



# 2006-07 annual report

First 5 Alameda County  
Every Child Counts



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December 1, 2007

Dear Friends,

Here is our annual report covering the year from July 1, 2006 through June 30, 2007.

Reflecting on the thousands of young children and their families that have benefited from the work described in this report is inspiring and humbling. Thousands of people and hundreds of agencies contribute to the dramatic outcomes compiled in this report. This coming together to implement a comprehensive vision for serving children is fulfilling the promise of the original Proposition 10 initiative that was created and nurtured by Rob Reiner.

To implement that vision, we continually look for opportunities to change and improve systems for delivering services to young children and families. Many of these innovative approaches are described here through data and heart felt stories about the ways children's lives are made better every day through our collective efforts.

Many of the challenges we highlighted last year still need attention. In addition, as we see tobacco tax revenue steadily decline, we are increasingly focusing on how we can move programs towards ongoing sustainability that is not dependent on First 5 funds. Among the most significant examples of success in meeting this challenge has been the successful transition of the Another Road to Safety program for prevention and early intervention in potential child abuse cases. Starting in July of 2007, the management of this program transferred to the Alameda County Department of Social Services with funding from an innovative Title IV-E waiver.

This past year has also seen a transition with four of our long time Commissioners moving on due to term limits and job change. We can't thank Chet Hewitt, Linda Olivenbaum, Mildred Thompson and Gail Ward enough for all the dedication and leadership they contributed to our success in serving children. And, we welcome our new Commissioners: Marge Deichman, Gilda Gonzales, Rosemary Obeid and Deborah Roderick Stark.

Thanks to all of the Every Child Counts extended community for your ongoing commitment to young children and their families and the passion and skill you bring to your work. None of the results and stories in this report would be possible without you.

Sincerely,



Mark Friedman  
Chief Executive Officer



Pamela Simms-Mackey, MD  
Chair

# 2006-2007 First 5 Alameda County Every Child Counts

## COMMISSIONERS

Chet Hewitt, *Outgoing Chair*, Director, Alameda County Social Services Agency  
Pamela Simms-Mackey, MD, *Incoming Chair*, Associate Director of Medical Education and Pediatrician, Children's Hospital and Research Center at Oakland  
Helen Mendel, CMD, Vice-Chair, President, All Pro Promotions Company  
Keith Carson, Alameda County Board of Supervisors, District 5  
Marge Deichman, Division Director, Family Health Services, Alameda County Public Health  
Gilda Gonzales, *Incoming*, Chief Executive Officer of the Unity Council  
Linda Olivenbaum, *Outgoing*, Director, California Early Childhood Mentor Program  
Rosemary Obeid, *Incoming*, Director, Resource and Referral for Community Child Care Coordinating Council of Alameda County (4C's)  
Deborah Roderick Stark, *Incoming*, national expert in child and family policy  
Mildred Thompson, *Outgoing*, Senior Policy Fellow, PolicyLink  
Albert Wang, MD, Palo Alto Medical Clinic, Fremont Center  
Gail Ward, *Outgoing*, Director of Child Care Services, University of California, Berkeley

## LEGAL COUNSEL

Jason Lauren, Alameda County, Counsel  
James C. Harrison, Remcho, Johansen & Purcell  
Suzanne I. Price, Wiley Price & Radulovich

## STAFF

Mark Friedman, Chief Executive Officer  
Janis Burger, MPH, Deputy Director  
Deborah Bremond, PhD, MPH, Director, Family Support Services  
Rory Darrah, *Outgoing Director*, Early Care & Education  
Elizabeth Ford, MA, Director, Early Care & Education  
Rebecca Gebhart, Director, Finance & Administration  
Teddy Milder, PNP, PHN, Director, Evaluation & Technology  
  
Amalia Alcala, Hospital Outreach Coordinator  
June Allen, MBA, Information Systems Administrator  
Cindy Allmon, Administrative Associate, Finance  
Sujata Bansal, MFT, Early Childhood Mental Health Specialist  
Karyn Barnes, Administrative Associate, School Readiness  
Janet Basta, Human Resources Manager

Tina Benitez, IBCLC, Lactation Specialist II  
Jane Bernzweig, PhD, Evaluation Specialist  
Lisa Borromeo, MFT, Special Provider Team Administrator  
Kevin Bremond, Administrative Associate, Grants  
John Campos, Network Support Administrator  
Ann Chun, MPA, Cultural Access Services Administrator  
Fritz Concepcion, Administrative Associate  
Beatriz Dominguez, Child Development Specialist  
Kelly Dotson, MA, School Readiness Program Manager  
Lea Eaglin, MPA, Child Development Corps Program Manager  
Rita Edmunds, Administrative Associate, Early Care & Education  
Janice Edwards, Community Grants Program Manager  
Lisa Erickson, Quality Improvement Initiative Manager  
Erin Hill Freschi, MA, School Readiness Program Administrator  
Ayumi Furusawa, Administrative Associate, Corps  
Dalila Gomez, Lactation Specialist I  
Sonia Gonzalez-Garcia, Administrative Associate, Quality Enhancement Programs  
Sue Greenwald, LCSW, Project Coordinator, Special Start and Special Projects  
Anna Gruver, LCSW, Family Support Services Program Administrator  
Kelly Hicks, Data Entry Assistant  
Beth Hoch, LCSW, Mental Health Specialist II  
Christine Hom, Contracts and Grants Administrator  
Josue Huerta, Network Support/ECChange Help Desk Manager  
Chris Hwang, Research and Evaluation Administrator  
Lorraine Johnson, MPA, Payroll Manager  
Judy Jones, Hospital Outreach Manager  
Eli Kanat, Data Manager  
Carla Keener, Family Support Services Program Administrator  
Nancy Lee, Quality Enhancement Programs Administrator  
Alex Merrit-Smith, Administrative Services Assistant  
Laura Otero, Early Childhood Specialist  
ZeeLaura Page, Office Manager  
Tracy Park, Enhanced Mentor Program Manager  
Maria Pilecki, Mental Health Specialist I  
George Philipp, Program Services Administrator  
Yolanda Pulido-Lopez, Child Development Specialist  
Malia Ramler, Community Grants Administrator  
Shandra Sheard, Administrative Associate, Human Resources  
Karen Skrabanik, School Readiness Program Consultant  
Nadirah Stills, MFT, Mental Health Specialist II  
Anna Stith, Administrative Associate, Family Support Services  
Carly Strouse, IBCLC, Lactation Specialist  
Rose Stubberfield, Administrative Associate  
Susan Sullivan, Training Administrator  
Nadiyah Taylor, Quality Improvement Initiative Interim Manager

Melanie Toledo, Administrative Associate, Evaluation & Technology  
 Noemi Toscano-Gutierrez, MSW, Healthy Steps Manager  
 Jane Wellenkamp, PhD, Evaluation Specialist  
 Domonique Wilson, Hospital Outreach Coordinator  
 Lauren Witten, Child Development Corps Manager  
 Amy Wong, Child Development Specialist  
 Y. C. (Jennie) Wong, Child Development Specialist  
 Patricia Zapanta, Contoller  
 Sandra Zavala, Administrative Associate, Pediatric Strategies

**2005-2007 COMMUNITY GRANTS INITIATIVE**

**Mental Health Partnership Grant Recipients**

Jewish Family and Children’s Services of the East Bay  
 Kidango  
 FamilyPaths

**Parent-Child Developmental Playgroups**

**Partnership Grant Recipients**

Partnership Grant Recipients  
 Asian Community Mental Health Services  
 Chabot College Children’s Center  
 Kerry’s Kids

**Public Agency Grant Recipients**

Alameda United School District,  
 Alameda Family Literacy Program  
 City of Fremont, Youth and Family Services  
 Pleasanton Unified School District, Horizon High School for Teenage Mothers and Fathers  
 Regents of the University of California, Lawrence Hall of Science

**Community Based Organization Grant Recipients**

Alameda Point Collaborative  
 Alta Bates Summit Neonatal Intensive Care Unit  
 Asian Health Services  
 BANANAS, Inc.  
 Bay Area Hispano Institute for Advancement, Inc. (BAHIA)  
 Berkeley-Albany YMCA  
 Black Adoption Placement and Research Center  
 Center for the Education of the Infant Deaf (CEID)  
 Childhood Matters, Inc.  
 Children’s Fairyland  
 Community Childcare Coordinating Council of Alameda County (4C’s)  
 Emergency Shelter Program, Inc.  
 Family Resource Network  
 Family Support Services of the Bay Area  
 Family Violence Law Center  
 Korean Community Center of the East Bay  
 Lifelong Medical Care  
 Luna Kids Dance  
 Museum of Children’s Art (MOCHA)  
 Seneca Center, Building Blocks Program  
 Through the Looking Glass  
 Tri-City Health Center  
 Tri-Valley Haven  
 Women’s Daytime Drop-In Center

**CONTRACTORS**

Alameda Alliance for Health  
 Alameda County Behavioral Health Care Services, Early Childhood Consultation & Treatment Program (ECCTP)  
 Alameda County Public Health Dept, Asthma Start Program  
 Alameda County Public Health Dept, Public Health Nursing  
 Alameda County Public Health Dept, Special Start Program  
 Alameda County Public Health Dept, Tobacco Control Program  
 Alameda County Social Services Agency  
 Alameda Family Services – New Parent Support  
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 Asian Health Services Language Cooperative  
 Association of Children’s Services  
 BANANAS, Inc.  
 Margie Bartelt, QII Consultant  
 Berkeley Unified School District  
 California Early Childhood Mentor Program  
 California School-Age Consortium  
 California State University, East Bay  
 Center for the Education of the Infant Deaf  
 The Center to Promote HealthCare Access, Inc.  
 Laura Cheng, QII Consultant  
 Chabot Community College Child Care Links  
 Children’s Hospital and Research Center at Oakland (CHRCO)  
 Christina Chin-Newman, Consultant  
 City College of San Francisco  
 City of Berkeley, Department of Public Health Nursing  
 Serena Clayton, PhD, Public Health Institute  
 Community Childcare Coordinating Council of Alameda County (4C’s)  
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 The Dental Health Foundation  
 Eliana Elias, QII Consultant  
 Family Support Services of the Bay Area  
 Shu Fang Hung, Translation Reviewer  
 Elena Featherston, Consultant  
 Cynthia Fong, QII Consultant  
 Fremont Unified School District  
 Gibson & Associates  
 Hands on Sign Language Services  
 Kevin Harper, CPA Finance Consultant  
 Hayward Unified School District  
 Healthy Oakland  
 Valerie Helgren-Lempesis, Consultant  
 Infant Toddler Consortium  
 International Contact  
 Interpreters Unlimited  
 Margot Kaplan-Sanoff, PhD  
 Kidango, Inc.  
 La Familia Counseling Service  
 Las Positas Community College

Ming Leung, Consultant  
 Debbie Lignell, QII Consultant  
 Livermore Valley Joint Unified School District  
 The Low Income Investment Fund  
 Lucile Packard Children's Hospital Medical Home Project  
 Peggy Martin, Consultant  
 Melinda Martin, Consultant  
 Laurin Mayeno, Consultant  
 Merritt Community College  
 Mills College  
 Peyton Nattinger, Consultant  
 Wendy Nauman, Consultant  
 Veronica Neal, Consultant  
 Oakland Unified School District  
 Ohlone College  
 Pacific Interpreters  
 The Perinatal Council  
 David Robbins, MIP Accounting Consultant  
 Edna Rodriggus, Consultant  
 San Francisco Community College District  
 San Lorenzo Unified School District  
 Mike Smith, Social Entrepreneurs, Inc.  
 Through the Looking Glass  
 Tiburcio Vasquez Health Center, Inc.  
 Shiree Tang, Consultant  
 Rebecca Tracy, QII Consultant  
 Ahn Tran, Translation Reviewer  
 University of California, Berkeley  
 Marcia Walsh, QII Consultant  
 Kate Warren, Special Needs Consultant  
 Marcy Whitebook, Consultant  
 WestEd, Program for Infant Toddler Caregivers

**PARTNERS**

Accessible Buildings for Children's Development  
 (ABCD): partnership of the David and Lucile Packard  
 Foundation and the Low Income Investment Fund  
 Alameda County Breastfeeding Task Force  
 Alameda County Child Care Planning Council  
 Alameda County Committee on Children with Special  
 Needs  
 Alameda County Health Care Services Agency  
 Administration  
 Alameda County Information Technology Department  
 Alameda County Local Child Care Planning Council  
 Alameda County Medical Center  
 Alameda County Public Health Department, Maternal,  
 Paternal, Child and Adolescent Health  
 Alameda County Public Health Department, Public  
 Health Clearinghouse  
 Alameda County Regional Mentor Program  
 Alameda County Women, Infants & Children (WIC)  
 Alameda Kids Coach Program Committee  
 Alta Bates Summit Medical Center  
 Asian Health Services  
 Asthma Start Collaborative  
 Bay Area Pediatrics  
 Black Infant Health

Blue Cross Medi-Cal Outreach Staff  
 California Early Intervention Technical Assistance  
 Network (CEITAN) – WestEd  
 California Kindergarten Association  
 Casey Foundation-Making Connections Oakland  
 Center for Venture Philanthropy  
 Child Care Links – Toy and Resource Library  
 Child Care Transportation Workgroup  
 Child Development Training Consortium  
 Children's Hospital and Research Center at Oakland  
 (CHRCO)  
 City National Bank  
 City of Livermore  
 City of Oakland  
 City of Pleasanton  
 Commission on Teacher Credentialing  
 David and Lucile Packard Foundation  
 Department of Children and Family Services  
 Department of State Health / Medi-Cal Managed Care  
 Division  
 Early Childhood Mental Health Systems Workgroup  
 East Oakland Pediatrics  
 Easter Seals Bay Area  
 Dr. Jose Enz  
 Fetal Infant Mortality Review Community Action Team  
 First 5 California  
 First 5 Association of California  
 High Risk Infant Follow-Up Network  
 Housing Authority of Alameda County  
 Improving Pregnancy Outcomes Program (IPOP)  
 Interagency Children's Policy Council  
 Julia Morgan Center for the Arts  
 Kaiser Hospital, Oakland  
 Kaiser Permanente Construction Services, California  
 Kiwi Pediatrics  
 La Clinica de la Raza  
 Local Investment in Child Care (LINCC) Project  
 Native American Health Center  
 National Healthy Steps  
 National Reach Out and Read  
 Oakland Parks and Recreation  
 Oakland Police Department  
 Prescott-Joseph Center for Community Enhancement  
 Regional Center of the East Bay  
 Safe Passages  
 St. Rose Hospital  
 Silva Pediatric Clinic, St. Rose Hospital  
 State Department of Mental Health-Infant Preschool &  
 Family Mental Health Initiative  
 Trio Foundation  
 U. S. Department of Health and Human Services  
 UC Berkeley Center for the Study of the Child Care  
 Workforce  
 UC Berkeley Department of Education  
 UC Davis Expanded Food and Nutrition Education  
 Program  
 United Way of the Bay Area  
 WestEd, Santa Clara County

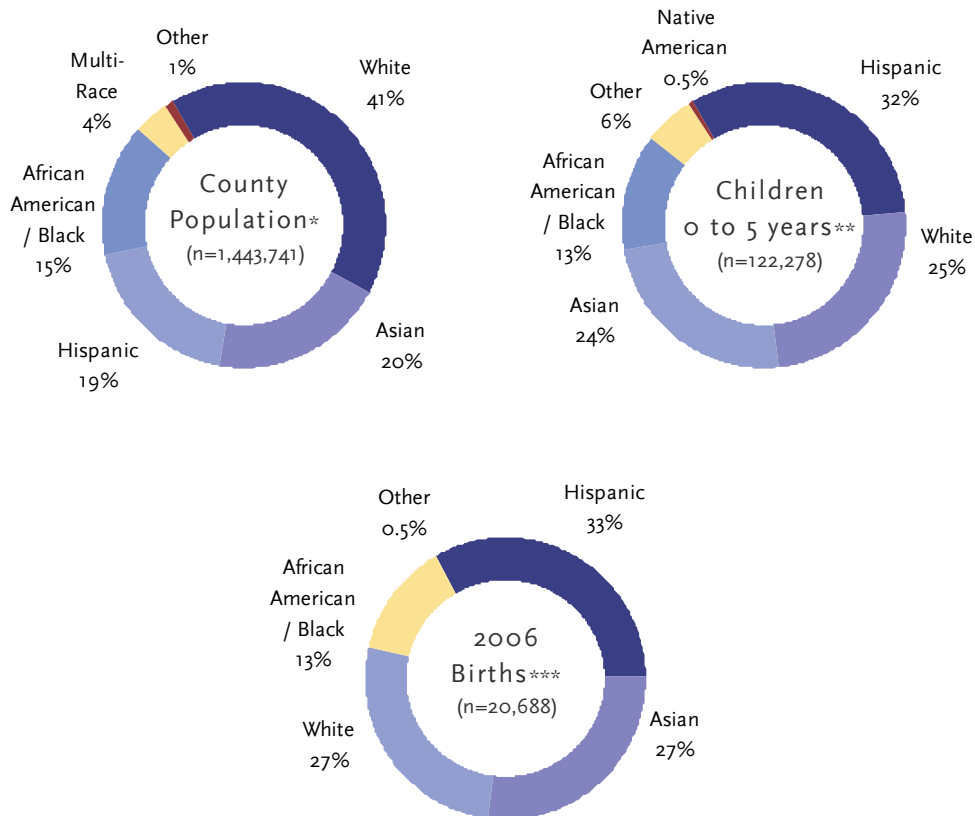
# introduction

First 5 Alameda County Every Child Counts, funded by revenue from the 1998 Proposition 10 tobacco tax, works to ensure that every child reaches his or her developmental potential. Every Child Counts focuses on children and families from prenatal to age five years.

We are proud to present the 2006-07 Every Child Counts (ECC) annual report. Integrated results across all programs are organized to reflect how they are tied to ECC goals and outcomes. This year, a few programs are highlighted under each outcome, rather than including results for each specific strategy. Our numbers and the wonderful stories from providers and families combine to tell a rich story of Every Child Counts impact. For detailed results and to see the linkages among all of our programs, please see the accountability matrix at [www.first5ecc.org/accountability/evalreports.html](http://www.first5ecc.org/accountability/evalreports.html).

# setting

Alameda County is the seventh most populous county in California and one of the most ethnically diverse regions in the United States.



\* 2000 Census

\*\* 2005-06 First 5 CA Annual Report

\*\*\* Alameda County Public Health Department Vital Statistics

# goals & outcomes

Goal 1: Support optimal parenting, social and emotional health & economic self-sufficiency of families

## OUTCOMES

- Enhanced parenting and stronger families
- Children are free from abuse and neglect
- Enhanced economic self-sufficiency of families

Goal 2: Improve the development, behavioral health & school readiness of children 0 to 5 years

## OUTCOMES

- Improved child social, developmental and emotional well-being
- Increased access to resources for children and families with special needs
- Increased professional development and retention of ece providers
- Increased access to high quality early care and education
- Increased school readiness

Goal 3: Improve the overall health of young children

## OUTCOMES

- Increased support for breastfeeding mothers
- Children are healthy, well nourished and receive preventive and on-going health and dental care from a primary provider

Goal 4: Create an integrated, coordinated system of care that maximizes existing resources & minimizes duplication of services

## OUTCOMES

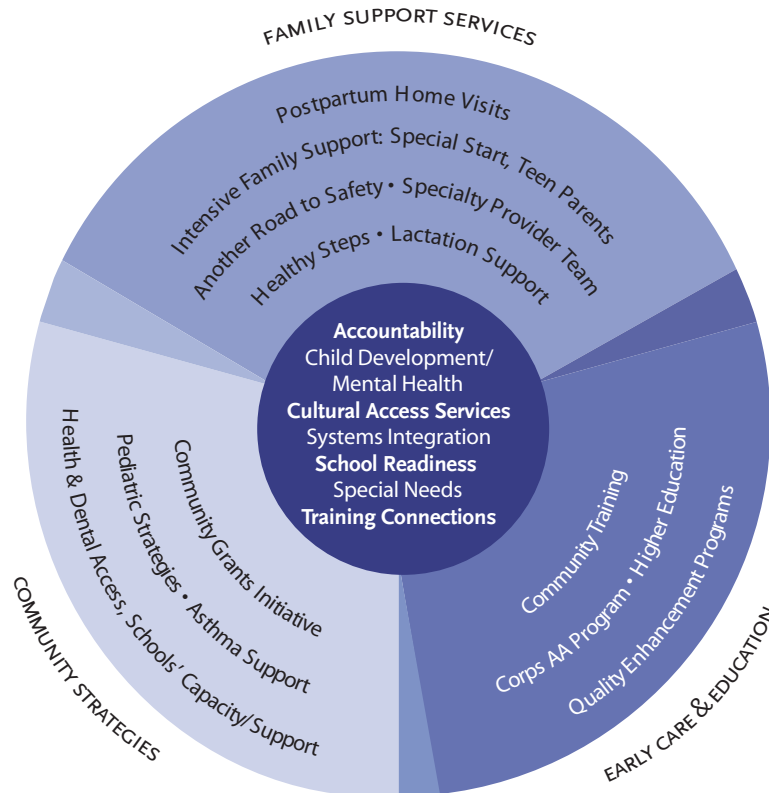
- Increased sharing of resources and ability to leverage blended funding
- A common set of results, indicators and performance measures across participating ECC agencies
- Increased county-wide training opportunities to promote best practices, increase provider capacity and assure quality services for families and children 0-5 years
- Increased access to and utilization of ECC programs and services for all families with children 0 to 5 years in diverse communities of Alameda County
- Increased county-wide service coordination and collaboration identified by system-wide initiatives such as: ECMH, child development, Schools' Capacity
- Increased opportunities for early care and education students to earn AA and advanced degrees to promote a diverse professional workforce





# program overview

Every Child Counts is designed to support young children at home, in child care and in the community. Our programs promote system changes and improve early childhood development through family support, child care, parent education and health care services. The diagram below provides an overview of the programs in each environment. In our work with families and providers, we are constantly reminded that these domains overlap and are integrated with each other.



