are using it as a tool to look up resources to share with families, but not using it to make direct referrals in the platform. Those who have used Findhelp stated that it was helpful and enhanced the program's ability to support families effectively.

2. Challenges

- Some listening session participants raised questions about whether and how legal issues (e.g., consent) and compatibility with existing workflows have been addressed. Others raised questions about the accuracy and availability of information within the platform.

3. Increasing Future Usage among Home Visiting Programs

- There's general interest among home visiting programs in learning more about Findhelp and its functionalities. Suggestions for improving usage include incorporating training sessions or guest speakers to educate staff further on Findhelp’s potential benefits.
- Some programs have begun exploring the integration of the Findhelp app with their existing referral systems.
- However, if there isn’t greater alignment and interoperability between Findhelp and other data systems, it will require manual data input, which is a systemic barrier that will prevent increased and efficient usage of the platform.

Appendix B: Home Visiting Listening Sessions

Training and Professional Development

During the listening session, home visiting program managers and staff described training and professional development topics that are currently required or encouraged for home visiting staff, as well as other topics of interest. Common themes included:

1. Required or Encouraged Trainings

- Many home visiting program staff are required or encouraged to complete specific trainings, such as how to conduct assessments — e.g., Keys to Interactive Parenting Scale (KIPS), Child and Adolescent Needs and Strengths-Early Childhood (CANS-EC), and the Ages and Stages Questionnaire (ASQ and ASQ-Social Emotional) — as well as CPR, cultural competency, and other foundational trainings.
- Availability of these trainings is often limited, with some requiring payment or having waitlists.

2. Cultural Consciousness and Equity

- Trainings on cultural consciousness, equity, and empathy were consistently mentioned as a high priority, with a focus on addressing biases and systemic challenges.
- Home visiting programs also expressed a desire for more training on cultural consciousness and advocacy approaches and skills when working with specific populations that have been historically marginalized due to differences in language, culture, or other identities.

3. Reflective Practice and Professional Support

- Reflective supervision is considered essential for staff development, with regular sessions scheduled to address complex issues and enhance skills.
- Case conferencing and collaborative learning opportunities are valued for sharing experiences and planning client support strategies.

4. Specialized Skill Development

- Home visiting programs discussed the need for specialized training in areas such as trauma-informed care, toxic stress, interventions for autism, and behavioral support.
- Topics like language acquisition for children with hearing impairments and strategies for addressing substance use disorders were also highlighted as areas of interest.

5. Access and Flexibility in Training

- Staff face challenges in accessing relevant training sessions due to conflicting schedules and other barriers.
- Flexibility in training schedules and the provision of more specialized, comprehensive learning opportunities are desired.
- Home visiting programs expressed interest in exploring the SCCHVC's role in expanding access to training opportunities.

Appendix B: Home Visiting Listening Sessions

Coffee Connection with Home Visitors (August 6, 2024)

During the listening session with home visitors, home visitors shared their perspectives on the top five "essential skills" that every staff member in home visiting programs should possess, regardless of the specific model being implemented. The top themes that emerged included:

1. Cultural Awareness and Sensitivity: Recognizing and respecting cultural differences is crucial for building trust and providing effective support to diverse families.

2. Family Rapport and Engagement: The ability to establish strong, positive relationships with families is fundamental to the success of home visiting programs.

3. Parent/Child Interaction and Communication: Especially important for working with children who have developmental delays or Autism Spectrum Disorder (ASD), staff should be adept at understanding child development, parent-child interaction, and baby communication cues.

4. Knowledge of Child Development: A solid understanding of child development stages, including recognizing developmental delays, is essential for guiding and supporting families effectively.

5. Working with Multigenerational Households: Given the prevalence of multigenerational living arrangements, especially among teen parents, staff need skills in navigating the dynamics of these complex family structures.