# measuring results

We measure the impact of our programs in many different ways to reflect the richness in the stories of the families and providers we serve. We collected detailed information about our programs in two databases: ECChange – a web-based cross-agency system for family support service programs; ECC Online – a web-based data system for Community Grants, Quality Improvement Programs, the Child Development Corps and Training registration.

Given the broad scope of who F5AC funds, some results include data from large samples; other results (e.g. from community grantees) include data on smaller numbers of families or providers. We also include information from surveys and focus groups conducted with parents, early childhood educators, community grant recipients and contractors. We used a variety of screening and assessment tools including: 4PS, Ages & Stages Questionnaires, Classroom Assessment Scoring System (CLASS), Devereux Early Childhood Assessment, Drug and Alcohol Screening Test, Edinburgh Depression Screening, Environmental Rating Scales and Parent-Child Observation Tool. And, we collected stories, photos and artwork from parents, children and community partners.

# results

## goal 1



## Goal 1: Support optimal parenting, social & emotional health and economic self-sufficiency of families

### Outcome 1A: Enhanced parenting and stronger families

Research demonstrates that strong families are critical for children's development. Children of depressed parents experience high rates of anxiety, disruptive and depressive disorders that continue into adulthood (Weissman, et al JAMA 2006; 295:1389-1398). Every Child Counts (ECC) increased the availability and accessibility of parenting education and support programs throughout the county by funding programs that serve diverse families who speak many languages, have special needs or are homeless. Families also received early intervention when screened for maternal depression.

#### Community Grants Initiative

The Community Grants Initiative (CGI) awarded 35 two-year grants to community-based and public agencies serving pregnant women and families with children ages 0-5. The largest number of CGI grants focused on parenting education and support.

One grantee provided one-hour weekly radio programs on parenting in English (Childhood Matters) and Spanish (Nuestros Niños). Guests with expertise in various fields joined the program hosts to talk about parenting issues and answer questions from listeners. Examples of topics included: getting ready for a baby, child development, helping children and parents sleep, using stories to explore the world, helping children with transitions, taming tantrums, cultural differences in discipline, dads and daughters, keeping your child healthy, working mothers, making decisions about preschool and preparing for the unexpected.

#### ▶ WHAT WAS OUR IMPACT?

**Over 230 on-air guests contributed to the programs, reaching approximately 5,300 Alameda County residents with young children each week. The programs' websites, where past broadcasts can be downloaded, received over 300,000 visits.**

One mother raising nine children in Oakland said, "Because there is **so much information** [on the show], I've learned about resources such as the Head Start and about where to sign my children up for health insurance...I **feel more protected and like I have a family!** I used to feel lonely [but]...now feel **more confident.**"

2006-07 Grantee Report

A parent with a young autistic son said, "**I've used things I heard on the show** [like] I didn't know that I had to repeat myself a lot for him to learn certain things.... [Before] I felt...like I was the only one in this situation...."

2006-07 Grantee Report

13 other grantees provided parenting education and support throughout the county. Services were offered in English, Spanish, Cantonese, Farsi and other languages. Parenting topics included developmental stages, the importance of play, positive parenting, building self-esteem in the early years, nutrition, creating family time, the effects of domestic violence on children, cultural diversity and parenting, places to go with young children, co-parenting issues and finding time for oneself.

## ▶ WHAT WAS OUR IMPACT?

50% of Community Grants were awarded to organizations that provided parenting support, education or parent-child activities.

898 parenting classes, support groups and one-on-one parenting sessions were attended by approximately 1,642 parents and caregivers. Parenting services reached a diverse population including single parents, new immigrants, fathers, teen mothers, foster and adoptive parents, gay and lesbian parents, families in the child welfare system, grandparents and caregivers of various ethnic, cultural and linguistic backgrounds.

Parenting grantees used a common client survey to solicit parent feedback about the services they received.

“Parents reported that the program made a difference to them:...identifying and recognizing their emotions, having **more and better communication** with their children, having a place to talk about their problems, using positive discipline with their children, **trying not to smoke** and being able to talk with someone about what’s going in [one’s]...life as a parent.”

2006-07 Grantee Report

“We are noticing...that participants are bringing their parents, other relatives, [caretakers] or friends to interactively learn new information together...grandparents are bonding with their grandchildren, sometimes through hands-on techniques such as an infant massage class. [Caretakers] are bonding with the babies they will be caring for after the mother returns to work, while learning about how to understand sleep cycles. Aunts and uncles are doing yoga with their nieces or nephews lying next to them. Adoptive parents are also attending these classes sometimes with or without a child and they too are bringing family members or friends with them, all of whom are or will be providing additional support to the parent. This bonding and fostering of relationships is being **extended** beyond the parents **to other important people in the infants’ lives.**”

2006-07 Grantee Report

Three grantees provided parenting services for fathers in North Oakland, Livermore and Pleasanton. At least two other grantees succeeded in attracting many fathers to their programs.

## ▶ WHAT WAS OUR IMPACT?

“[One father noted] that while we had a great turnout of female caregivers at our events, our father participation was minimal. This reflection prompted...[additional] **outreach to fathers** and the attendance of dads at our events has since more than **doubled!**”

2006-07 Grantee Report

“We have...experienced the **value of having fathers** consistently attend prenatal classes. A couple of fathers re-arranged their work schedules when possible so that they could attend and **learn about prenatal development.**”

2006-07 Grantee Report



Three agencies provided intensive parent support services to homeless and formerly homeless families. The programs served single mothers, parents with mental health and health issues and families with histories of substance abuse and/or domestic violence. Services included parenting groups, parent-child activities, developmental screening, mental health counseling and case management.

### ▶ WHAT WAS OUR IMPACT?

**83 homeless or formerly homeless parents participated in parenting groups.**

“What I liked best was **finding out that I am a good parent**—finding out that I’m not a bad person.”  
2006-07 Grantee Report

“When I met this previously homeless, single mother of two, she was very depressed and spent a lot of time...in the house with her children....The mom said that often when she was...in her room crying, her son [age 4] would come and try to comfort her. The parent groups helped her work on the importance of **letting children be children**...A few parents decided to help by taking the family out to the park....Now, five of the parents meet at the park for playtime and mutual support. Mom is no longer an observer and enjoys participating. Her son...runs, jumps and plays with a big smile...”

2006-07 Grantee Report

Many of the parents had mandated parenting classes in the past and kept a lot of their issues closed off for fear of having their children removed or further detained in the [child welfare] system. Participants [view]...this group [differently]. Rather than seeing it as punitive, they approach the program as a **place to open up** to new learning tools.”

2006-07 Grantee Report

Support groups for single parents were provided by two grantees, a child care Resource & Referral agency (R&R) and a family services agency.

A priority of the 2005-07 Community Grant Initiative (CGI) was to increase the availability of parent-child activities in the community. Nine grantees offered parent-child activities.

A therapeutic nursery school held fieldtrips and family events to facilitate positive parent-child interaction. The events included art activities, gymnastics, drumming, singing and storytelling, a carnival, a back to school night and visits from the zoomobile and a children’s circus. Caregivers also participated in Family Advisory meetings.

### ▶ WHAT WAS OUR IMPACT?

**41 out of 42 families attended one or more of the events. Parents who attended four or more events all reported that the events helped strengthened their relationship with their child.**

“Parents are taking a more active role in their children’s school since the grant began and have **developed a stronger partnership with their children’s teachers.**”

2006-07 Grantee Report





Another agency provided parent-child dance classes for a variety of families including formerly incarcerated parents and families undergoing reunification or recovering from substance abuse.

### ▶ WHAT WAS OUR IMPACT?

Over 173 parents and 185 children participated in one or more of 115 parent-child dance classes.

“Many parents were uncomfortable with the dance classes in the beginning, but...their comfort level increased...One parent...said, ‘At first I thought it was silly. I’ve never done that before... But...after awhile, I started really enjoying it. And even if I was tired...I would be running up and down the hallway...just going for it. This was actually a good **time** that I had **to bond** with my child. I just **enjoyed being silly** for awhile.’”

2006-07 Grantee Report

“[As the classes progressed, one] mother and daughter dyad seemed much **more open, loving** and **communicative** towards each other. ...finally, during the last class...the little girl said her name out loud in public for the first time. The mother was so emotional she started to cry...”

2006-07 Grantee Report

Other grantees provided music, art, science, movement, storytelling and other types of parent-child activities. Fieldtrips were made to the Bay Area Discovery Museum, Children’s Fairyland, Children’s Theatre in Pleasanton, East Bay Regional parks, Eco Village, Habitot, Lawrence Hall of Science, MOCHA and the Oakland Zoo.

### ▶ WHAT WAS OUR IMPACT?

A grantee conducted a focus group with caregivers who had participated in parent-child music classes.

“[One] caregiver said that the workshops taught her to use music when both she and her son are feeling overwhelmed—‘I’ve learned to **calm down by singing** your songs and my **child joins in**. ‘All...[of the] caregivers commented that they didn’t realize before the workshops that **music really makes a difference** in their daily lives—the majority...noted that music helps them and their children in stressful situations.’”

2006-07 Grantee Report

## Family Support Services (FSS) – Hospital Outreach Coordinators (HOCs)

To promote positive parenting through early identification of maternal depression, ECC offered trainings, promoted the use of the Edinburgh Depression Screening Tool and provided mental health consultation for family support service contractors and grantees.

Hospital Outreach Coordinators (HOCs), who enroll new mothers for Postpartum Home Visits, identify mothers who are at risk for depression. These mothers are immediately referred to the ECC Specialty Provider Team (SPT) that can provide consultation to the home visiting provider, direct services for the mother or make referrals for treatment.

### ▶ WHAT WAS OUR IMPACT?

HOCs are an integral part of the hospital services and have improved relationships with hospital staff (i.e. Social Workers, Nurses, Doctors, Midwives and Lactation Staff). The result has been a better flow of information. HOCs also improved their interviewing skills, resulting in increased self-disclosure of depression by new mothers. Referrals to SPT for depression increased.

I offered a Postpartum Home Visit to an African-American mother of several children, based on the high-risk status of her infant in the Neonatal Intensive Care Unit...she expressed many frustrations and concerns about her premature infant...I informed her about our SPT services and pointed out some signs of postpartum depression. .. [The mother stated that she] never believed that postpartum depression was a ‘real’ illness/condition, but was rather a sign of weakness and an inability to cope (a common belief among the African-American community)... After some discussion, she asked that I have someone from our SPT contact her, because she felt that she might be experiencing postpartum depression and that perhaps had it after the birth of her last child... It amazed me that taking the 20-30 minutes to talk to this mother about her strengths and validating them, gave her permission to take those feelings of weakness and realize that she **didn’t have to suffer in silence.**

2006-07 HOC report



## Family Support Services (FSS) – Specialty Provider Team (SPT)

The SPT provides consultation, training and direct services to ECC programs and families for early childhood mental health, child development services, substance use and maternal depression. The team consists of culturally and linguistically diverse providers who promote ECC Family Support Services Tenets in their work. Examples of culturally sensitive parenting approaches and discipline alternatives are woven into consultation at multidisciplinary team meetings, trainings and direct services.

### ▶ WHAT WAS OUR IMPACT?

HOCs and Public Health Nurses made 318 mental health referrals to the SPT, of which 167 were for depression, domestic violence or substance use.

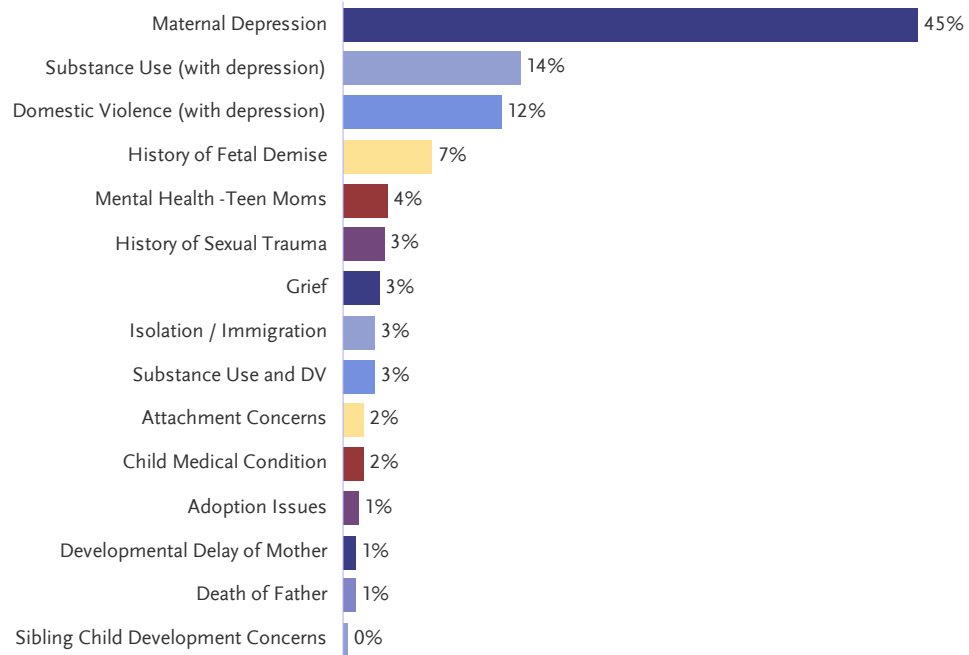
292 mental health, lactation and developmental consultations were provided to FSS providers and multi-disciplinary teams.

49 FSS provider trainings were held on a variety of topics including: child development, using the ASQ and ASQ-SE, DECA and early childhood mental health.

#### SPT Direct Services

- 262 families received home visits for mental health services
- 19 families received consultation on child development

2006-07 REASONS FOR REFERRAL TO SPECIALTY PROVIDER TEAM  
(n=314)



A telephone survey of FSS clients who received Mental Health services from an SPT provider during the last three months of FY 2006-07 was completed to learn more about the impact of services. Nine of 17 clients responded: seven spoke Spanish; two spoke English. In general, respondents reported that they were feeling less depressed; are better able to focus on their children and have realistic expectations for them and that they now are taking charge of themselves more than before which they feel allows them to better care for their children.

“I was in a situation alone. She [counselor] was positive and affirming when I had no family and dealing with a new baby. She told me **how to be a voice for my child.**”

“I have to **take care of myself** before I can care for others. Before talking to my home visitor, I was always putting others before me.”

2006-07 SPT Telephone survey

“I, (a Mental Health Specialist) visited, an 18 year old, first-time mother and father who were struggling [in their] relationship. During the home visit, the couple began to argue. I asked the parents to notice the infant’s behavior. The infant had frozen in an arched position – wide eyed with a thin line of spit-up running down her chin. ‘What do you think she is feeling?’ I asked. The father said, ‘I think she is upset.’ When I asked, ‘What do you think might help her, or make her feel better?’ The father responded, ‘To be held.’ I said that it would be ok to try...The father went to the baby, picked her up and within a few minutes, her body relaxed and she fell asleep in his arms.”

2006-07 SPT report

A HOC referred a 29 year old Spanish speaking mother for SPT mental health services due to history of domestic violence and depression. The mother had a newborn and a pre-schooler. As a single parent, she worked six days a week in a restaurant without any child support.

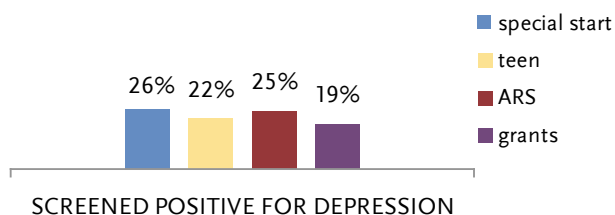
Four months into treatment, the MH provider had concerns about the infant's development. The infant was not able to hold herself stable in an upright position, had some unusual posturing and lack of lower body strength... An SPT Child Development specialist made a joint visit and by completing an ASQ, had a concrete measure to give to the Regional Center and her pediatrician to facilitate early intervention. The SPT provided developmental guidance and education to support the development of the infant.

Today, this infant is a one year old, crawling, not yet standing—but making progress. The mother continues to struggle with depression, but most days are good ones. The combination of SPT interventions and the mother's fighting spirit brought hope into this family. The mother has been able to renew relationships with her siblings who live in the area and see them as a trusting support system. She is self-sufficient, moving on from the past and seeing herself as a survivor rather than a victim.

2006-07 SPT report

1,548 mothers were screened for depression by FSS providers. 255 families served by Community Grantees were also screened for depression. As in previous years, 22-26% of families who had the highest social, medical and maltreatment risk, screened positive for maternal depression.

#### 2006-07 PERCENT OF PRIMARY CARETAKERS WHO SCREENED POSITIVE FOR DEPRESSION



Alameda Family Services provides mental health services and support groups for new parents. 121 parents attended ten parent support groups and classes. 21% of parents attending a support group also received a home visit from a Public Health Nurse. 82 parents attended parent education programs.

[When a new mother joined the support group] she let us know that she was new to the area and the country. She **felt isolated and lonely** for family in Poland. Six weeks into the group she told the group leader that **“without the group, I would not have made it through...”**

2006-07 Contractor report

#### Community – Parent Kits

The First 5 California revised Parent Kits provide an opportunity for community-wide education. Distribution of the Kits expanded to include 41 obstetric/prenatal providers, organizations serving pregnant women and child care centers. ECC worked with local delivery hospitals to distribute Kits on hospital tours and in prenatal classes.

#### ▶ WHAT WAS OUR IMPACT?

5,673 English and 2,494 Spanish Parent Kits were distributed this year.





## Outcome 1B: Children are free from abuse and neglect

Nationally, about half of child maltreatment victims are seven years old or younger and 86% of child fatalities are attributable to the maltreatment of children under age six (US Department of Health and Human Services, 2001).

Alameda County is one of several counties actively engaged in alternative response strategies that support families to keep them from entering the Child Welfare System. Our programs provide culturally appropriate and innovative community-based strategies to prevent family violence in diverse communities. This year, programmatic oversight of Another Road to Safety (ARS) began to transition to Alameda County Social Services Agency (See Goal 4 Outcome 4E).

### Family Support Services (FSS) – Another Road to Safety (ARS)

For the past five years, ARS has provided early intervention services to families referred to the Child Abuse Hotline. Referred families were assessed for safety and risk status using the Structured Decision Making (SDM) tool to determine whether they are eligible for ARS services. ARS is a unique collaboration among Alameda County Social Services (SSA), three community-based organizations and ECC. Trained ARS family advocates from community agencies in East Oakland, South Hayward and West Oakland provided weekly home-based family support services.

The Specialty Provider Team (SPT) supported the three ARS community sites by participating in case conferences, providing consultation to ARS supervisors, conducting trainings and making joint visits.

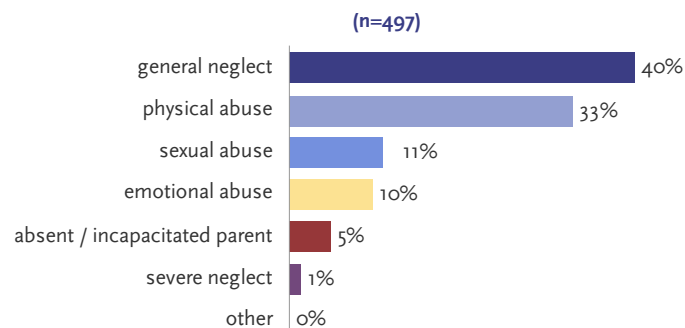
#### ► WHAT WAS OUR IMPACT?

SSA referred 497 families to community agencies. Of these families, 126 families were assessed with SDM (350 could not be found or refused to be assessed). All 126 families assessed, received ARS services.

This year, the largest number of referrals was for alleged general neglect and alleged physical abuse.

14% of referred families had SDM risk levels of high or moderately high.

#### 2006-07 REASONS FOR REFERRAL TO ANOTHER ROAD TO SAFETY (ARS)

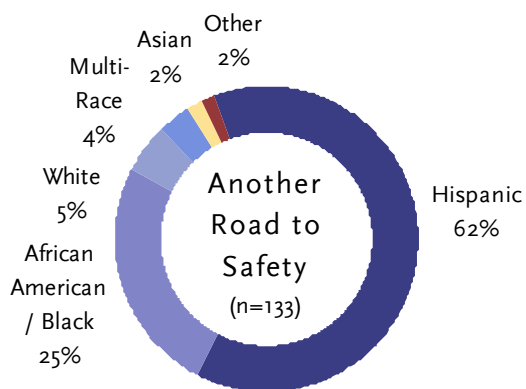


Engaging families continued to be challenging. Family Advocates (FA) spent an average of 20 days finding families, getting consents to conduct a risk assessment and determining whether ARS services were appropriate for each family. Each family received an average of three contacts in person or by phone before a final determination was made. It took an average of 18 days before the FA successfully made a face-to-face contact with referred families.

156 children and pregnant women received a range of 1-49 ARS home-based visits.

Lack of food, employment and money contribute to insecurities experienced by ARS families. Financial assistance and resources for basic needs made up 35% of community referrals. In addition, FA often directed families to parent-child activities, learning opportunities and mentoring and respite care.

2006-07 RACE / ETHNICITY OF CLIENTS RECEIVING ANOTHER ROAD TO SAFETY (ARS) SERVICE



A telephone survey of ARS clients was conducted by UC Berkeley School of Social Welfare Center for Child and Youth Policy to learn more about the impact of ARS services.

Clients described their first impressions and the reason they felt comfortable participating in the program:

“At first, I was scared and I was distant. Then [my Family Advocate] explained how he could help me and I started to calm down. The program is not what I first imagined it to be. Eventually I felt safe and like I did not need to hide or be distant.”

“I was afraid when they first came, but it was a good thing because they helped. I learned how to better take care of my kids and that I could ask for help.”

[My Family Advocate] truly made it clear that [participation in the program] was optional and really put me at ease and made me feel truly comfortable.”

Clients described the referrals, social support and help with basic needs they received:

“[My family advocate] helped with obtaining Medi-Cal and with my son’s school registration. She supports me during meetings and filling out paperwork. She helped me sign my son up for swimming lessons. She has helped a lot.

“[My family advocate] helped me find therapy for me and my child. We experienced domestic violence so my child has certain traumas. Now he’s better, more calm and less nervous.”

“I received a referral for the PG&E and water programs for low income.”

“She’s helped me with child custody and child support issues for my 5 year-old daughter. She helped me find a lawyer for people with low income.”

Clients described changes within the family as a result of receiving services:

“I am more focused, self confident. I’m more comfortable in my own skin. I’m willing to do all the things I need to do to get things done.”

“She allowed me to realize all the things I’ve overcome and that made me feel proud.”

## Unique Collaboration between ARS and community grantee

A local science museum continued its innovative parent/child program for ARS families in South Hayward. Families participated in a series of four-week classes including hands-on learning and play in the context of math and science. Spanish interpretation was available and all written materials were in English and Spanish. ARS home visitors attended the classes to provide additional support to the families.

### ▶ WHAT WAS OUR IMPACT?

A total of 28 children and 38 parents/caregivers participated in the classes. 17 children and their families attended the “fun day” at the museum.

23 out of 36 parents completing the client surveys reported that the classes “definitely” helped their children develop skills needed for school such as taking turns, following directions and communicating ideas.



The close collaboration between the science museum and ARS home visiting staff continued to strengthen the program’s impact on families. ARS staff were happy to offer something positive and non-stigmatizing to their at-risk families.

“In the...classes, [ARS staff] learn how to **invite parents into play** with their children...We see the parallel process we are always hearing about... We learn ways to address a child’s curiosity...,how to introduce a parent and child to a new activity...and ways to extend an interaction or activity. Then **during our home visits** we can **practice these techniques.**”

2006-07 Grantee Report



“One significant achievement of our work was the high participation of fathers (37%)...The [parent-child] classes played a meaningful role in helping **strengthen fathers’ connections** to their families.... The... activities encouraged fathers to be physically near their children, sitting with them in their laps or side by side at an activity station...Their curiosity and involvement joined them in a **positive learning experience** with their children. Some of the most memorable moments were when dads did...role playing...with their kids—for example, dressing up in bunny ears and whiskers or ‘hatching’ pretend eggs. This kind of participation was important in helping fathers understand their children’s developmental needs and perhaps in filling a void that they may have experienced in their own development...”

2006-07 Grantee Report



### Community Grants Initiative

One grant recipient provided respite care to grandparents and relatives raising young children. Respite care also supported children's development through participation in recreational and social activities that were missing from their lives. The program also offered several opportunities for families to participate in music classes, literacy and art activities, nature walks and a weekend camping trip.

#### ▶ WHAT WAS OUR IMPACT?

2,296 hours of respite care were provided for caregivers of 63 children. Respite care enabled relative caregivers to attend medical visits, counseling sessions, support groups and to rest and take care of daily needs.

100% of the families receiving respite care remained intact or the children were reunited with their birth parents.

In 2003, Alameda County had more family violence calls for emergency assistance, more than any other Northern California county except Sacramento (Criminal Justice Statistics Center, California Department of Justice). One grantee hired a bilingual child advocate to provide legal assistance and case management for families with young children referred from the Oakland Police Department.

#### ▶ WHAT WAS OUR IMPACT?

284 families received assistance including help with obtaining a restraining order, child custody, child support and victim compensation as well as referrals to support groups, housing, employment and immigration services.

85 young children were referred to mental health services and 25 received services.

Only 2 of 38 families contacted a year later reported a repeat incident of family violence.

"I feel closer to my kids and better able to avoid drama."

2006-07 Grantee Report

"[A mother of four children]...told the advocate that she just wanted some help with placing her young daughter [who had witnessed domestic violence] into counseling. [The mother] enrolled **three** of her **children into counseling**...With support and encouragement from the advocate, she agreed to...file a new CPS report...the advocate accompanied [the mother] to court [and put her in contact with a pro bono attorney]... [The mother] was able to obtain a five-year restraining order and sole custody of the three children."

2006-07 Grantee Report

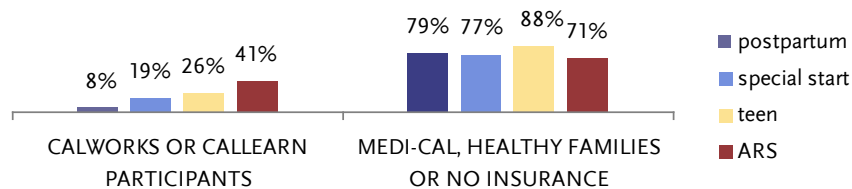
## Outcome 1C: Enhanced economic self-sufficiency among families

Socioeconomic status is a strong predictor of a family’s health and well-being. Mother’s educational attainment also serves as a proxy for economic stability and self-sufficiency. 15% of the county’s children ages 0-5 live under the federal poverty level. Families in Alameda County are also exposed to high costs of living. About half of the county’s families spend more than 30% of their income on housing alone (California Budget Project, December 2005). ECC programs connect families to community resources for basic needs and health insurance and support teen parents in continuing their education, navigating career development choices and obtaining job placements.

### Family Support Services (FSS)

FSS continued to serve a high-risk, low income population. Families had a high percentage of Medi-Cal, Healthy Families or no health insurance (proxy for low income).

**2006-07 PROPORTION OF FAMILIES WITH LOW INCOME  
BASED ON CALWORKS/CALLEARN PARTICIPATION  
AND HEALTH INSURANCE TYPE**



### Family Support Services (FSS) – Teen Programs

The pregnant and parenting teen programs worked to keep pregnant/parenting teens in school while providing child development and family support services. Emphasis was placed on teaching parenting skills and keeping teens in school. Both agencies used “Growing Great Kids,” a best-practice model of parent education and empowerment. Case managers referred families to appropriate educational, financial and employment resources when needed.

#### ▶ WHAT WAS OUR IMPACT?

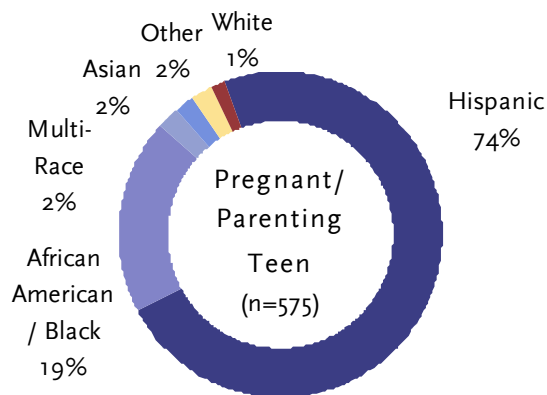
691 pregnant and parenting teens received a range of 1 to 34 visits. 6% of teen parents are less than 15 years old.

71% spoke English and 29% spoke Spanish.

58% of teens remained in school or graduated (increased from 52% last year).



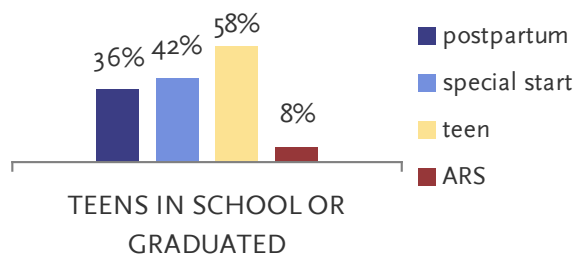
### 2006-07 RACE / ETHNICITY OF CLIENTS RECEIVING PREGNANT AND PARENTING TEEN SERVICES



“Reggie is the **17-year-old father** of two year old Reggie, Jr. He has received teen services since shortly after the baby’s birth. When he first met his case manager, he was living with his mother, had only completed the fifth grade, was not in school, **could neither read nor write** and was unemployed. His case manager referred him to the East Bay Conservation Corps where he received one-on-one classroom instruction and paid work-training experience. Recently, he passed his GED, received his high school diploma and has a fulltime job (with benefits!)... He also has moved into his own apartment and is able to spend a lot of ‘daddy time’ with Reggie, Jr. As you might guess, one of Reggie’s **favorite activities is reading to his son.**”

2006-07 Contractor Report

### 2006-07 PROPORTION OF TEENS IN SCHOOL OR HAVE GRADUATED



### Community Grants Initiative

A school district provided pregnant and parenting teens and young fathers with a range of supportive services, including career development and job placement.

#### ► WHAT WAS OUR IMPACT?

50 teen mothers and six young fathers attended one or more of 160 career classes offered.

20 teen parents were placed in internships and all 12 teen parents graduating from high school had job-ready portfolios.

45 out of 56 young fathers (80%) were in school and/or working at the end of the grant year.

# results goal 2



## Goal 2: Improve the development, behavioral health and school readiness of young children from birth to age five

### Outcome 2A: Improved child social, developmental and emotional well-being

Research demonstrates that about 16% of children have disabilities including speech and language delays, mental retardation, learning disabilities and emotional/behavioral problems; however, only 30% of children with disabilities are detected before school entrance (Glascoe FP, Shapiro HL, June, 2006).

Promoting practices that foster children's social and emotional development from an early age and early identification of children who need extra support is a priority for ECC. Over the past several years ECC implemented a multi-pronged, cross-discipline approach to screening, assessment and referral by offering training and consultation to providers. Training topics included: child development, expanding early identification, benefits of standardized screening tools (Ages and Stages Questionnaire - ASQ) and developing referral pathways for children screened of concern. These efforts were integrated across all ECC programs.

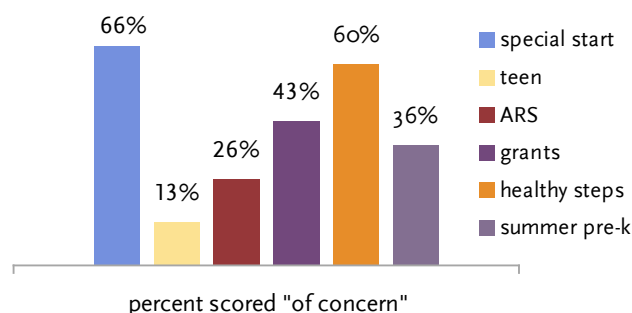
#### Developmental Screening

Developmental screening and monitoring was included in all FSS programs and many other ECC initiatives. Child Development and Mental Health Specialists screened children at Healthy Steps sites, Summer Pre-K programs, Quality Improvement Initiative child care sites and other child care consultation and developmental playgroup programs. All children who scored "of concern" received follow-up, referrals or case management.

#### ▶ WHAT WAS OUR IMPACT?

A total of 1,330 children who received FSS, or services from community grantees, attended Summer Pre-K programs, or attended child care sites receiving quality improvement efforts were screened for developmental concerns with the ASQ or other validated developmental screening/assessment tool. Across all programs, an average of 47% of children screened, scored "of concern" on one or more domains.

2006-07 PROPORTION OF CHILDREN SCREENED FOR DEVELOPMENTAL CONCERNS WHO SCORED "OF CONCERN"



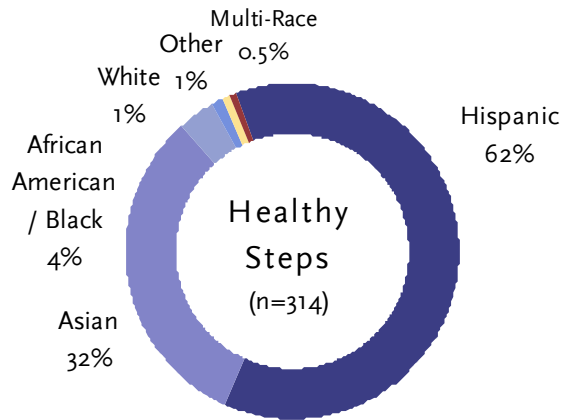
## Pediatric Strategies – Healthy Steps

Healthy Steps increased provider capacity for early identification of children with developmental concerns at three pediatric offices. Child Development Specialists (CDS) provided screening, parent support, resources and referrals for families.

### ▶ WHAT WAS OUR IMPACT?

Of 413 children were referred to CDS at Healthy Steps sites, 316 children received services. The other children and families received parent support or referrals for community resources.

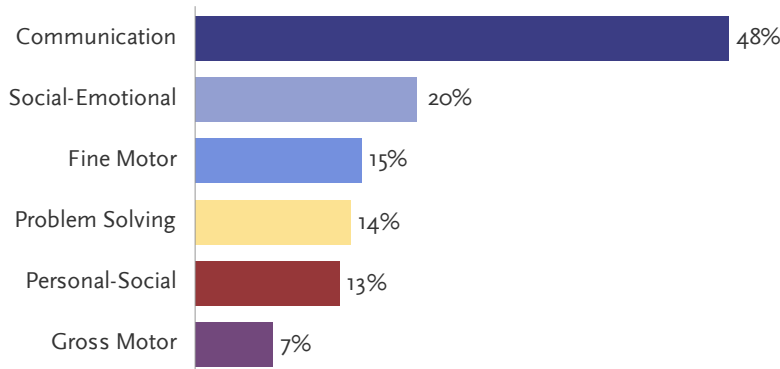
2006-07 RACE / ETHNICITY OF HEALTHY STEPS CLIENTS



232 children were screened with ASQ; 15 were screened with the ASQ-SE.

60% of the children screened scored “of concern” in at least one developmental domain at the time of the last ASQ.

2006-07 PERCENT OF CHILDREN RECEIVING HEALTHY STEPS SERVICES IDENTIFIED AS “OF CONCERN” ON ASQ (n=232)



Of the 139 children who scored “of concern” in one or more domain:

- 31 were referred to school districts for Individual Education Plans; of those referrals, 65% were in progress or completed
- 45 were referred to Head Start or Early Head Start; of those referrals, 71% were in progress or completed
- 80 were referred to Regional Center; of those referrals, 43% were in progress or completed



“Three month old Jessica was referred to me (CDS) for parent support and education. However, the pediatrician was really concerned about her nutrition and failure to thrive. I made a home visit and discovered that Jessica’s mother did not read or write in her native language (nutrition instructions were written). I also discovered that the mother had been mixing the formula incorrectly. By modeling, I was able to show her how to mix the formula...I made a referral to Public Health Nursing. When I met with the mom and the pediatrician one week later, she reported that Jessica gained a pound. Three weeks later, she reached her goal weight!”

2006-07 Healthy Steps report

A Healthy Steps telephone survey interviewed English and Spanish speaking families who were referred by the Child Development Specialists (CDS) to the Regional Center or School Districts for further developmental assessments or special services. The purpose of the survey was to learn how families experienced CDS support and whether they were able to get the referred services. Surveys were conducted in the mother’s primary language. Four out of 13 families contacted completed the survey in English and 24 out of 41 families contacted were completed in Spanish. 13 families were referred to the Regional Center; 13 were referred to School Districts; and two families were referred to both.

Parents were appreciative of support received from CDS.

“She helped me with getting everything done for RCEB and never closed the case until my child got the services he needed.”

“I didn’t know where to start or how to [get services]. She gave me good advice and guidance.”

“She gave me good advice and materials to help stimulate my child’s speech.”

The number of families who reported actually obtaining referred services indicated how challenging it is for families to navigate the system of services for children with special needs – even when support is available. At the time of the telephone survey, 15 families were referred to the Regional Center. Of those, eight completed their assessments and seven were receiving all services specified in the Individualized Family Service Plan (IFSP). 15 families were referred to School Districts. Of those, six completed their assessments and six were receiving all services specified on the Individual Education Plan (IEP).



A 27 month old boy was referred to the Healthy Steps Child Development Specialist (CDS) by his pediatrician for speech and language concerns. He scored below the cut-off in communication, fine motor, problem solving and personal social domains on the ASQ screen. The CDS provided developmentally specific activities for the parents to use at home. Referrals to Regional Center and the Chabot Developmental Playgroup were made. He attended the playgroup and three months after his initial visit with CDS, he was evaluated by the Regional Center. His services could not be determined on that day due to a pending audiology evaluation. The CDS maintained phone contact until the audiology screen was finally completed five months after his initial Healthy Steps visit. The mother was very grateful that the CDS had taken such an interest in her child and was the only consistent support she had received. The CDS continued contact with the family when the child was old enough to transition from the Regional Center to School District services.

2006-07 Healthy Steps report

## Community Grants Initiative

Developmental screenings were conducted by six grantees, including a family literacy program, a parenting program for Spanish-speaking families, an agency serving clients with special needs and three agencies serving homeless or formerly homeless families.

### ▶ WHAT WAS OUR IMPACT?

146 developmental screenings were conducted.

Grantees found it difficult at times to establish the parental rapport and trust needed to conduct developmental screenings, but they also learned that the screening process can have a positive effect on parent-child and parent-staff relationships.

“Our agency and staff **had never administered** developmental screenings **prior to this grant... No screenings were completed during the first 18 months...because parents refused to [participate]... The [family advocate discussed] the ASQ during group and [did]...sample activities with parents and their children during home visits... Finally, the advocate] decided to try a **peer-to-peer approach...utilizing...parent mentors** [and they succeeded in conducting five screenings].”**

2006-07 Grantee Report

Three grantees received funding to provide psychotherapy services for parents and children in English, Spanish and Hindi.

### ▶ WHAT WAS OUR IMPACT?

144 parents and 147 children received therapy for a total of 1,014 therapy sessions.

“Providing mental health services in our program...has **increased clients’ awareness** of and interest in their own and their children’s **mental health and wellness**. The participation of the mental health consultant [in program services]...has decreased the fear that many... caregivers had expressed of being labeled ‘crazy’ or of being judged as an inadequate parent.”

2006-07 Grantee Report

## Partnership Grants – Mental Health (MH) Consultation

Goals of the Community Grants Initiative MH Partnership included: to increase the capacity of mental health professionals to offer consultation services in child care settings, build leadership for early childhood mental health services, develop a common language, set standards for service delivery and promote systems integration (See Highlight page 26). MH consultation to child care is a relationship-based model where mental health professionals work collaboratively with ECE professionals to support the social and emotional well-being of all children in the program by addressing classroom and child-specific needs.

Bi-monthly topics for MH Partnership members included: working with family child care, temperament, cultural humility, gender identity, performing needs assessments and self-reflection techniques. Participants from each agency shared their expertise by presenting cases and soliciting feedback from the group.

### ▶ WHAT WAS OUR IMPACT?

“The **most helpful aspect** of the partnership grants training has been the **connection** the consultant was able to have **with the [other MH consultants]** in the seminar. The seminar always increased [the consultant’s] capacity to perform her difficult work, no matter what the topic. Simply being with other people who valued this type of work and who, through their own example, validated what she was attempting to do...”

2006-07 MH Partnership report

MH consultants trained and consulted with child care staff on several topics including: the preschool environment, understanding hyperactivity in children, helping children manage anger and aggression, attachment, the impact of violence and trauma on children, temperament, praise and encouragement, story reading and literacy and positive discipline.