Valuable Training Topics

Home visitors mentioned a number of topics and/or types of ongoing skill-building and professional development opportunities that they find most valuable, including:

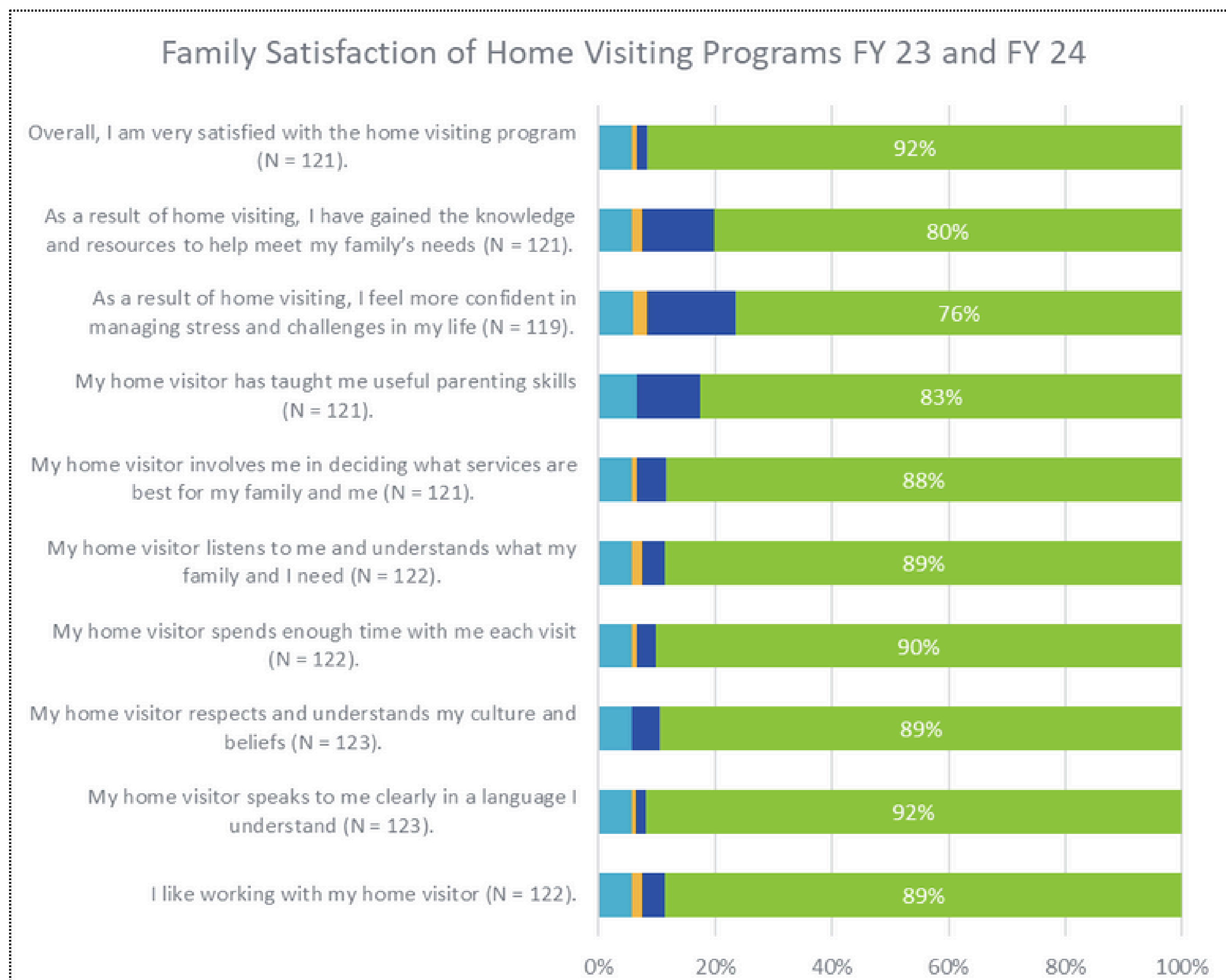
- Baby cues
- Kits for New Parents
- Child Development
- Information on childcare, supporting parents accessing childcare
- Triple P – Positive Parenting Program
- Mental Health trainings/trainings on neurodiversity

Learning About Other Resources

Home visitors also discussed the resources they would like to know more about and the types of support that families frequently express a need for:

- Housing Resources: Housing continues to be a critical need for many families, and staff are eager to learn more about available resources in this area.
- Language and Technology Accessibility: There is a growing need to address language and technology barriers that families face when accessing social services or community-based organizations (CBOs).
- Advocacy for Families: Staff expressed a desire to better understand how to advocate for families, particularly those experiencing trauma as they navigate the complexities of accessing services.