### ▶ WHAT WAS OUR IMPACT?

“The one thing that we can say has changed is that the **teachers have incorporated** more ‘**attachment theory**’-based techniques and methods to help children when they are having difficult, challenging or attention seeking behaviors.”

2006-07 MH Partnership report

MH consultants also provided direct services to children identified as needing further assessment or treatment.

11 consultants provided ongoing mental health consultation to 314 child care providers at 26 sites throughout the county serving 1,435 children. This included 1,464 hours of classroom-based consultation and 844 hours of child-specific consultation.

Two of the grantees worked with family child care providers. Consultation activities included training on outdoor environments, developmental norms, attachment and nutrition. Consultants also worked with providers on the need to plan activities and to cope with isolation. Each consultant provided about 50 hours of consultation.

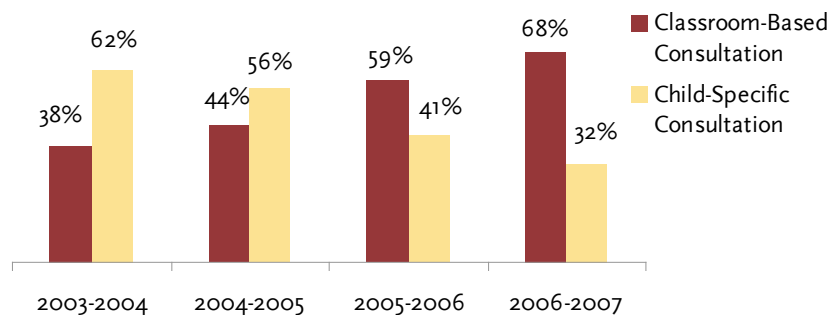
All 172 children referred for MH consultation received services or assessments.

62 children were screened using the ASQ and 12 scored of concern and were referred for services.

132 parents received consultation.

One MH Partnership goal was to promote the best-practice model of classroom-based consultation. Over the four years of the MH partnership, there was a consistent increase in classroom-based consultation and a decrease in child-specific consultation.

RESULTS FOR CLASSROOM-BASED AND CHILD-SPECIFIC CONSULTATIONS



Giving teachers opportunities to reflect on new ideas, strategies and their own perspective about success in their classroom allows for a forum of discussion and the **time to “think” and “reflect”** which often does not occur in the course of a busy day.”

2006-07 MH Partnership report

## Highlight - Four Year's of Mental Health Consultation to Child Care, 2003-2007

Children's increased risk for behavioral problems is often related to an increase in family stress and exposure to violence, maternal depression, hunger, etc. ECE providers often feel unsupported and lack appropriate training on social-emotional behavior. Therefore, it is not surprising to see preschool expulsion rates that are three times the expulsion rate of K-12 children (Gilliam, 2005).

ECC funded two cycles of 2-year grants (2003-2007) to 4-5 agencies for mental health consultation to ECE sites. Agencies were required to participate in intensive training and peer learning. Goals included: building leadership, development of a common language & standards for service delivery and building a system for mental health consultation to child care. Agencies also participated in the Partners in Collaboration program where a mental health professional is teamed with a mentor teacher to provide consultation to a classroom.

	2003-2004	2004-2005	2005-2006*	2006-2007*
Number of sites	35	36	25	26
Number of classrooms	89	90	94	82
Number of ECE staff	266	343	300	314
Number of children	1,882	2,005	1,472	1,435

\*4 agencies provided services

Mental Health Consultation includes two main consultation components: classroom-based and child specific. Best-practice focuses on classroom-based consultation which builds the strengths of the teachers to use developmentally sound approaches to managing behavior and to identify children who require more individualized treatment. Over the partnership's four year period, classroom-based consultation increased from 38% to 68%.

The likelihood of expulsion decreases significantly with access to classroom-based behavioral consultation.

**A child had repeated tantrums on the way to school and was labeled a "problem" child by his teacher. He was constantly shamed for his behavior and was threatened with expulsion if he didn't learn to behave. His family was confused, offended, and had difficulty receiving the negative feedback each week from his teacher. Although the child has difficulty regulating his emotions, our consultant determined that other factors were at work as well: his teacher's depression... and a general inability of staff to guide active boys.**

The child's teacher and the consultant worked together to prevent his expulsion.

**Our consultant first established a relationship with his teacher so she could request help with the child...she allowed the consultant to "wonder with her" about contributors to the child's behavior. Through the reflective process they explored how he was getting negative attention at school and she began to give him some positive feedback after the consultant focused on his strengths...The family worked with the consultant on positive discipline strategies and how to become his advocate. The child is transitioning more smoothly from home to school without tantrums. Although challenges remain, he is still enrolled in school.**

2006-07 MH Partnership Report

A survey of teachers (33% response rate) in 2006 showed:

- **51% of teachers felt that consultation changed the way they think of children's emotional development; 72% reported that it changed the way they think about children's social development**
- **Directors felt the consultation experience provided a valuable resource to staff and was sensitive to the context of the site, parents and children**

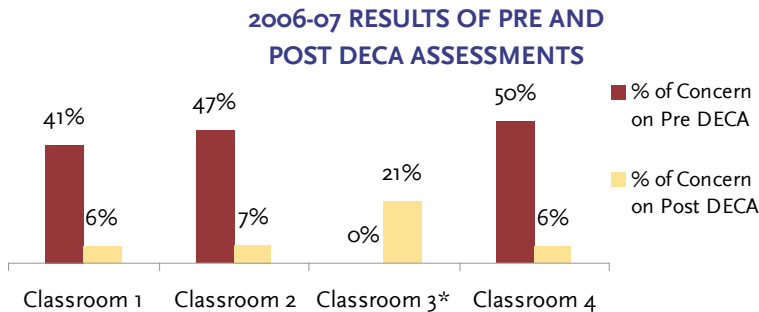
Accomplishments of the mental health partnership included: bridging the gap between mental health and Early Care and Education; promoting standards of practice, increasing services; increasing professional development; demonstrating decreases in challenging behavior and increases in positive behavior; and changing proportion of classroom-based vs. child-specific services.

## Partners in Collaboration

Partners in Collaboration (PIC) was a 12-month, cross-disciplinary training program that paired a mental health professional with an ECE professional (dyad). This year, four dyads were paired and spent three months building a relationship and discussing similarities and differences in their values, approaches and philosophy towards child care. The trained dyad worked jointly with a classroom teacher for nine months at four sites receiving MH consultation. The joint visits provided an integrated model of consultation leading to improved classroom outcomes. Surveys of PIC dyads and pre/post Devereux Early Childhood Assessments (DECA), a validated assessment of the perceived resilience of children in a classroom, were used to evaluate changes as a result of the PIC intervention.

### ▶ WHAT WAS OUR IMPACT?

Teachers in four classrooms receiving PIC services completed DECA on children in their classrooms at the beginning of the program and 6-7 months later.



\*Classroom 3's initial problem-free DECA profile provided an opportunity for the PIC dyad and the teacher to think about whether the early observations were realistic. The classroom teacher became more reflective and had a more accurate assessment of the classroom on the post assessment.

Results from PIC dyad surveys revealed the impact of partnering with someone from another discipline:

"I believe my partner and I have **incorporated each other's work into our own**. We are on the same page, no longer as separate in our two perspectives..."

"It was wonderful to hear from the teacher's perspective. I had **no idea of the impact** we were making in her classroom."

2006-07 PIC Survey



One teacher...described how working with the PIC dyad really helped her see the importance of **helping children build resiliency**... through everyday actions in the classroom. For example, "One boy had a hard time sitting during circle time... He asked everyday if he could go play with the blocks during circle time and I always told him 'no'. I realized that he was **taking initiative** by asking if he could play with blocks during circle time. So, the next time he asked, I said, 'thank you for asking and letting me know you would like to do something different'. I came up with a plan with my fellow teachers to allow him to do another activity during circle time [twice] a week. This plan really worked for my classroom and [made] a big difference in the boy."

2006-07 PIC report

## Outcome 2B: Increased access to resources for children and families with special needs

Parents of children with special needs (or who have special needs themselves) negotiate a limited set of community resources for support. While increasing the county's capacity to screen for early signs of developmental concerns, ECC is also seeding opportunities through community grants and Resource and Referral Agencies (R&Rs) to support families with identified special needs.

### Early Care and Education – Inclusion Coordinators

Inclusion coordinators at the three R&Rs provided technical assistance to their own staff, to providers and to families who need to access inclusive child care.

#### ▶ WHAT WAS OUR IMPACT?

Inclusion coordinators conducted 9 trainings for 154 R&R staff on referring children with special needs to child care.

Inclusion Coordinators organized a multilingual (English, Spanish and Chinese) training of trainers on: "Understanding Challenging Behavior in Children & Strategies for Reflective Thinking".

338 ECE providers (92 center-based, 196 family child care programs and 50 licensed-exempt providers) received technical assistance and referrals on developing inclusive child care programs. Technical assistance topics included information on ADA law, creating adaptive environments, how to access and navigate systems such as health insurance coverage for special needs services.

Training sessions and ongoing support groups were offered this year for providers in Spanish, Chinese and Farsi and English. Topics included: understanding the special education system, asthma, autism, serving special needs in family child care, sensory processing, diabetes and speech and language development. 145 providers attended a two-day training on challenging behavior.

313 families received assistance in locating, obtaining and maintaining inclusive child care services.

"Alameda County Social Services referred a client who was helped by an Inclusion Coordinator in her search for child care. This parent is deaf and needed some additional support with her search. The parent and the Inclusion Coordinator communicated via Relay Service and e-mail to discuss her needs in-depth. The parent found a family child care provider and eventually [received services from the] R&R's respite program."

### Early Care and Education – Quality Improvement Initiative (QII)

QII offers funding for quality enhancement and facility improvement grants

#### ▶ WHAT WAS OUR IMPACT?

49 children with special needs attended programs that received facility improvement grants; two specifically to increase access for children and families with special needs. ◀



## Partnership Grants – Parent Child Developmental Playgroups (PCDP)

Young children identified with communication and social-emotional concerns are better prepared to enter pre-school/kindergarten by participating in developmental readiness playgroups. Few community-based settings currently exist where parents and children can engage in developmentally appropriate activities with the support of a child development specialist.

Three agencies participated in the second year of the parent-child developmental playgroup with on-site consultation and technical assistance by a lead agency. The goal of the PCDP partnership was to increase community capacity to provide developmentally enriching experiences and opportunities for parent-child interaction in a supportive environment. The playgroups were designed to meet the needs of children 2-5 years not in child care and who were identified at risk for developmental delay, but did not meet Regional Center or School District eligibility criteria for services. Each agency offered multiple play groups (grouped by language and ages of children) for a four- to six-month period. Children were referred to the playgroups primarily through friends, flyers, pediatricians' offices, community clinics or the Regional Center. Agencies planned playgroup activities that addressed gross motor development, fine motor development, language and communication, problem solving skills, personal-social development, sensory integration, transitions and the power of play. Agencies also helped parents navigate referrals when children needed further assessment and/or services.

Partnership members met bi-monthly to discuss specific topics and to reflect on the playgroup process. Trainings included: infusing speech and language in a playgroup setting, the special education system, community resources and referrals, sensory integration and temperament and language.

### ▶ WHAT WAS OUR IMPACT?

PCDP trainings strengthened the partners.

“We...[PCDP partners] **gained a lot of confidence and sharpen[ed] our skills** to do this work...have seen changes in the children and in their relationship with their parents. The training gave us the guidance and immediate feedback on how we are doing from week to week. [They are] a safe and nurturing environment to talk about our families and our challenges and to practice skills... We really enjoyed coming together with our cohort and sharing **and coming up [with solutions] as a group to solve common problems**. We have shifted our thinking from seeing our role as the “expert” to **working collaboratively with parents** in a process to have them gain insights on their own strengths and cultural resources to continue nurturing their children even after the group is over.”

2006-07 Developmental Playgroup Partnership report

“The trainings have helped our team evaluate **how cultural influences affect our group planning, assessment [and play]**... Along with being sensitive, aware and comfortable with other’s cultures – we have **learned to better respond to each family’s culture**... [It] has influenced our choice of words, our body language, our choice of songs and our play kit expectations. We have surveyed cultural foods, habits and family activities in order to design our activities and play kits to be attractive to both our English and Spanish households.”

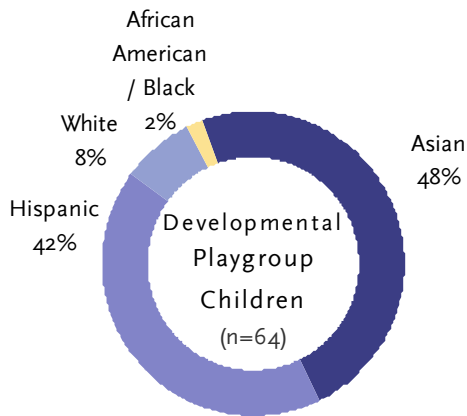
2006-07 Developmental Playgroup Partnership report

There is **no model** of childcare and early intervention services **more effective** than one that envelopes and partners with parents/family...**There’s no going back!**

2006-07 Developmental Playgroup Partnership report

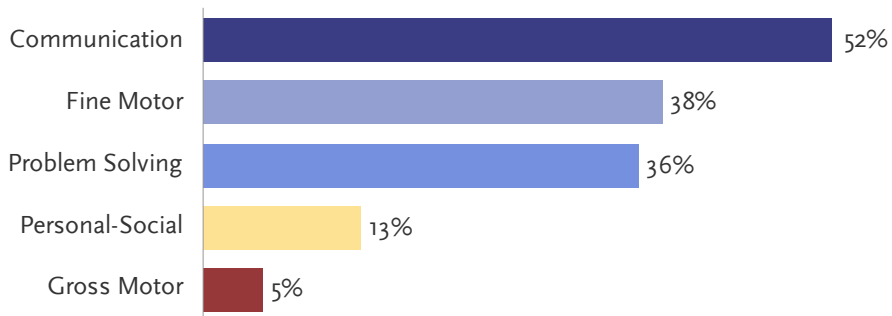
62 children and 73 parents participated in the six-month developmental playgroups. Playgroups were facilitated in Cantonese, Vietnamese, Spanish, English and bilingual Spanish/English. An average of 10-15 play group sessions was attended by participating children and parents.

2006-07 RACE / ETHNICITY OF DEVELOPMENTAL PLAYGROUP CHILDREN



56 children from all three agencies were screened with the ASQ. 24 children were also screened with the ASQ-Social/Emotional. 38% were identified to be “of concern”. 47 referrals were made to school districts, speech and language specialists, occupational and physical therapists, the Regional Center, dentists and Child Protective Services.

2006-07 PERCENT OF CHILDREN IN DEVELOPMENTAL PLAYGROUPS IDENTIFIED AS “OF CONCERN” ON ASQ (n=60)





Results from a parent satisfaction survey showed that overall, parents who participated in the playgroups were extremely satisfied with the service. Some of them wished it occurred more frequently than once a week. Parents reported that they learned a lot and felt that the services were respectful of their culture and language. Most parents said they would recommend the playgroups to other families.

**“What I like** about the program is that **it is conducted in my own native language** so I feel I could be a good role model for my child. My child is speaking more at home and we engage in mutual play and mutual conversation.”

2006-07 PCDP Client satisfaction survey

“The playgroups were **conducted in their primary home language** so that parents felt comfortable in conversing and scaffolding their child’s speech and language skills. Parents no longer feel anxious about their child having to learn only English in order to succeed in pre-school. We reassured them that **children are able to learn two languages** and able to differentiate between the two when they speak to different audiences...

2006-07 PCDP Partnership report

“The graduates of the programs are the ones most enthusiastic about spreading the word on this valuable resource that is not being offered elsewhere. This playgroup format is ... **more acceptable to the parents who do not want their child to be stigmatized** and labeled at such a young age.”

2006-07 PCDP Partnership report

## Community Grants Initiative

A hospital neonatal intensive care unit (NICU) expanded its “Compassionate Touch” program. By training NICU staff and parents on responsive touch and attuned communication, the program supported the development of medically fragile infants and promotes parent-child attachment.

### ▶ WHAT WAS OUR IMPACT?

63 NICU staff (up from 38 last year) and 249 parents were trained to provide Compassionate Touch.

175 infants received over 350 sessions of Compassionate Touch.

During 149 Compassionate Touch sessions monitored by nurses, all infants responded positively, demonstrating a calm/organized state, increased oxygen saturation, or both.

“The Compassionate Touch team has done an excellent job of **helping me bond with my baby...** Compassionate touch has really made an enjoyable experience out of a possibly terrifying one.”

2006-07 Grantee Report





Four other grantees provided services for families with special needs.

A newly built community-based pediatric audiology suite completed its second year of operation. The suite is designed to address the long waiting period (4-6 months) typical for hearing screenings at Bay Area hospitals.

A parent-run agency provided peer support and advocacy for families with children with special needs through referrals to services, home visits, support groups and trainings and conferences.

A YMCA provided a support group and respite care for parents of children with special needs, baby gym and swim classes for young children and training for staff on working with families with special needs.

An agency serving parents and children with special needs received funding to provide home-based mental health and adaptation services.

### ▶ WHAT WAS OUR IMPACT?

The four agencies made close to 3,000 referrals to school districts, speech and language specialists, occupational and physical therapists, the Regional Center, the Family Resource Network, therapeutic nursery schools and other services.

The waiting time for audiology screenings was reduced by five months. 230 children were screened and 90 were identified as having hearing loss and were referred to supportive services.

978 families with children with special needs received information on rights and entitlements to services and approximately 1,400 resource directories were given to parents and professionals.

79 baby gym classes and 79 swim classes were held for children ages 3-5 years, including children with special needs.

74 families were accompanied to Individualized Family Service Plan (IFSP) or Individual Education Plan (IEP) meetings.

158 parents attended 163 support group meetings. 63 parents received respite child care.

“This year **three families**, all with children on the autism spectrum, have met outside of the [program] **for play dates**. For all of them, this is a first. They reported back to the support group that it was a relief to have a play date **with families who would really understand their child.**”

2006-07 Grantee Report

“We...[are] identifying the **need for earlier prevention** services for...expectant and new parents with disabilities and their children, particularly when they have many stresses in their lives... Too often by the time we receive a referral, a parent is already in danger of having their child removed from the home whereas early intervention may have prevented them from reaching this point. ECC provides funds that allow us to **intervene** with adaptive baby care equipment and clinical services to **keep families together** when appropriate.”

2006-07 Grantee Report



## Outcome 2C: Increased professional development and retention of Early Care and Education (ECE) providers

### Early Care and Education (ECE) – Child Development Corps (Corps)

Low wages and limited career development opportunities in Early Care and Education lead to high turnover for ECE providers. ECC works to increase retention and professional development of ECE providers. Research shows that opportunities for professional development can have a positive impact on the quality of early care and education programs. Incentives and individualized support for ECE professionals help to increase participation in these programs. ECC is also committed to a diverse workforce that reflects the demographic needs of our community.

#### Early Care and Education - Professional Development

ECC Professional Development strategies include: the Corps AA Degree Program (Corps AA), Professional Development Coordinators (PDCs) at community colleges, Emerging Teachers Program (ETP) that provides additional support for English language learning providers; Career Advocates at the three Resource and Referral agencies (R&Rs), Professional Growth Advisors in the community; support for students working towards BA or MA degrees; and Training Enhancement Program (TEP) to increase trainer skills (See Goal 4 Outcome 4C).

#### The Corps AA Program

The Corps AA supports eligible providers studying for an AA degree who are employed at least 15 hours per week and provide care to children birth to pre-kindergarten in the same program for at least nine months. Outreach for the Corps AA program targeted providers serving low API school readiness neighborhoods. Materials were provided in Spanish, Chinese, Vietnamese, Farsi and Hindi. ECC provided annual stipends based on the level of Permit (or entry level status) and the number of college units completed each year; \$100 gift certificate to the college bookstore; and a one-year comprehensive membership to National Association for the Education of Young Children (NAEYC).

PDCs at the community colleges advised and enrolled students in the Corps. Two of the PDCs speak Spanish and can also access a Chinese speaker when requested. PDCs coordinated and advocated within the college for new and updated early childhood development and business courses. They also served as liaisons with the early care and education community and the Alameda County Child Care Planning Council. PDCs provided additional supports for AA students including: individual academic and professional development advising; the development of a comprehensive student education plan; and assistance in applying for a Child Development Permit.

#### ▶ WHAT WAS OUR IMPACT?

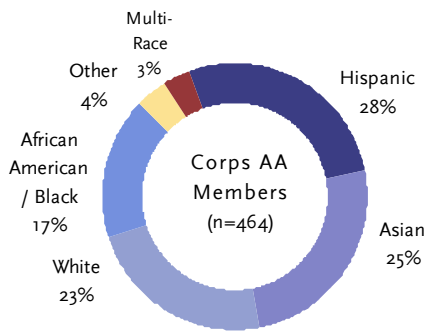
In the first year of the re-designed Corps AA program, 464 members were enrolled and awarded \$531,900.00 in stipends.

- 78% for center providers
- 17% for family child care providers
- 4% for school-aged providers
- 1% for license-exempt providers



More of the *first-time* Corps AA applicants were Asian (31%) followed closely by Hispanic (23%) than in previous years.

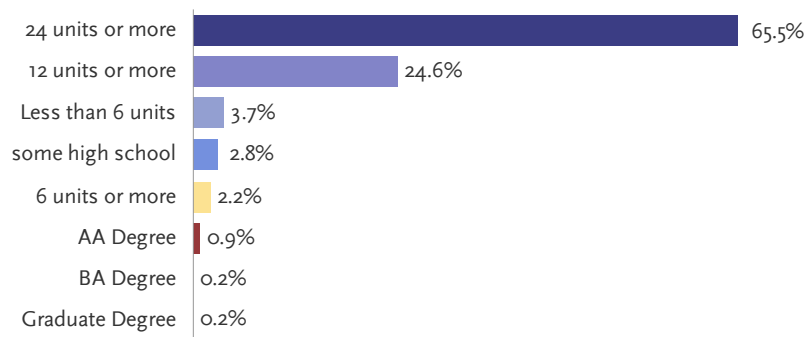
### 2006-07 RACE/ETHNICITY OF ALL CORPS AA MEMBERS



### 2006-07 WORK LOCATION OF ALL CORPS AA MEMBERS

CITY	CORPS AA MEMBERS	CITY	CORPS AA MEMBERS
Alameda	15	Livermore	56
Albany	3	Newark	6
Berkeley	36	Oakland	111
Castro Valley	22	Pleasanton	14
Dublin	9	San Leandro	19
Emeryville	3	San Lorenzo	6
Fremont	84	Union City	12
Hayward	66	Unknown	2

### 2006-07 EDUCATION LEVEL OF CORPS AA MEMBERS (n=464)



Over two-thirds of all Corps AA members had 24 units or more.

The Professional Development Coordinators (PDCs) provided program outreach in the child care community and through college classes and they offered both group and one-on-one advising.

In addition to regular outreach to child care centers and family child care associations, PDCs:

- Advised and completed education plans for 464 AA degree students
- Conducted seven Child Development Permit Workshops for 97 providers
- Offered Corps enrollment information in Spanish at Chabot and Merritt Colleges
- Provided 95 hours of advising for Chinese-speaking providers

After visiting a Center to advise staff about the Corps AA program, one PDC reported that a provider said, “[I] never thought anyone would care enough about [my] success to come out to [me].” The provider applied for a Child Development Permit and will enroll in the Corps AA program.

2006-07 PDC report

PDCs were interviewed about the impact of their work:

“I think the **most significant aspect** of [the new] Corps AA program has been the **continued relationship with counseling on the college campus**. Other CARES programs outside the county have asked how we do it. Without relationships, you can’t do the job.”

“... [students] really have a plan. It makes a big difference. We **used to see a bunch of ECD units going nowhere**. Most students are doing better than they think.”

“I see the college system listening and understanding the need to provide services to our students. We are **raising the level of professionalism out there**.”

2006-07 Corps AA PDC interview

## Early Care and Education (ECE) – English Language Learner Providers

With increasing numbers of ECE English language learner providers, the redesign of the Corps AA program provided enriched programs and supports for non-native English-speaking students at Chabot and Merritt Community Colleges.

The Chabot College Emergent English Program for Spanish-speaking ECE students is in its sixth year. The need continues to be so great that Chabot over-enrolled a class entitled Child, Family and Community to accommodate an additional 20 students. This was also the first year that the Spanish-speaking cohort classes were included in the Chabot College Course Catalogue.

### ▶ WHAT WAS OUR IMPACT?

Approximately 190 students have enrolled in the Chabot College Emergent English Program since 2001, including 44 currently enrolled students. This year there were 47 students on the waiting list.

Students in the Chabot Cohort take ESL classes, study skills, Child, Family and Community and a practicum called, Curriculum for Preschool. This was the first time that students took the practicum with bilingual mentors. For the first time, 19 of the students were placed at the Chabot College Children's Center Lab.

The Emerging Teacher Program (ETP) at Merritt College continued to provide Saturday classes, monthly cohort meetings, tutoring, transportation and financial assistance for English-language learners who may need additional support to complete their 19 units of general education required for the AA degree. General education faculty at Merritt College participated in Specially Designed Academic Instruction in English or Sheltered English (SDAIE) in June 2007 to improve their skills as teachers of second language learners.

### ▶ WHAT WAS OUR IMPACT?

The first cohort of 23 students in the Merritt College ETP completed the eight-semester sequence in Fall 2007 and the second cohort completed its first year of the sequence. The second cohort included more Mandarin and Cantonese-speaking students compared to the first cohort and will complete their course work in 2008. A third cohort is scheduled to begin in 2008. Most of the students in the ETP program have successfully completed or are in the process of completing general education requirements and over 70% earned a "B" or better in their general education classes

Structured interviews were conducted at the beginning of the fall semester and again at the end of the spring semester to help identify changes as a result of this innovative program.

Intention to pursue a BA degree:

- Only 13% of students in the first cohort of the Merritt College ETP program who were surveyed at the beginning of the program, said they planned to go on to pursue a BA degree. By the end of the program, 68% surveyed said they planned to pursue a BA degree.
- Approximately 60% of the second cohort students surveyed consistently say they plan to pursue a BA degree.

Participants reported that common barriers to completing general education courses include: finances, time of classes, lack of strong computer skills and needing help with their education plan.

Students in both cohorts of the Merritt College ETP program reported that they received help with English writing and speaking; fewer had help with transcript review and with homework.

The most useful supports identified were Saturday classes and monthly cohort meetings.

2006-07 Merritt College Student Interviews

Many of the students in the ETP program reported changes in their work and family lives:

**“I can talk to parents now. They are very happy we are [going] back to school, especially when they hear we will get an AA [degree]. They want their kids to be bilingual.**

Student Interview, Merritt College ETP Second Cohort

**“My husband used to translate all my work from Spanish to English. Now there is **more independence for me.**”**

Student Interview, Merritt College ETP Second Cohort

Based on the success of the Chabot and Merritt College Programs, Las Positas College offered an ESL-ECE linked class in the Fall of 2006 and Spring of 2007. The course is designed to assist students with their English proficiency who are planning to enroll, or are already enrolled in early childhood development classes.

### ▶ WHAT WAS OUR IMPACT?

**13 students were enrolled in the Las Positas class, the majority of whom spoke Spanish while others spoke Hindi, Tamil, Portuguese, Pashtu, Chinese, Mizo, Dari and Farsi.**

### Early Care and Education (ECE) – Career Advocates and Training Coordinators at the three Resource and Referral agencies (R&Rs)

As part of the overall plan to support professional development activities for ECE providers, the Career Advocate at each of the three Alameda County R&Rs:

- Assisted providers to apply for Child Development Permit
- Coordinated a foreign transcript evaluation program
- Helped providers identify individual professional development goals
- Worked with PGAs who counsel and advise providers in the community interested in obtaining a permit
- Connected providers with community resources and trainings
- Organized and facilitated provider support groups

### ▶ WHAT WAS OUR IMPACT?

**Career Advocates at all the R&Rs served over 1,000 center-based and family child care providers. They responded to 1,739 provider requests with face-to-face contacts, telephone and e-mail for 640 center providers and 363 family child care providers. They evaluated 61 foreign transcripts.**

**“...my heart is filled with hope about my future options working with children. ...having my academic work acknowledged was such a powerful gift! Thank you!”**

2006-07 R&R report

**R&Rs also facilitated various provider support groups including:**

- Master Teacher support groups for 16 providers
- Support groups for five Farsi-speaking providers
- Director support group for 14 providers
- Teacher support group on children’s social and emotional development for 13 providers
- Two Chinese-speaking support group for 30 providers in Fremont and Hayward

**“I learned a lot about each of the teachers from the sharing project. I even learned something about myself...Overall, I came out with the knowledge that I **still have a lot to offer** as an experienced teacher...”**

2006-07 R&R Teacher Support Group Report



### Early Care and Education (ECE) – Professional Growth Advisors (PGA)

The PGA Leadership project was an advanced training series for Professional Growth Advisors in Alameda County and part of the Child Development Corps Phase II. A six-session training series focused on practical PGA techniques and strategies that enhance PGA advising skills and strengthen PGA relationships with advisees. Each PGA worked with an average of 5-7 advisees.

#### ▶ WHAT WAS OUR IMPACT?

106 providers participated in the PGA Leadership project.

“I never knew how many resources were available to us! Now I know where I can send my advisees for additional support and help”

PGA Leadership Project participant

“No one has ever taught me how to build a relationship with my advisees. Now I have practical techniques and strategies for working with them.”

PGA Leadership Project participant



### Early Care and Education (ECE) – BA and MA Programs

With increased numbers of ECE practitioners earning lower division college credits, the Child Development Corps helped to promote county-wide interest in developing BA and MA programs at local four-year institutions. This interest was accelerated by the advent of a 2006 state-wide Initiative (Proposition 82) which would have funded preschool for all four year olds in California. Despite the defeat of Proposition 82, the three colleges continued to work with F5AC and others to create pilot programs within their institutions and to provide scholarships funded by F5AC and administered by the East Bay Community Foundation for students to continue their education. Mills College, UC Berkeley, and CSU East Bay responded to the need articulated by ECE advocates and practitioners to develop ECE upper division and graduate level programs. ECC is participating in a four-county evaluation of the first year of the program conducted by UC Berkeley Center for the Study of Child Care Employment (CSCCE).

#### ▶ WHAT WAS OUR IMPACT?

ECC supported the development of a BA minor in Early Childhood Studies at UC Berkeley and Cal State University East Bay, a BA in Child Development at Mills and an interdisciplinary Master's program in Early Care and Education at UC Berkeley.

12 BA students in Human Development and Teacher Education at CSU East Bay were awarded scholarships totaling \$22,642.

Six BA students at Mills College were awarded scholarships totaling \$30,000.

22 BA Minor students in Early Childhood studies and an MA in Interdisciplinary Early Childhood studies were enrolled at UC Berkeley.





## Outcome 2D: Increased access to high quality early care and education

Relationship-based consultation models combined with intensive early childhood technical assistance and the active participation of the provider leads to positive changes that have long term effects on quality (University of North Carolina, Frank Porter Graham Child Development Institute (Spring 2006), Early Developments, Volume 10).

### Early Care and Education (ECE) – Quality Enhancement Programs (QEP)

Using a collaborative model to improve the quality of care for children 0-5 years, the Quality Enhancement Program (QEP) supported ECE facility development and program improvements through grants, individualized technical assistance, mentoring and training.

QEP included five distinct components in 2006-07:

1. The Quality Improvement Initiative (QII) provides program and environmental assessment services for family child care and child care centers, as well as technical assistance and grants for quality improvement.
2. Quality and Facility Grants are awarded to licensed child care programs to increase and improve child care slots.
3. The Family Child Care Fair honored family child care providers with workshops on relevant child development topics and vouchers to purchase children's books and child development materials.
4. The Enhanced Mentor Program (EMP), a partnership between the California Early Childhood Mentor Program and ECC, offered mentoring and training for child care providers and increased site-based learning opportunities for ECE students. The EMP also provided training and professional skills development opportunities for mentors.
5. Quality Counts was a one-time private-public partnership that helped support business needs assessment and technical assistance to family child care and center-based care programs in East County.

### Quality Improvement Initiative (QII)

In 2001, ECC launched the Quality Improvement Grant (QII) to improve the quality of child care centers and family child care. Consultants assessed program needs, identified goals and developed individualized long range plans for implementing changes. The consultation model evolved over time using lessons learned and from participating in the University of North Carolina and the UCLA national quality improvement study, Quality Intervention for Early Care and Education (QUINCE).

#### ▶ WHAT WAS OUR IMPACT?

**Nine child care centers and 12 family child care homes (21 total) participated in the program, serving a total of 686 children.**

**21 grants of up to \$5,000 for family child care and up to \$10,000 for centers were made available to support quality improvements.**





Eight QII consultants received training on strategies for providing effective technical assistance, implementing a relationship-based model and administering the Environmental Rating Scales (ERS). Consultants assessed sites using the ERS and worked with providers to jointly identify goals. They also provided technical assistance to support program and environmental changes.

### ▶ WHAT WAS OUR IMPACT?

Consultants made 405 on-site visits that provided 858 hours of consultation. Other methods of consultation included e-mail (13 instances) and telephone (97 instances).

Consultants and providers jointly established Action Plans for quality improvement based on discussions about the environmental assessments.

AREA IDENTIFIED IN ACTION PLAN	NUMBER OF SITES
Health and safety	21
Environmental set-up	20
Opportunities for Learning	17
Language and Development	7
Setting-up Interest Areas	5

#### Pre-Post ERS assessments

Nine of the 21 programs (one classroom in each center-based program and each family child care program) were assessed by an external evaluator using the appropriate environmental rating scale for the classroom (ECERS, ITERS or FDCRS) at the beginning and end of the consultation process.

Overall, each classroom or program showed improvement on the seven-point rating scales.

Consultants reflected on changes they observed at the end of the consultation process.

“[The provider] was **more aware of strategies** to engage all age groups and to support language development. There were books available and accessible indoors and outdoors. There was freshly made play dough... and without rushing the children, [The provider] guided them gently through the morning, through lunch and through naptime.”

2006-07 QII consultant reports

“She [provider] created an infant area, and is working towards making sure it is well protected from the bigger children... [She] created a separate book and listening area with new books and earphones for four children. The children love listening to the books on tape. [She] has also improved the outside by purchasing a shed so she can store outside toys, providing greater play space. The **parents** in [Provider’s] program **comment on how much they like the changes.**”

2006-07 QII consultant reports

Structured interviews with providers revealed changes to their classrooms.

“Parents now bring in family pictures to display so we can **respect cultural diversity.**”

2006-07 QII participant interview

“My staff are more aware of...**learning environments** such as having a defined book and science areas.”

2006-07 QII participant interview

## HIGHLIGHT - THE QUALITY IMPROVEMENT INITIATIVE (QII)

This is the sixth year of the Quality Improvement Initiative (QII), a project designed to improve the quality of center-based and family child care environments. QII includes standardized environmental and classroom assessments, technical assistance and grants to support program improvements related to the assessments. Using lessons learned from the past five years, the results of a 2004-05 survey of providers and participation in a research project evaluating a similar model, Partners for Inclusion (University of North Carolina at Chapel Hill), QII was redesigned so that providers and consultants collaborate in developing and implementing a quality improvement action plan.

The QII model now includes seven programmatic steps completed within a 6-8 month period:

1. Introductions and orientation
2. Training on how to use and reflect on the Environmental Rating scales
3. Environmental assessments conducted jointly by provider and consultant
4. Observation/discussion of the program's strengths and challenges
5. Development of action plan including reachable goals, strategies to attain goals, possible obstacles, measures of whether goals are met
6. Implementation of action plan including on-site training, modeling, and sharing resources
7. Evaluation including post environmental assessment observations and provider feedback

**"...The teacher's desire to reflect and implement change has enabled the classroom to significantly improve and will continue to improve once all of the new materials are in place. Thank you for allowing me to be a part of the change."**

2006-07 QII Consultant final report

### 2006-07 RESULTS

All programs improved on environmental assessments based on observations conducted before and after program implementation by an external reviewer.

- Family day care: greatest changes occurred in the areas of space and furnishings, followed by learning activities that encourage language and reasoning.
- Center-based programs: greatest changes occurred in the areas of activities (e.g., art, math, science) and space and furnishings, followed by personal care routines.

#### Examples of change:

- Created sanitary space for diaper changing, using a portable, yet sturdy changing pad that is near a source of warm water.
- New equipment to allow children to be more engaged in play, both indoors & out.
- Development of parent handbook to address on-time payments and sufficient notice when children leave program.

**"We made major changes...We had a very academic program. The consultant helped us implement a more hands-on approach. We can tie what they learn to how they play. For example, we discuss the senses when we eat."**

2006-07 QII provider interview

#### Next Steps for QII:

- Continued evaluation of programs using environmental assessments and observations of teacher-child interactions, using the Classroom Assessment Scoring System (CLASS)
- Formalizing QII materials and sharing them with other counties
- Reviewing the results from the QUINCE study



## Quality and Facility Grants

ECC partnered with the Low Income Investment Fund (LIIF), a national agency with expertise in financing child care facilities throughout the Bay Area and California. LIIF administers ECC funded facility grants, quality improvement grants and Quality Counts funds.

### ▶ WHAT WAS OUR IMPACT?

LIIF awarded 16 facility grants which enhanced 874 existing child care slots in the county and created 94 new child care slots (12 infant; 82 preschool) for a total of \$320,000. The most common facility development needs included: playground safety, health and safety improvements, renovation and deferred maintenance. Two of the grants increased access for children and families with special needs.

A Facility Grant awarded to one of the Alameda County Resource and Referral agencies, funded a feasibility study and cost analysis to preserve 146 subsidized child care slots in a high need area of Oakland.

LIIF administered 19 Quality Improvement Grants for programs that served 686 children for a total of \$120,000. Funds were used to improve dramatic play materials, health and safety materials and cultural diversity of materials.

IMPACT OF LIIF FACILITY AND QUALITY GRANTS ON CHILDREN	FACILITY GRANTS	QUALITY GRANTS
Number of Grants	16	19
Number of children with special needs	49	14
Number of children from low-income families	597	114
Number of children with a home language other than English	303	200

## The Quality Counts Business and Leadership Support pilot program (Quality Counts)

Quality Counts, a public/private partnership with ECC, Washington Mutual Bank and LIIF, provided family child care and centers with an individualized business (administration, management, finance) needs assessment, on-site business consultation and leadership cohort meetings in East County. LIIF provided the business consultation.

### ▶ WHAT WAS OUR IMPACT?

Seven sites from Livermore, Dublin and Pleasanton received support.

One child care program worked extensively with the Quality Counts consultant to create a detailed accounting system that will enable her program to have a clear view of its current financial status and will support fiscal planning.

Another program focused on developing its administrative policies, which resulted in the development of both employee and parent handbooks.

## The Family Child Care Fair

Family child care providers are honored annually at an all-day Family Child Care Fair that includes a multi-lingual workshop (in Spanish, Chinese and English) on an early care and education topic and \$250 in vouchers to purchase children's books and child development materials on the day of the fair. This year's theme was infant and toddler care.

### ▶ WHAT WAS OUR IMPACT?

188 family child care providers from diverse backgrounds attended and received \$47,000 in vouchers for books, supplies and materials.

A two-month follow-up telephone interview was conducted with participants who spoke either Spanish, English, Cantonese or Mandarin. 69% of English-speaking participants completed the interview. All 22 of the Spanish-speaking participants were reached and completed the interview.

The majority of participants said the workshop was useful.

A summary of what the providers said they do differently as a result of attending the workshop included:

- Trying to understand children's development and needs
- Trying to bond individually with the child
- Using different toys and activities and trying to make food more fun
- Paying more attention to what a child does
- Increasing the amount of independent play time the children have

"I started to talk to children in short and clear sentences."

"Now I plan activities where children can do more problem-solving to support their brain's development."

2006-07 Spanish-speaking survey respondents

"Taking advantage of small moments rather than planning bigger things."

"Spending more one-on-one [time] with the children at play time."

2006-07 English-speaking survey respondents



## Enhanced Mentor Program (EMP)

EMP partners with the California Mentor Program to recruit mentors to provide technical assistance and support for ECE providers. Twelve mentors attended a two-day training series called, “Supporting Teachers to be Reflective Practitioners” and “What Does It Mean to be a Reflective Teacher?”

ECC also offered a six-month hands-on training for six mentors on how to engage teachers in reflective conversations about their practice called, “Exploring Reflective Conversations”.

“The [training] allowed me to **move between the doing and the thinking about doing** ...[to] be more sensitive to children’s experiences and attempt to create with teachers similar kinds of experiences for those “aha!” moments.”

2006-07 EMP report

Mentors distributed outreach materials and made presentations at three local ECE conferences and two college classrooms to let center-based providers, family child care providers and center directors know how to request a mentor. Information was also provided in the Resource and Referral newsletters to target child care providers at a county-wide level.

### ▶ WHAT WAS OUR IMPACT?

Mentors conducted 25 workshops for 577 English-speaking providers on art and literacy, positive discipline, classroom management, communication and team building, curriculum, communicating with parents, developmentally appropriate practice in lesson planning, infant development, Environmental Rating Scales (ERS), grant writing, holiday alternatives, language and literacy.

14 mentors provided one-on-one support for 18 providers. Topics included: the indoor classroom environment, outdoor environment, biting and hitting, transitions, college lab class support, special needs lesson planning, circle time, family child care program assessment, family child care budgeting and management and engaging in reflective practices.