Appendix C: Home Visiting Family Survey and Feedback



Family feedback collected by the Santa Clara County Home Visiting Collaborative over two years shows that Santa Clara County Home Visiting Programs are utilizing best practices to engage and support families.

To understand parents' experiences in home visiting programs, the Santa Clara County Home Visiting Collaborative (SCCHVC) sends out family surveys each October, and hosts family listening sessions in December through February. Families who complete the Home Visiting Family Survey receive a free Potter the Otter children's book; the first 200 respondents receive an additional $10 gift card.

Over 90% of families completing the survey strongly agreed that they were very satisfied with their home visiting program and 80% of families expressed that as a result of home visiting, they have gained the knowledge and resources to help meet their family's needs. Respondents also mentioned common benefits such as providing resources to support their child's development and promoting their own self-esteem and confidence.

Appendix C: Home Visiting Family Survey and Feedback

The majority of survey participants also expressed that home visitors speak clearly in a language they understand and respect their culture and beliefs. In fact, some programs hire program graduates as home visiting staff. Bringing parents from the community into the workforce boosts community economic mobility and connects families to home visitors with lived experience.

In terms of ways to improve the programs, many families asked for more and extended program service hours. Programs were most successful in meeting needs related to child development, medical needs, mental health, and housing.

Relevant program content and support, a positive dynamic between home visitors and families, and scheduling flexibility are all key to families staying engaged and maximizing their home-visiting experience. In listening sessions, parents shared that home visitors supported them in developing parenting skills, built genuine relationships with them, and were flexible to their family's needs.

> "…[the program] has matched my needs and exceeded my expectations. My home visitor is an angel and has been a blessing. She has been a great help to my son and me. She is so patient and understanding. She has been a great part of our team."
>
> --Parent, enrolled in home visiting services in FY 22-23

Appendix D: HVC Training Matrix

Appendix D HVC Training Matrix								
X= required	.= don't require	encouraged= not	interested= program					
Training	Position	Black Infant Health	Early Head Start	Early Start SCCOE	Nurse Family	Regional Nursing/	Parent Child+	Teen Parent
Child Development / Developmental Concerns	Home Visitor	X	X	X	X	X	X	X
	Supervisor	X	X	X	X	X	X	.
	Program Manager	X	X	X	X	.	X	X
	Admin/Data Staff	X	.	X	X	X	.	X
Child Maltreatment & Mandated Reporting	Home Visitor	X	X	X	X	X	X	X
	Supervisor	X	X	X	X	X	X	.
	Program Manager	X	X	X	X	.	X	X
	Admin/Data Staff	X	X	X	X	X	X	X
Cultural Humility & Equity (e.g., Diversity, Inclusion, Implicit Bias, Internalized Racism, etc.)	Home Visitor	X	X	X	X	X	X	X
	Supervisor	X	X	X	X	X	X	.
	Program Manager	X	encouraged	X	X	X	X	X
	Admin/Data Staff	X	.	X	X	X	.	X
Fundamentals of Home Visiting	Home Visitor	X	X	X	X	X	X	X
	Supervisor	X	X	X	X	X	X	.
	Program Manager	X	encouraged	X	X	encouraged	X	X
	Admin/Data Staff	X	.	X	X	.	.	X
Mental Health (e.g., Infant Mental Health, Perinatal Depression, etc.)	Home Visitor	X	X	encouraged	X	X	X	X
	Supervisor	.	X	encouraged	X	X	X	.
	Program Manager	X	encouraged	encouraged	X	.	.	X
	Admin/Data Staff	encouraged	.	encouraged	.	X	.	X
Motivational Interviewing	Home Visitor	.	interested	encouraged	X	X	X	X
	Supervisor	X	interested	encouraged	X	X	.	.
	Program Manager	X	interested	encouraged	.	.	X	X
	Admin/Data Staff	X	interested	encouraged	.	.	.	X
Parent-Child Interactions	Home Visitor	X	X	X	X	.	X	X
	Supervisor	X	X	X	X	.	.	.
	Program Manager	X	X	X	.	.	X	X
	Admin/Data Staff	.	.	X	.	.	.	X
Parenting / Parent Education	Home Visitor	X	X	X	X	.	X	interested
	Supervisor	.	X	X	X	.	.	.
	Program Manager	X	encouraged	X	X	.	X	interested
	Admin/Data Staff	encouraged	.	X	.	.	.	.
Privacy / Confidentiality / HIPAA Requirements	Home Visitor	X	.	X	X	X	.	X
	Supervisor	X	.	X	X	X	.	.
	Program Manager	X	.	X	X	X	.	X
	Admin/Data Staff	X	.	X	X	X	.	X
Reflective Practice/ Reflective Supervision	Home Visitor	X	X	encouraged	X	X	X	X
	Supervisor	.	X	encouraged	X	X	.	.
	Program Manager	X	encouraged	encouraged	.	.	X	X
	Admin/Data Staff	.	.	encouraged	X	X	.	.
Specific HV Curriculum or Model (e.g., NFP, ParentChild+, etc.)	Home Visitor	X	X	X	X	.	X	X
	Supervisor	.	X	X	X	.	.	.
	Program Manager	X	encouraged	X	X	.	X	X
	Admin/Data Staff	.	.	X	.	.	.	X