In response to a survey of providers who received mentoring, providers commented:

“To have someone in the same field to talk to, that listens, understands all the aspects of this business and supports us **makes us feel we are not alone.**”

2006-07 Mentoring survey





## Outcome 2E: Children enter Kindergarten ready for school

Alameda County has 65 low-performing elementary schools (API 1-3). ECC expanded the Summer Pre-K Program and increased county-wide school readiness and literacy efforts. The annual kindergarten registration flyer that included registration requirements and contact information for every school district in Alameda County was widely disseminated: 8,550 copies (over twice as many as last year) in English (4,800), Spanish (2,200), Chinese (800), Vietnamese (400) and Farsi (350) were distributed by three R&Rs, public health nurses, family support contractors, community grantees, pediatric offices, health clinics and elementary schools.

### School Readiness – Summer Pre-K Program

Summer Pre-K programs provide quality transitional early childhood experiences for children entering Kindergarten who have not had prior preschool or licensed child care experiences and linked families with health, dental and child development services.

The sixth annual 5 to 6 week Summer Pre-K Program expanded to 19 classrooms at 15 school sites across seven school districts with Low API scores: Berkeley, Fremont, Hayward, Livermore, Oakland, San Lorenzo and a non low-API school in Pleasanton that serves low-income Spanish speaking families.

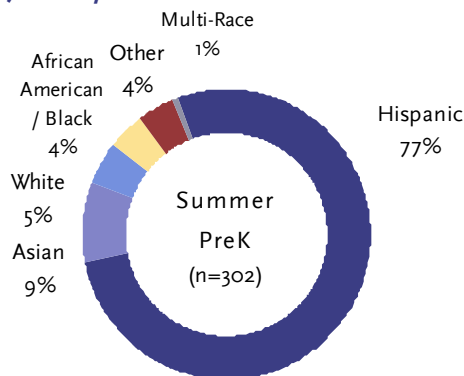
**EXPANSION OF SUMMER PRE-K PROGRAMS SINCE 2001**

YEAR	NUMBER OF SCHOOL DISTRICTS	NUMBER OF CLASSROOMS
2001-2004	2	6-8
2005	3	12
2006	7 (15 schools)	19

### ▶ WHAT WAS OUR IMPACT?

323 children attended the programs and received ECC school readiness backpacks that included kindergarten-required school supplies, culturally and linguistically appropriate books, a picture dictionary and gross-motor toys.

**2006-07 RACE / ETHNICITY OF SUMMER PRE-K CHILDREN**



Children attending the programs spoke ten languages: 67% Spanish, 28% English, 1.3% Tagalog, 9% Cantonese and 4% spoke Korean, Hindi, Pashto, Punjabi, Russian, or Vietnamese.

48 parent workshops on school readiness and parent support were offered at all of the 19 sites. Topics included: Transition to Kindergarten/School Readiness, Dental and Medical Health, Literacy, Nutrition, Social/Integrated Services, Child Abuse Prevention, Parent Leadership/Rights and Responsibilities, Positive Discipline/Understanding Temperaments, Computer Training and Handwriting.

▶ **WHAT WAS OUR IMPACT?**

“The parent education was very successful, with 50-60% of the parents attending ...we spoke regularly about the concepts we were teaching and encouraged [parents] to practice teaching these concepts at home. This **helped the parents to understand that they are teachers too.**”

2006 Summer Pre-K Teacher Survey

18 children attending Summer Pre-K Programs were referred to the Specialty Provider Team for developmental screening. As a result, six children were referred for additional services including speech and parent/child work.

“We had two children with special needs. They took most of our time for several days. We referred them to ECC and a Child Development Specialist came to help. Now the two boys are learning the routine and how they are expected to behave in school. They may still have special needs but **their Kindergarten teacher will be thankful** that they had the experience in the [Summer Pre-K Program].”

2006 Summer Pre-K Teacher Survey



ECC gave feedback to each classroom based on the Assessment of Practices in Early Education Classrooms (APEEC). Many sites utilized the tool to enhance their classroom environments.

▶ **WHAT WAS OUR IMPACT?**

All 19 teachers reported that in reading or discussing the results of the APEEC, they changed or enhanced their classroom environment and/or practices.

The teachers displayed materials that children used at their eye level and brought in books that were age appropriate. Children’s artwork was displayed and changed so they could see their efforts posted in the classroom. Adjustments in the schedule were also made so that children were allowed more free-choice time.

In the Summer Pre-K Program teacher survey, teachers reported that many children lacked skills related to emotional well-being, social competence, health/physical development, approaches to learning, communicative skills and cognition. At the conclusion of the program, teachers reported that they were able to address children’s individualized needs in the summer program using a variety of approaches:

- Ongoing assessments of children’s needs to adapt activities
- Adjusting activities in response to the children’s demonstrated development
- Responding to children’s emotional needs based on the needs of that particular child
- Allowing adequate time for playing to promote social and emotional skills
- Working individually with children who lacked the skills of writing their names and cutting
- Convening daily and weekly staff meetings where observations of children and how to further their interest and needs were discussed



“It was rewarding to plan out curriculum with a larger team and [have] **flexibility to adjust the curriculum.**”

“**the importance of preschool** and developmentally appropriate activities are crucial to later [school] success”

2006-07 Summer Pre-K teacher survey

Each classroom had at least one bilingual teacher who provided educational activities and one-on-one support to children and families in their home language.

Nine out of ten teachers surveyed felt that they learned from this teaching experience.

“...children can **learn quite a bit in so little time**”

“I learned some Spanish and gained a **better understanding** of how to work with **families who speak other languages** than English.”

2006-07 Summer Pre-K teacher survey

### School Readiness – Literacy Activities

Literacy activities were integrated across all ECC programs. Distribution of culturally appropriate books and age-appropriate materials in multiple languages was increased through the Family Child Care Fair, distributing books to families receiving FSS services and through Reach Out and Read (ROR) at pediatric sites. In addition, an Early Childhood Literacy Network was convened quarterly with community representatives from family literacy, early childhood, pediatric, family support and adult literacy programs in the county (See Goal 4, Outcome 4E).

#### ► **WHAT WAS OUR IMPACT?**

Family Support Service contractors distributed 4,360 books (up from 1,002 last year) in seven languages: English, Spanish, Chinese, Korean, Arabic, Vietnamese and bilingual English/Spanish.

Family Child Care providers purchased 1,239 books at the Family Child Care Fair.

ECC contacted all 23 ROR pediatric sites in the county to offer support. Two new offices received assistance in submitting ROR applications. Another eight sites received assistance with book ordering.

13 sites were selected based on their commitment to ROR and where ECC has other existing developmental projects to receive matching funds for book purchases. As a result, ROR sites distributed 35,096 books to children.

25 community agencies participated in the Early Childhood Literacy Network.



## Community Grants Initiative

Several grantees incorporated literacy into their programs.

### ▶ WHAT WAS OUR IMPACT?

Community grantees distributed 3,214 books in English, Spanish, Chinese and Vietnamese.

35 parents and eight providers attended four workshops given by a grantee about the importance of reading.

52 Spanish-speaking parents and their children enrolled in a parenting program participated in Raising a Reader.

47 Spanish, Chinese and English speaking Even Start parents and their children attended one or more parent-child playgroups offered by a grantee. 56 families received home visits. 51 families have more than 50 children's books in the home.



A bilingual early care and education center completed the second year of its Saturday Academy, a program for Spanish-speaking families that combines weekly preschool classes with parent workshops on school readiness.

### ▶ WHAT WAS OUR IMPACT?

33 children participated in the Saturday preschool program and 52 parents attended one or more of 15 parent workshops.

Kindergarten teachers completed progress reports for three children who graduated from the program last year. All three children were doing well in school.

“Over the last months, we have **witnessed a tremendous change** in our daughter... She...is proud that her family speaks Spanish. We are so happy that [she]...has learned to **appreciate her culture and language**. [The program]...has also helped...[her] express her love for music and books. Just last week she conducted her first orchestra at home and had us all play an instrument!... As for our family, the parent workshops have helped us by giving us self-awareness. Now when our child starts acting out, we take a deep breath and remember that we have to organize our thoughts before we react.... [And] **being part of a group** has given our family a **sense of security and belonging**.”

2006-07 Grantee Report





A non-profit children's theme park offered weekend parent-child activities, provided free fieldtrips and passes for programs serving low-income families and collaborated with other agencies to provide community events at the park. A curriculum booklet for teachers, with activities to do before and after fieldtrips was distributed in English and Spanish. Park staff also visited some of the programs before and after the fieldtrips to do related activities with families.

#### ▶ WHAT WAS OUR IMPACT?

453 children and their parents attended 22 weekend workshops at the park.

1,757 families and 241 providers from 34 Head Start, Even Start and other programs participated in fieldtrips to the park. Ten of the programs had never participated in a fieldtrip.

Free passes for the park were used by 1,915 low-income children and their parents.

A children's art museum staffed a drop-in art studio for children ages 18 months to 5 years with artist-facilitators. The museum also placed artists in child care settings for ten-week sessions. The artists engaged children in creative art and trained and coached teachers and parents on creating appropriate art experiences and environments.

#### ▶ WHAT WAS OUR IMPACT?

The studio received approximately 3,710 visits from Alameda County children, including over 360 visits from families in West and East Oakland and other underserved neighborhoods.

Artists led children's art activities for 472 children and trained 72 teachers at 12 licensed child care sites in Oakland, Hayward, San Leandro and Berkeley.

The arts curriculum that was developed for this project was also used by 15 Merritt College child development students in their preschool lab practicum.





## Goal 3: Improve the overall health of young children

### Outcome 3A: Increased support for breastfeeding mothers

Several decades of research has established that breast milk is perfectly suited to nurture, nourish and protect infants from illness. Breast-fed infants have lower rates of hospital admissions, ear infections, obesity, diarrhea, rashes, allergies and other medical problems than bottle-fed babies. Since breastfeeding promotes early attachment between mother and child, psychological and developmental benefits are also realized (US Food and Drug Administration, 1995). 71% of Alameda County mothers report breastfeeding exclusively at the time of hospital discharge, however, only 36% exclusively breastfed their infants for more than eight weeks.

#### Family Support Services (FSS)

FSS supported breastfeeding moms and trained providers on lactation support. Hospital Outreach Coordinators (HOCs) provided basic breastfeeding education when enrolling new mothers for postpartum home visits. Certified lactation specialists offered telephone consultation and home visits to postpartum mothers with complex breastfeeding needs as well as training and consultation for Public Health Nurses (PHNs) and case managers. Lactation Specialists offered individual and group support to mothers at Project Pride, a substance use treatment center. Postpartum mothers at Highland Hospital received lactation support in the hospital and after discharge. ECC Lactation Specialists provided support to Highland Hospital to become a World Health Organization designated “Baby Friendly Hospital”.

#### ► WHAT WAS OUR IMPACT?

91% of ECC new mothers were breastfeeding at the time of enrollment for postpartum home visits. Of those, 58% experienced breastfeeding problems.

Lactation Specialists provided support services to 245 breastfeeding mothers through 914 contacts by phone or at home visits and also provided 41 consultation services to family support service providers or community organizations.

It is particularly noteworthy that medically fragile infants and infants of teen mothers received breast milk were breastfed at fairly high rates (and increased from last year) for these at-risk populations.

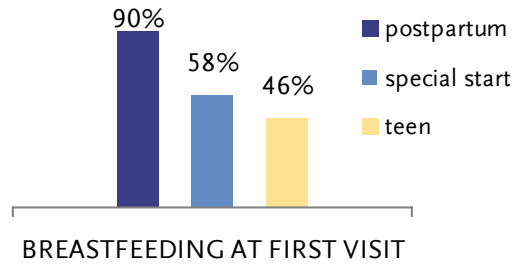
“When the group first started at Project Pride, many of the women had questions and were unsure about breastfeeding. Some women identified that they would formula feed and were uncomfortable or “grossed out” with breastfeeding. As the women delivered their babies, **each of them breastfed** their baby for varying lengths of time. The women discussed challenges and joys of breastfeeding in the first few weeks. They came to rely on one another for advice and support.”

SPT Lactation Support report



In addition to providing weekly lactation drop-in services, a family support agency in the city of Alameda loaned 30 breast pumps to clients.

### 2006-07 PROPORTION OF NEW MOTHERS WHO RECEIVED FSS AND WERE BREASTFEEDING AT FIRST VISIT



### Community Grants Initiative

A health clinic serving low-income Asian immigrants had a breast pump lending program and provided breastfeeding education and support, including postpartum follow-up telephone support.

#### ▶ WHAT WAS OUR IMPACT?

133 mothers attended breastfeeding workshops.

106 mothers were breastfeeding two to three weeks after delivery.

53 mothers borrowed breast pumps.

“We found that the most **critical time** to support mothers to breastfeed is **three to five days** after delivery. By making a follow-up phone call to these mothers...staff played a **key role** in influencing their decision to breastfeed... Consistent follow-up **2-3 weeks** after the initial phone call was also important to...assist with **troubleshooting** any additional issues.”

2006-07 Grantee Report



## Outcome 3B: Children are healthy, well nourished and receive preventive and on-going health and dental care from a primary provider

Families receiving ECC services are monitored for health insurance, access to a medical home, status of immunizations and well child visits. Ongoing preventive care also includes timely dental check-ups and access to treatment and prevention strategies to control chronic conditions such as asthma. ECC programs contracted with key community groups that work with families and providers to maintain safe and healthy home and child care environments.

### Family Support Services (FSS) – Postpartum Home Visiting

The ECC Postpartum Home Visit Program is a relationship-based, family-centered model of home visiting. The program provides up to three postpartum home visits by a PHN (with ten additional visits available if needed).

Hospital Outreach Coordinators (HOCs) offered Postpartum Home Visits to mothers of newborns at Alta Bates-Summit Medical Center and Highland Hospitals. During home visits, Public Health Nurses (PHNs) provided physical checks for the new mother and infant, breastfeeding support, parent education on infant growth and development, maternal depression screening and information on child care and other topics. PHNs made referrals to the ECC Specialty Provider Team (SPT) for additional lactation, mental health or child development services. Referrals were also made for health insurance and other community resources, if needed. Each newborn family received a Parent Kit.

Another agency provided home visits and new parent support groups for postpartum families who live in the city of Alameda.

#### ► WHAT WAS OUR IMPACT?

A total of 3,108 families received services from one of the Family Support Service program providers.

2006-07 PERCENTAGE OF FAMILIES RECEIVING  
ECC FAMILY SUPPORT SERVICES\* BY CITY

CITY	% OF TOTAL FAMILIES RECEIVING FSS	CITY	% OF TOTAL FAMILIES RECEIVING FSS
Alameda	5.1%	Newark	2.3%
Albany	0.7%	Oakland	48.7%
Berkeley	6.0%	Piedmont	0.04%
Castro Valley	0.9%	Pleasanton	0.5%
Dublin	0.2%	San Leandro	7.8%
Emeryville	0.3%	San Lorenzo	1.3%
Fremont	3.6%	San Ramon	0.0%
Hayward	18.3%	Sunol	0.1%
Livermore	1.0%	Union City	3.2%

\* includes Postpartum, Special Start, Teen Services, Healthy Steps and ARS programs

1,562 families were enrolled by HOCs at the three birthing hospitals. 99% of those accepting visits signed consents to share information with other agencies providing ECC services.

A total of 1,247 families received an average of 2 postpartum home visits from PHNs.

97 families requiring additional intervention received an average of five per family.

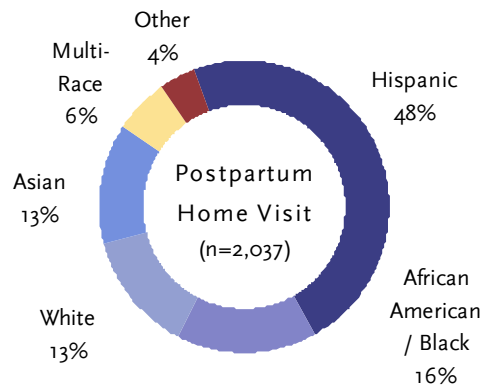
Families who received visits spoke 16 different languages: 54% spoke English, 37% Spanish, 5% Cantonese, 1% Vietnamese and 0.7% Arabic. Interpretation services were provided.

“I enrolled a young mom who was a recent immigrant from Guatemala who spoke an indigenous dialect and very limited Spanish... [she] did not read or write. When entering her hospital room, I saw the mother breastfeeding her baby...with the father at her bedside. I congratulated both and acknowledged how well she appeared to be breastfeeding. The young dad looked very proud. I offered ECC services in Spanish. When the mom did not understand, she would look at the dad who assisted me with interpretation... I wanted to make it clear to both parents how the ECC program provided family support services. I kept in mind this could be a **new concept** for the family coming from a **different culture**. The young dad shared they had limited resources and only one supportive uncle living in the U.S. The young couple also shared some of their immigration experience. I admired their bravery for their journey and briefly shared my parent’s immigration process. Because we had established this relationship in such a short period, both parents felt at ease and accepted the ECC nurse visit and case management from the teen program.”

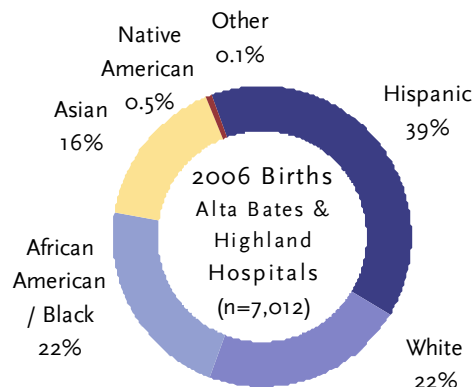
2006-07 HOC report

Hispanic/Latino infants continue to make up the largest group of clients seen by Postpartum PHNs (consistent with the largest percent of births at Alta Bates and Highland Hospitals are to mothers who are Hispanic/Latina).

2006-07 RACE / ETHNICITY OF POSTPARTUM HOME VISIT CLIENTS



2006-07 BIRTHS AT ALTA BATES & HIGHLAND BY MOTHER'S RACE / ETHNICITY





### Family Support Services – Special Start

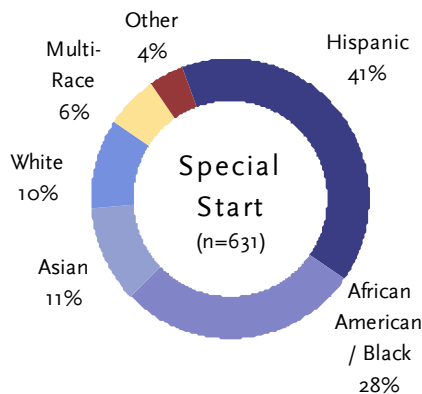
Special Start provided intensive family support for infants discharged from the Neonatal Intensive Care Unit (NICU) and their families. Infants with high levels of medical and social risk received multi-disciplinary case management services from Children’s Hospital and Research Center at Oakland (CHO) Special Start. A specially trained multi-disciplinary team from the Alameda County Public Health Department (ACPHD) provided services for infants with fewer medical risks, but high levels of social risk. Special Start provides long-term case management including developmental, behavioral, mental health, substance use, nutritional and nursing services. They also completed developmental and mental health assessments using validated tools and made referrals for additional treatment services.

#### ▶ WHAT WAS OUR IMPACT?

374 infants and their families were served by ACPHD Special Start.

265 infants and their families were served by CHO Special Start.

2006-07 RACE / ETHNICITY OF SPECIAL START CLIENTS



Almost 30% of referrals made by case managers were related to medical issues or for a primary care physician. Another 14% of referrals were for child development services at the Regional Center or Head Start. Basic needs, health insurance and financial assistance comprised of 15% of referrals.

65% of families receiving Special Start services spoke English, 30% Spanish, 1.6% Cantonese, 1.3% Arabic and 1.1% Vietnamese

20 month old twins, born prematurely to recent parents from the Middle East and their four year old sister recently spent 12 days at a Crisis Nursery, allowing their parents much needed respite. Though a loving and conscientious parent, **severe, disabling pain** due to congenital glaucoma ... **drained** this 30-year old mother's **energy for parenting**. Surgical removal of the affected eye was deemed medically necessary and scheduled. The mother did not have local female extended family members who, in her country of origin, would have taken care of her children [while hospitalized]. Her husband works and goes to school. Given the extreme cultural dissonance of leaving her children with strangers for an extended period of time, I accompanied the mother to view the Crisis Nursery before she would even consider using it. After months of deliberation, the mom decided to place the children there while she had surgery and recovered. She is now on the road to recovery...The children all enjoyed their time at the Nursery. Special Start provided an **opportunity** for this mom to form a trusting relationship that empowered her **to venture out of her cultural norms**. She claimed her health... [and] optimally fostered her children's health and development.

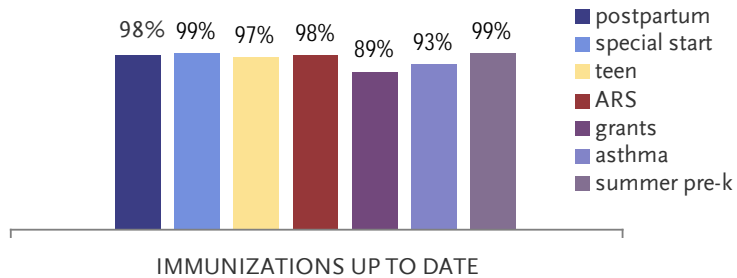
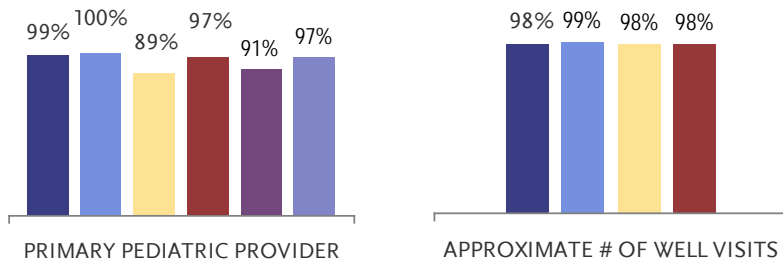
2006-07 Special Start report

A toddler with multiple disabilities including delay to about six months, blindness and deafness was transitioning from Special Start to Oakland Unified School District (OUSD) services. The case manager had developed good relationships with OUSD staff and learned which programs are available... The original OUSD placement for the child was inappropriate [because] the children in the classroom were higher functioning than the client. [In addition,] the teacher did not feel appropriately trained or supported to have the child in the classroom. The Special Start case manager was able to **intervene immediately** to have the placement changed. A **new Individual Education Plan (IEP)** was written that day and the child has started in a classroom that fits her needs.

2006-07 Special Start report

Indicators for health outcomes remained consistently high for all FSS programs. Community grants and other ECC funded programs are now tracking these indicators.

▶ **WHAT WAS OUR IMPACT?**





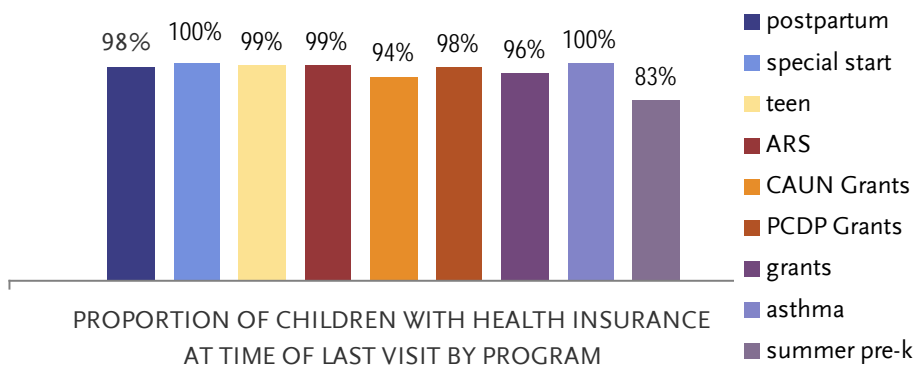
## Health Access

HOCs completed 1,242 Newborn Referral Forms for families with Medi-Cal to ensure continuous health insurance coverage of their newborns in the first year of life. This service is offered to mothers even if they decline a postpartum home visit.

All clients who received FSS, attend Summer Pre-K programs or received relevant services from community grantees were assessed for health insurance status.

### ▶ WHAT WAS OUR IMPACT?

Providers attempted to refer eligible families to MediCal, Healthy Families, Alameda Alliance and other programs (see below).



## Alameda Alliance for Health

The Alameda Alliance for Health was jointly funded by First 5 California Initiative Health Access for All and First 5 AC matching funds. With this funding, the Alliance provided outreach and low-cost health insurance to children (regardless of documentation status) who were not eligible for Medi-Cal or Healthy Families and have a family income up to 300% Federal Poverty Level (FPL).

### ▶ WHAT WAS OUR IMPACT?

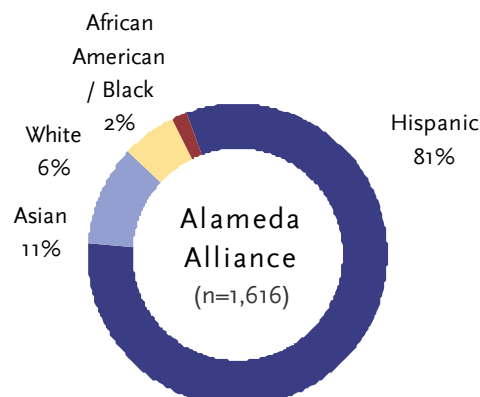
1,678 children were enrolled by Alameda Alliance for Health. 77% spoke Spanish; 7% spoke English; 4% spoke Korean; 12% spoke other languages.

1,122 were from families at 0% to 150% of Federal Poverty Level.

189 were from families at 151% to 250% of Federal Poverty Level.

367 were from families at 251% to 300% of Federal Poverty Level.

### 2006-07 RACE / ETHNICITY OF CHILDREN ENROLLED IN ALAMEDA ALLIANCE FOR HEALTH





### Community Grants Initiative

A community medical clinic completed the second year of its “Centering Parenting” program, an approach to postpartum/pediatric care that has been implemented in only a handful of locations nationwide. The Centering Parenting program brings mothers and babies together in a small group setting 12 times during the year. The program gave mothers a chance to share information and experiences, while providing more time for the medical team to spend with the mothers and infants than possible in regular clinic encounters. The program fostered self-management and empowerment by teaching mothers to weigh and measure their infants, mark their child’s growth chart, weigh themselves and take their own blood pressure.

#### ▶ WHAT WAS OUR IMPACT?

89 infants and 91 adult family members (up from 35 infants and 47 adults last year) received care through seven small groups convened in English and five in Spanish.

23 mothers screened positive for depression and three for domestic violence; all were referred to appropriate services.

“In a community which has historically had **limited resources** and **poor health outcomes**, the Centering Parenting model provides guidance...for parents...[so we can] begin to **turn the tides**.... The interactive nature of group care has **increased parents’ confidence**...in taking their infant’s temperature, knowing when to call [the] doctor, what’s normal to expect and what is not. The groups are also a great environment for parents to discuss...infant development, hear ideas from each other and observe a cohort of infants demonstrating different growth and development levels.... From the perspective of parents, perhaps the **strongest impact** is the development of a **new community of parents** who form long-term bonds which continue even after the groups have ended....”

2006-07 Grantee Report



To improve families’ nutrition and fitness, a drop-in program for homeless women and children provided nutrition education workshops and interactive demonstrations.

#### ▶ WHAT WAS OUR IMPACT?

13 mothers participated in one or more of 44 nutrition education workshops. Mothers surveyed reported that the workshops had “a lot of effect” on their behavior.

“It is not unusual to hear a discussion of the **merits** of **butter** versus **margarine**, nor is it uncommon to hear, ‘You should come to **yoga** today,’ said casually from one client to another. Moms and children preparing for **family dance class** start singing the welcome song before lunch is over... These are just a few examples of how First 5 funding has helped to make positive, **healthy** activities part of our **agency’s culture**.”

2006-07 Grantee Report





## Asthma

Alameda County has the second highest asthma hospitalization rate in California for children 0 to 5 years (668 per 100,000, compared to the Healthy People 2010 objective of 250 per 100,000 [Stockman et al., May 2003]). Asthma is known as a “preventable hospitalization.” If children have access to appropriate health care, hospitalizations and ER visits should be prevented. The Asthma Start partnership was funded to provide prevention and intervention activities for children with asthma. The three components of the Asthma Start program — inpatient hospital services, hospital based clinic services and home visiting — work together to create a system of care for children with asthma.

### ▶ WHAT WAS OUR IMPACT?

198 children hospitalized for asthma at Children’s Hospital and Research Center at Oakland (CHO) and their families received one-on-one asthma education and an individualized asthma care plan. During the three months following discharge, 15% of the children were re-hospitalized and 28% had an emergency room visit.

“A three year old girl who was born with an unusual [medical condition]... was receiving all the medical services she needed...and, in fact, was doing quite well. Unfortunately, the focus on her [condition]...obscured the much more common, but **serious asthma** symptoms she [had]... [She] spent...a week...in the hospital... having never been diagnosed with asthma before. Following her discharge, she was referred to our asthma clinic and for home-based case management services. Once she was given the appropriate medications and her family was educated about asthma, they returned to our clinic and the mom noted that this was the **first time** in over a year that the child **slept through the night** without coughing.”

2006-07 Asthma Start Report

100 children (55 of whom were enrolled this year) received services through the hospital’s asthma clinic. Of 74 children tracked for the remainder of the year, 10% were re-hospitalized and 30% had an emergency room visit.

“We have made considerable progress implementing Asthma Start in both the hospital and clinic setting. We have been accepted as the **model of care** in both settings and in so doing we have **raised the bar** for asthma education and case management at our institution.”

2006-07 Asthma Start Report

“A 30 year old African American mother with several children was referred to SPT for a history of substance abuse, postpartum depression and the loss of two infants to SIDS... It is difficult to imagine how this mother could get services if it meant having to leave her home with four children in tow...[ Because I, as a SPT provider] am able to provide services at home, early treatment and intervention was possible. Over the last two years the mother became clean and sober and regained custody of all her children. The focus of our work was to help her re-organize her life. She had to learn new ways to deal with the ups and downs of parenting and gain a new understanding of the children’s behavior given the new family constellation. For example, she was struggling with potty training the toddler whom she felt was being manipulative by not cooperating. I helped her see that this behavior was appropriate given the child’s developmental age and the drastic family changes. By understanding her child, the mother was able to [experience] empathy and view the behavior differently. [This mother] had never experienced a positive parental relationship. As she began the process of healing and seeing herself as a capable loving mother, she was able to improve her relationships with her children.”

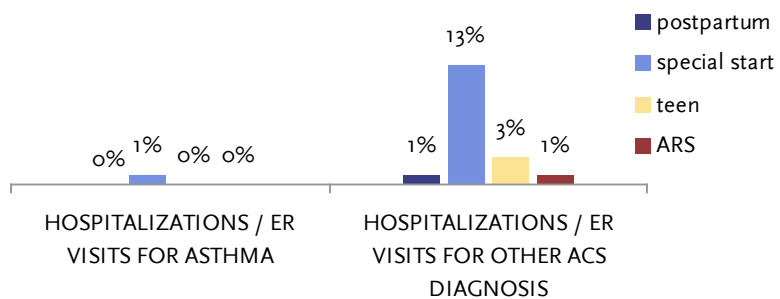
2006-07 SPT report

155 children (146 of whom were enrolled this year) received home-based patient education and case management services. 87% of the families at exit from the program had engaged in at least one asthma trigger reduction effort (e.g., covering mattresses and pillows, vacuuming weekly with HEPA vacuum cleaner). Family members in three families quit smoking.

In the six months prior to the program, 44% of the children had been hospitalized for asthma and 64% had visited the emergency room for asthma. Among 72 parents/caregivers contacted at least three months after exit from the program, only 10% of the children had been hospitalized and 18% had visited the emergency room for asthma.

Children receiving adequate well child care should be able to avoid hospitalizations for ambulatory care sensitive diagnoses defined as preventable (Billings, 1993 and Brown et al, 2001).

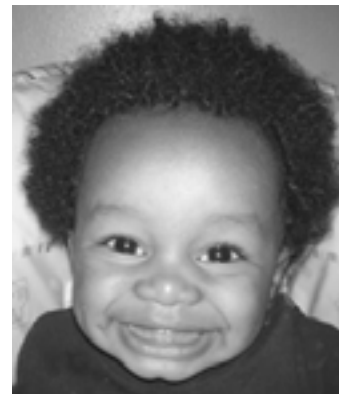
2006-07 PROPORTION OF CHILDREN RECEIVING FSS WITH HOSPITALIZATIONS OR ER VISITS BY DIAGNOSIS



### Oral Health

Dental disease is the most common chronic disease of childhood. 40% of Alameda County children 2-4 years have never been to a dentist (CA Health Interview Survey, 2001) and 46% of kindergartners at low-income schools had untreated decay (Oral Health Needs Assessment, February 2006).

Healthy Kids Healthy Teeth (HKHT) is a preventive oral health program for children 0-5 years of age to increase access to pediatric dental services, provide case management and educate parents, FSS case managers and child care providers about childhood caries.





▶ **WHAT WAS OUR IMPACT?**

HKHT staff partnered with FSS contractors, ECE providers and other community agencies to increase the awareness of the importance of oral health and the services offered through HKHT.

- 368 children were referred to HKHT
- 173 of the children had a dental visit in the past year, or were scheduled for a visit
- 289 children were enrolled in HKHT intensive case management services
- 83 children were referred for other health or social services
- 52 parents attended workshops on dental health

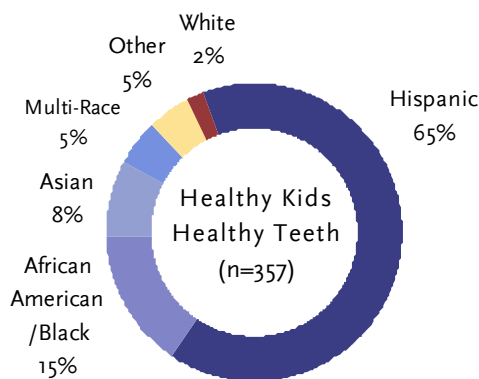
“(I learned) **how to check** my kids teeth **for cavities** and how teeth look when they are bad with bacteria.”

2006-07 HKHT parent workshop parent survey quotes

“An 18-month old child was taken to a dentist for emergency services after falling and injuring his mouth. The dentist had determined sedation would be required in order to extract the damaged tooth. The family was asked to pay \$200 up front for the services, which they would have to borrow from family members. HKHT was able to cover the sedation costs and the child received full treatment. His grandmother recently reported...that he...has finally gotten his appetite back.”

2006-07 HKHT parent workshop parent survey quotes

**2006-07 RACE / ETHNICITY OF HEALTHY KIDS HEALTHY TEETH CHILDREN**



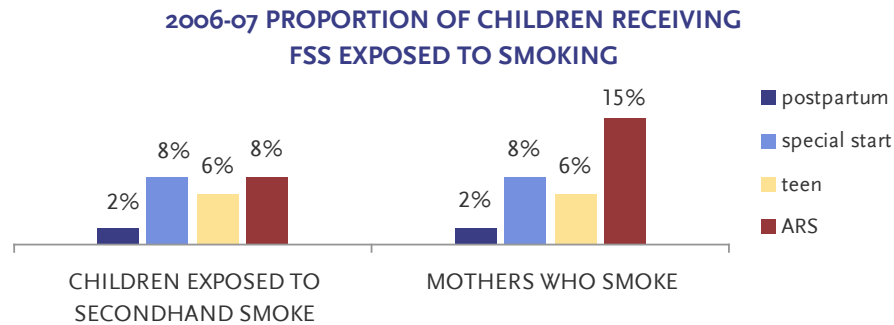
## Family Support Services – Specialty Provider Team (SPT)

SPT substance use specialists provided consultation and training for FSS providers. Providers were also trained to use the 4Ps and DAST substance use screening tools. Because many ARS families struggle with substance use, special trainings, individual and group consultation was provided to ARS programs.

### ▶ WHAT WAS OUR IMPACT?

Hospital Outreach Coordinators referred 41 new mothers to the SPT for substance use services.

All children receiving FSS services are monitored for exposure to tobacco and substance use. ECC contractors and grantees receive training on tobacco cessation strategies.



## Tobacco Exposure and Substance Abuse

To prevent children from exposure to parental tobacco and substance use, ECC contracted with three agencies to provide training and support on tobacco and substance use prevention and cessation, implement the Commission Tobacco Policy with grant recipients and contractors and provide substance use specialist consultation services to FSS providers.

### ▶ WHAT WAS OUR IMPACT?

Three trainings were held for 67 contractors and community grantees.

12 trainings were held for FSS contractors and ECE providers.

ECC continued to participate on the Alameda County Tobacco Control Coalition Executive Board to work towards reducing exposure to environmental tobacco smoke and reducing the prevalence of smoking in Alameda County.





## Goal 4: Create an integrated, coordinated system of care that maximizes existing resources & minimizes duplication of services

### Outcome 4A: Increased sharing of resources and ability to leverage blended funding

First 5 Alameda County (F5AC) developed a fiscal leveraging plan that outlined strategies for using Proposition 10 funds to draw down state and federal dollars as well as to attract additional public and private grant funds. Proposition 10 tobacco tax is a declining revenue source with a goal of reducing tobacco usage.

To provide an incentive for claiming, a revenue sharing strategy was negotiated that allows contractors to keep leveraged funds above a pre-determined amount. All additional funds claimed by contractors must be earmarked for the ECC program.

#### ▶ WHAT WAS OUR IMPACT?

\$1,309,500 from federal reimbursements was generated in 2006-07 from three funding sources: Medi-Cal Administrative Activities (MAA) \$467,638, Targeted Case Management (TCM) \$465,012, and Title IV-E (for children at risk of abuse or neglect) \$376,849.

Coordinated efforts continued among ECC Finance, Family Support Services, Evaluation and Technology and Special Projects staff to understand and meet TCM requirements and ensure the collection of current and accurate information to document, monitor and reconcile TCM encounters. The TCM functionality was enhanced in ECChange to meet TCM audit requirements.

#### Early Care and Education

\$313,000 was generated from the First 5 California Matching Funds for Retention Incentives for Early Care and Education Staff (Child Development Corps).

ECC administered the Alameda County Child Care Planning Council's State Department of Education grant for Retention Incentives, AB212, for a total of \$927,141. The grant provides stipends to child care providers who pursue a professional development program.

#### School Readiness

F5AC received \$1,696,494 from a First 5 California School Readiness Initiative grant.

One school district expanded the Summer Pre-K program in four schools using approximately \$20,000 in Federal Title 1 funds.

#### Community Grants

By utilizing F5AC funding, 19 grantees received a total of \$3,574,112 (an increase of \$966,333 over last year) in grants, contracts or federal reimbursements to enhance ECC services.

"We have used our ECC grant to **leverage** funding from additional sources... [The additional]... funding enabled us to **significantly expand** our **Little Studio** Residency program in 2006-07 and to **collaborate** on program delivery with Luna Kids Dance, incorporating a movement component into our [artist] residencies at select Oakland child development centers."

2006-07 Grantee Report

## Outcome 4B: A common set of results, indicators and performance measures across participating ECC agencies

The ECC accountability matrix (see [www.first5ecc.org/accountability/evalreports.html](http://www.first5ecc.org/accountability/evalreports.html)) presents an integrated common set of results, indicators and performance measures across all contracting agencies and providing ECC funded services. This is the second year that the Community Grants Initiative required common measures for all grantees, including customized common measures for the two partnership programs. The common client satisfaction survey was used by contractors and grantees. Accountability matrices for each grant and contract were updated this year.

All Community Grant recipients and ECE staff and contractors received training on Results-Based Accountability. Service providers, grant applicants and recipients and ECC staff received training and technical assistance on ways to use validated tools and assure quality data collection and reporting. Grant recipients also received training on using the Client Satisfaction Survey.

The accountability requirements for the 2007-09 Grants Initiative were significantly revised.

### ▶ WHAT WAS OUR IMPACT?

**“F5AC’s evidenced based accountability will continue to be a beacon for [us]... We use the outcome data we collect...in all of our grant writing.”**

2006-07 Mental Health Partnership Grantee Report

**“Last year ECC provided training on the Ages and Stages screening tool and this year we have begun to use it more widely. Previously...we tended to rely on observational screenings. We have also begun using depression screens more consistently than in the past. Again, we often relied on self-reports during clinical interviews rather than formal instruments. We plan to increase our use of these tools with all our clients.”**

2006-07 Grantee Report

**“One area in which our outcomes tracking has been strengthened by the F5AC funding is in the area of childhood health and wellness. ...we now ask all families at intake whether or not their children have a primary pediatrician, health insurance, complete immunizations, dental care and mental health or developmental services. These questions provide an entry into conversation about childhood health and wellness and provide intake staff with an immediate opportunity to provide information and referrals for all children’s health services.”**

2006-07 Grantee Report

Over 1,162 client satisfaction surveys were administered by grantees.

56% (n=560) of clients surveyed reported they were able to use what they learned from the program.

79% (n=622) of clients surveyed said the program had ‘a lot’ of or ‘some’ impact on their family.

**“The client survey has proven to be an invaluable tool in improving our program. We have received wonderful feedback from caregivers who have provided genuine appreciation and/or suggestions for improving our events. The surveys also convey to families that we value their opinions and they have helped create an atmosphere that promotes dialogue and thereby strengthens the link between home and school.”**

2006-07 Grantee Report







ECC develops cross-agency information systems to inform and improve the efficiency of outcome and performance measure reporting, to promote best practices and to provide agencies with tools to do their work. Two web-based systems, ECChange and ECC Online were enhanced and supported by the ECC staff and the ECC Help Desk.