Data By Zip
Scan QR Code for Table or Click Here.

Appendix E: Children on Medi-Cal and Children Served by Home Visiting Programs by Zip Code

Zip	City Name	Percent of Children 0-5 on Medi-Cal	Percent of Children 0-5 on Medi-Cal "served by HVC," (excluding Early Head Start and Regional Public Health Nursing)	Difference
95113	San Jose	No Data	No Data	
95111	San Jose	58%	4%	54%
95122	San Jose	56%	5%	51%
95116	San Jose	52%	6%	46%
94303	Palo Alto	49%	0%	49%
95112	San Jose	46%	6%	40%
95020	Gilroy	41%	6%	35%
95127	San Jose	40%	5%	36%
95133	San Jose	39%	3%	36%
95110	San Jose	38%	5%	33%
94305	Palo Alto	37%	4%	33%
95126	San Jose	36%	10%	26%
95117	San Jose	36%	6%	29%
95121	San Jose	32%	4%	27%
94089	Sunnyvale	31%	2%	29%
95136	San Jose	29%	7%	23%
95138	San Jose	26%	5%	22%
95123	San Jose	26%	5%	21%
95148	San Jose	25%	3%	21%
94043	Mt View	24%	2%	21%
95033	Los Gatos	23%	1%	22%
95130	San Jose	22%	7%	15%
94085	Sunnyvale	22%	5%	16%
94041	Mt View	22%	3%	19%
95008	Campbell	21%	4%	17%
95118	San Jose	21%	5%	15%
95046	San Martin	21%	7%	14%
95139	San Jose	20%	2%	18%
95128	San Jose	18%	12%	6%
94301	Palo Alto	18%	1%	17%
95125	San Jose	16%	6%	10%
95124	San Jose	15%	3%	13%
95131	San Jose	14%	8%	6%
95132	San Jose	14%	3%	11%
94306	Palo Alto	14%	3%	11%
95037	Morgan Hill	14%	7%	7%
95119	San Jose	13%	2%	11%
95134	San Jose	12%	2%	10%
94040	Mt View	11%	6%	6%
95054	Santa Clara	10%	5%	6%
95050	Santa Clara	10%	22%	-12%
95035	Milpitas	10%	9%	1%
95051	Santa Clara	9%	9%	0%
94086	Sunnyvale	9%	12%	-3%
95120	San Jose	9%	3%	6%
94087	Sunnyvale	8%	6%	2%
94304	Palo Alto	8%	4%	3%
95070	Saratoga	6%	0%	6%
95129	San Jose	6%	16%	-10%
95032	Los Gatos	4%	4%	-0%
95014	Cupertino	3%	8%	-5%
94022	Los Altos	3%	14%	-11%
95135	San Jose	2%	18%	-16%
94024	Los Altos	1%	14%	-13%

FIRST 5
SANTA CLARA COUNTY

The First 5 Years.
Make them count.

FIRST 5 Santa Clara County
4000 Moorpark Avenue, Suite 200
San Jose, CA 95117

First5kids.org