### ▶ WHAT WAS OUR IMPACT?

All FSS service providers use ECChange. To date, ECChange holds 27,723 ECC cases (78,455 clients). There are 790 active ECChange users throughout the county. This year there were 3,390 new ECC Cases and 9,517 new distinct ECC Clients recorded.

The third Annual ECChange Super User's Meeting was convened and included an opportunity for Super-Users to share their "success and discovery" stories.

New modules implemented in ECChange included:

- Lactation Support module and Lactation provider feedback auto fax
- School Readiness Summer Pre-K module to collect more outcome data
- Automated Reports: HOC enrollment, SPT Service Log, Brief Intervention, Breastfeeding and TCM six month Review Summary
- ARS nightly data dump to SSA

ECC Online supports Grants, Corps, QII and Training. Development was extensive this year and included:

- Implementation of the first online Community Grants application and review process. Support and technical assistance for applicants and reviewers were also provided.
- Completion of all reporting online by grantees
- Migration of Corps AA database to ECC Online; this module was also enhanced to track BA/MA participants
- Completion of a Training Coalition module to track and monitor training registrants
- Update of the QII module and the addition of CLASS assessment tool
- Re-engineering of the internal Contacts database

A survey of 2007-09 Grant Applicants (56 respondents) about using ECC Online revealed that 93% found the system very or somewhat easy to use.

"If I may say....no grant application is 'easy'. The application process is so streamlined that its ease of use is near perfect."

"The Helpdesk staff is 'very' helpful! Glad they were 'on-call'. I think I called them at least three or four times."

Grant Applicant Survey



## Outcome 4C: Increased county-wide training opportunities to promote best practices, increase provider capacity and assure quality services for families and children 0-5 years

Lasting improvements in service quality cannot be achieved without increasing the capacity of providers to use best practices and continually upgrade their skills. As a key systems change strategy, all ECC programs included training components to build provider capacity in the community and promote best practices.

### Family Support Services (FSS) – Training Connections

Training Connections, the training component of FSS, offered monthly Specialty Topic Seminars that are practical, knowledge-based, culturally relevant and designed to promote new ways of understanding issues related to young children and their families. Training Connections is open to all Alameda County family service providers serving children ages 0-5. Continuing Education Units (CEUs) are awarded for participating public health nurses and licensed mental health professionals.

Topics this year focused on parenting and included: Racial Identity Formation, Bilingual Language Acquisition, Addiction and Parenting, Incarceration, Teen Parenting, Family Violence, Community Violence, Substance Use and Parenting, Engaging Clients with Substance Abuse Issues, Cultural Competency Working with Arab-American and Muslim-American Families.

#### ▶ WHAT WAS OUR IMPACT?

973 (duplicated) providers attended ten Specialty Topic Seminars; attendees included nurses, case managers, family advocates, mental health therapists, social workers, outreach workers, clinical psychologists, midwives, lactation consultants, developmental specialists, substance use counselors, nutritionists, dieticians, health educators, physical therapists, occupational therapists, speech pathologists, child care providers, teachers, parents, students, program administrators, interns and administrative staff.

Training Connections awarded 942 CEUs.

“I was very impressed by the maturity and knowledge of the teen parents on the panel. I had a lot of negative preconceived ideas and judgments about teens getting pregnant and being parents. Between listening to the teen parents share their experiences so honestly and the charismatic presenter, I will be **better able to encourage the strengths of teen parents rather than focus on their struggles or weaknesses.**”

Effective Strategies for Supporting Pregnant and Parenting Teens  
Specialty Topic Seminar

“This session reminded me how much I love working in this field and what a difference it can make in a child’s life if you **help their parent’s deal with substance abuse.** Thank you.”

Engaging Clients with Substance Abuse Issues  
Specialty Topic Seminar





Great discussion of **Arab culture and Islam** – I learned so many things I didn't know before. I found the tips for providers the most helpful. Very practical information -especially how I should **focus on the family** rather than just the individual.”

Cultural Competency Serving Arab-American and Muslim-American Families  
Specialty Topic Seminar

Grantees commented on training opportunities in their end of the year reports.

“Several staff have taken advantage of the excellent trainings offered by F5AC, attending sessions on Addiction and Parenting, Incarceration and Families, Family Violence and Substance Use. These **trainings** have **altered the way** that the case management **staff work with their clients** and help them assess and prioritize their needs. For families with very young children, greater emphasis is now placed on the caregiver/child relationship and teaching caregivers how to support secure attachment and provide developmentally appropriate activities for their children.”

2006-07 Grantee Report

## Family Support Services – Contractor Trainings

FSS convened nine trainings targeted for contractors and other medical professionals who provide direct services to families.

### ▶ **WHAT WAS OUR IMPACT?**

226 providers attended nine FSS Contractor trainings on HIPAA and Confidentiality, Screening Tools for Nurses, Tobacco Control Policy and Education and Tobacco Strategies for Home Visitors.

A Breastfeeding and Pharmacology workshop was attended by 87 physicians and other medical providers who serve breastfeeding mothers. The key speaker was Tom Hale, an internationally recognized clinical pharmacologist and breast feeding specialist.

Comments on the workshop evaluation included:

“As a physician, I assumed I was knowledgeable about breastfeeding. After today's seminar I am a lot more informed and feel confident encouraging breastfeeding with the appropriate choice to antidepressants when working with depressed mothers.”

“...I am even more committed to providing breastfeeding support for new moms than I was before.”  
Breastfeeding and Pharmacology Workshop Evaluation



## Early Care and Education

Training coordinators at each of the three R&Rs gather training needs information for ECE providers in Alameda County with input from the Local Child Care Planning Council and the Professional Development Coordinators, family child care associations and child care director groups in their respective regions. They compile two directories that include available community trainings and community locations available to host trainings.

### ▶ WHAT WAS OUR IMPACT?

QII trained 21 child care providers on the Environmental Rating Scales (ERS).

93 Corps members attended ten additional ERS trainings.

Training Coordinators at the R&Rs identified the need for training on the following topics: working with children with special needs, appropriate discipline, children with challenging behavior, computer skills and stress management for providers. They also located 45 potential training sites throughout the county.

Training Coordinators identified different cultural and linguistic needs to consider in each region of the county:

- North County: Most diverse with more than 15 languages spoken; local R&R offered trainings in ten of these languages on a regular basis.
- East County: Increase in Middle Eastern and East Indian populations, local R&R working to address the training needs of these populations.
- South County: Large Spanish-speaking and Farsi-speaking populations. Trainings were offered in Chinese, Spanish, English and Farsi on a regular basis; local R&R has also begun to arrange multi-lingual events by using interpretation services.

R&Rs implemented 18 new workshops attended by 398 providers on the socio-emotional foundations of development and cultural and linguistic diversity issues in childrearing. The five workshops on the cultural aspects of temperament and child rearing practices were provided in Chinese, Spanish, Vietnamese, Amharic and English.

“A **potential** family child care **provider** from Mongolia came to our Family Child Care Information Session. She **speaks Mongolian and Russian** and has been working as a translator in this country for years. She recently had a child and is very connected to the Mongolian community. She told me about the new immigrants who have many issues around accessing child care and cultural concerns regarding asking for help and leaving children with someone outside of their language/cultural group. With the support of the [R&R], she... [obtained] her license and is providing child care services in her community.”

2006-07 R&R Report



## Early Care and Education — Trainer Enhancement Project (TEP)

TEP developed a cohort of 26 early care and education trainers to enhance their ability to provide quality, culturally sensitive trainings for ECE professionals. This year-long program included a two-day retreat, a scholarship to attend the CAEYC Training of Trainers Conference, eight monthly training sessions and a practicum. Training topics included: observation and analysis of workshops presented by other trainers; meta-cognitive training processes and in-depth training on adult learning; workshop planning; facilitation skills; cultural competency skills; and ethics and business practices.

### ▶ WHAT WAS OUR IMPACT?

Based on pre and post training participant surveys, there was self-reported improvement in each participant's skill level.

Three skills that improved the most were:

1. incorporating adult learning techniques in trainings
2. ability to facilitate discussion of controversial or unfamiliar topics
3. the ability to incorporate their own and other cultural perspectives into their training

"I have become more **sensitive to differences** in learning styles ....am more aware of ways... to welcome diverse needs and responses."

"I was very focused on what I thought they (trainees) should know. Now I feel more confident following their lead and **recognizing that learning comes differently** for each person."

"TEP has broadened my scope of training, which includes assessing the audience, setting goals, laying out objectives, envisioning the outcomes, **setting up the process of self-assessment.**"

2006-07 TEP participants



## Pediatric Strategies

Pediatric providers are in ideal position to identify children with specialized health, developmental & socio-emotional needs. ECC continued to support the ABCD program which promotes child development screening and services at pediatric sites when the state pilot expired last fiscal year. With the help of the Medical Home Project staff, regular contact was maintained with three current ABCD pediatric practices, including phone and in-person meetings with pediatricians to explain the project goals and participant roles and commitment. ECC also facilitated a one-time training for two additional private pediatric practices.

Quarterly trainings for pediatric providers in the county provide opportunities to promote best practices and provide a county forum for pediatricians on topics related to identification of developmental and early childhood mental health concerns and community resources.

### ▶ WHAT WAS OUR IMPACT?

127 providers from a total of 74 pediatric practices attended four trainings. Topics included Well Child Visits: Strategies for Focusing on Development; Evaluating and Treating Attention Deficit Hyperactivity Disorder (ADHD); Understanding Sleep Disorders; and Addressing Parents' Concerns around Discipline Issues.

"I will be **able to** discuss potentially problematic preschool behaviors with a more structured framework in my mind and to **refer more specifically**. I may also feel more qualified to consider [mental health providers] for preschoolers that meet criteria for ADHD."

"I have much **more confidence** in what I know **about ADHD in preschoolers**. We don't need to just 'watch and wait' until these kids are much older!"

2006-07 Pediatric Training attendees



## HIGHLIGHT - ONE-TIME ONLY GRANTS

In March 2006, the First 5 Alameda County Commission approved the allocation of \$1 million to establish a One Time Only Capital Improvement and Information Technology Grants Program with funds available from increased revenues and decreased expenses in 2004-05. These grants were to support one-time expenses for capital projects and information technology infrastructure for community partners that, when implemented, would have a lasting impact on services to the children 0 to 5 years in Alameda County.

16 organizations received \$337,298 for capital improvement grants and 28 organizations received \$497,702 for information technology grants.

### Capital Improvement Grants

12 grants were used for the purchase of equipment, furniture, etc. and four were used for facilities improvements requiring some light construction.

- Grantees reported significant impact on their programs and services due to capital improvements.
- Five organizations purchased medical equipment for use with their clients. This equipment was to replace old/outdated equipment or to upgrade the medical facilities with modern, efficient equipment.
- Seven organizations improved the physical appearance and fixtures of their facilities making it a warmer, more welcoming place for their clients.
- One grantee was in jeopardy of having to close a facility due to mold and deterioration prior to receiving this grant. The grant saved their facility.

### Information Technology Grants

All 28 grants were for computer system upgrades/updates. Seven grants included website development.

All grantees reported that information technology upgrades/updates had significant impact on their programs that they gained a greater efficiency in data systems and management.

- Five programs purchased laptop computers for their field staff to work more efficiently while off-site and for more efficient data up/downloading.
- The majority of the other grantees implemented either a first time local area network system or upgraded their existing system.

The dream of a Visual Information Technology Center became a reality with the acquisition of a new server, software and seven wireless laptop computers. The Center now supports parent education in both a group and independent learning environment using teacher lead and on-line instruction. Software meets the needs of those who have sight and hearing challenges. The agency also obtained two LCD projectors to support trainings and workshops. Having more than one projector allows full utilization of staff, space and time without having to modify or adjust presentations due to lack of equipment or conflicts. The enhancement of the St. Joseph website at [www.sjcd.org](http://www.sjcd.org), has been instrumental in heightening awareness of the agency, its resources and services for families in the community. By popular request, the website is now even able to support credit card donations, making it easier to process donations.

2006-07 One Time Only grant report

## Outcome 4D: Increased access to and utilization of ECC programs and services for all families with children 0-5 years in diverse communities of Alameda County

### Cultural Access Services (CAS)

CAS provided language assistance to ensure access to ECC programs for the growing number of limited English-speaking families. CAS worked with our partners to help provide services that are culturally responsive to and respectful of their clients' unique needs.

FSS and ECE contractors and Community Grantees were trained on implementing federal mandates for providing language accessible services in accordance with the National Standards for Culturally and Linguistically Appropriate Services.

CAS reviewed Specialty Topic Seminars content to ensure that cultural perspectives were incorporated into the trainings. Trainers received written guidelines and verbal coaching on integrating cultural perspectives into training topics. Diversity panels consisting of providers, parents or consumers discussed personal experiences with the given Seminar topic.

CAS also facilitated translation of all outreach, health education, program applications and information materials, and assessment and survey tools.

All ECC programs and grantees (where appropriate) are now required to report on race/ethnicity, primary language and special needs of the families they serve.

#### ▶ WHAT WAS OUR IMPACT?

398 families received 1,228 interpretation services in 16 languages.

Interpretation equipment was loaned 36 times to organizations for community meetings, workshops and trainings.

CAS provided two trainings on the best practices of interpreting for 12 bilingual staff and on best practices for working with interpreters for 12 clinicians. Concrete techniques and skill were provided to work effectively with clients who have language barriers to receiving services.

105 professionals participated in two provider symposiums (for FSS, ECE and Community Grants providers) on best practices and challenges in providing culturally responsive services. Participants engaged in discussion about which strategies agencies are using to create a culturally responsive organization. Programs exemplifying best practices were highlighted. 93% of participants found the symposiums to be very good to excellent.

“[Our Agency] received more than 25 applications for our multilingual/multicultural internship this semester. We think this is because the focus of our internship is valued in the mental health community. With this new show of interest we were able to **increase our internship diversity**. In addition, we **added American Sign** to our language capability.”

2006-07 Grantee Report



## Community Grants

Parenting grantees provided services in English, Spanish, Cantonese, Farsi and Vietnamese.

### ▶ WHAT WAS OUR IMPACT?

“Over the past eight years we have served more than **400 families** from **39 countries** speaking **42 languages**. It is an amazing sight to see women dressed in various clothing representative of their culture, all sitting around tables **interacting** and **sharing stories** of child rearing.... We focus on what we each have in common with another and begin to share strategies and knowledge from that point.”

2006-07 Grantee Report

“**Adjusting and extending the availability of services truly makes a difference** for the diverse population of clients.... [For example,] in the past, we have hosted Chinese parenting classes, but quickly learned that due to transportation issues, working schedules, cultural differences and varying comfort levels, that some parents preferred to stay in their community. This year we [**held**]...our Chinese **parenting class [in]...Chinatown**. To our excitement, 46 parents attended the class. “

2006-07 Grantee Report

A health agency serving low-income Asian immigrants recruited and trained six additional bilingual volunteer labor coaches to provide language interpretation and support to non-English speaking women during their labor and delivery. Altogether, a pool of 39 labor coaches was available to provide support in Mandarin, Cantonese, Vietnamese, Korean and Tagalog.

### ▶ WHAT WAS OUR IMPACT?

**101 women** received assistance during labor and delivery from bilingual labor coaches.

“[The] prenatal program offered such a great service to me. I [participated in]...prenatal workshops...breastfeeding support...[nutritional] counseling... However, [the] **labor coach** program was the **best service** I got. My labor coach was so patient and so loving. She encouraged me and comforted me in the delivery room.”

2006-07 Grantee Report

## Early Care and Education – Family Child Care Fair

The Family Child Care Fair held workshops in English, Spanish and Chinese on infant and toddler care. In each session, providers reflected on and discussed cultural differences they have experienced in their settings and how they approach them. See Outcome 2D.







## **Outcome 4E: Increased county-wide service coordination and collaboration identified by system-wide initiatives such as Early Childhood Mental Health and Child Development and Schools' Capacity**

### **Early Care and Education**

ECC worked with a committee of community partners on local activities in honor of NAEYC's Week of the Young Child to raise awareness about early childhood issues. "Week of the Young Child Kits" were distributed to 1,500 parents and providers countywide.

### **Child Development Permit Verification of Completion Program (VOC)**

In the Fall of 2006, a process to streamline Child Development Permit applications was implemented. This process allows a community college to approve Verification of Completion Program (VOC).

#### **▶ WHAT WAS OUR IMPACT?**

VOC has reduced time from application to approve from 8-10 months to two months.

Since establishing the VOC program, 173 applications have been approved.



### **License-Exempt Early Care and Education Providers**

R&Rs were funded through the CARES matching program to establish relationships and expand training for license-exempt Family, Friend and Neighbor (FFN) early care and education providers. Incentives were offered to providers participating.

#### **▶ WHAT WAS OUR IMPACT?**

273 FFN providers received non-monetary incentives.

One R&R has conducted outreach activities through flyers and weekly presentations to exempt providers in child care payment programs, the R&Rs, family resource centers, librarians, mother's clubs, grandparent support groups, family child care licensing orientations and other community agencies serving families.

Another R&R offered two playgroups/month for license-exempt providers in Spanish and English. The 2-hour playgroups for preschoolers take place at an elementary school in South Hayward. Age appropriate activities are provided along with information for providers that illustrates the learning and development that occurs with each activity.

The training component of the Family, Friend and Neighbor Project includes a curriculum developed specifically for license-exempt child care providers by the California Child Care Resource and Referral Network (R&R Network) and sessions from "A Place of Our Own" workshop series developed by KCET in Los Angeles. All training topics offered are presented in both English and Spanish.



## School's Capacity

School Readiness launched year round programs to build schools capacity to support entering kindergarteners including convening Kindergarten/ECE collaboratives in four school districts, developing school-based orientations for parents of entering Kindergarteners and providing technical assistance.

### ▶ WHAT WAS OUR IMPACT?

San Lorenzo, Livermore, Oakland, Fremont and Hayward Unified School Districts all participated in year round school readiness activities.

Participating schools held 21 orientation sessions/workshops for parents of new Kindergarteners prior to the start of school; five in Spanish-only and 16 were bilingual as appropriate.

School districts provided parent workshops, school readiness fairs, screening of Kindergarteners prior to school entry and training for Kindergarten and ECE teachers.

27 schools (42% of the county's low-performing schools) now have procedures that facilitate continuity between ECE programs and elementary schools.

Oakland Unified hired a full time Transition Coordinator.

Eight local Kindergarten/ECE Collaborative meetings were held in four districts to discuss common goals and share activities to support children and families as they transition to kindergarten.

70 teachers attended a county-wide workshop on utilizing developmentally appropriate practice in both ECE and Kindergarten classrooms

524 children participated in transition to Kindergarten activities.

## Early Childhood Mental Health Systems (ECMH)

### Proposition 63

ECC continued to take a leadership role in the ECMH Development workgroup convened by Alameda County Behavioral Health Services. The workgroup develops recommendations for Proposition 63 funds for infant and early childhood mental health prevention strategies. In addition, the Director of Family Support Services is the vice-chair of the Alameda County Mental Health Board.

### Early Childhood Mental Health (ECMH) Policy Collaborative

The California Endowment Foundation awarded funds to the Bay Area Region First 5 Association to further regional and statewide collaboration on early childhood mental health.

### Harris Training Program

F5AC partnered with the Irving Harris Foundation to support a three year training program administered through Children's Hospital and Research Center at Oakland in conjunction with Alameda County Behavioral Health Care Services. The training program is designed to increase early childhood mental health consultation and treatment skills for postgraduate level providers working with young children and families.





### ▶ WHAT WAS OUR IMPACT?

40 providers were trained in year one impacting the services for 660 children. Eight community training sessions were attended by 317 (duplicated) providers. Topics ranged from The Importance of Immigration History in Work with Young Children and Families to Development of Self-Regulation in Infants and Young Children.

As a result of attending the Harris Trainings, participants noted:

“Asian Community Mental health Services continued to develop its programs for infants and young children including developmental play groups in the community.”

“Several agencies now convene monthly case conferences. One agency held an agency-wide mandatory training about early childhood mental health.”

“One agency now has a Harris-trained clinician providing regular consultation in pediatric primary care clinics.”



### EPSDT coordination for funding mental health services

F5AC continued to provide leadership for building a coordinated system of early childhood mental health referrals in Alameda County. EPSDT 0-5 providers from 13 agencies met monthly to coordinate EPSDT services. This year the EPSDT committee focused on: maintaining an ongoing monthly list of EPSDT 0 to 5 openings for early childhood mental health services; piloting an EPSDT data collection form to identify where referrals are generated; revising the Behavioral Health Care Services “functioning evaluation” to ensure it is appropriate for 0 to 5 providers; and developing a community report.

### ▶ WHAT WAS OUR IMPACT?

Approximately 550 new children received the benefit of EPSDT services and a total of 43,271 service hours were utilized to serve these children and their caretakers.



### Screening, Assessment, Referral and Treatment System (SART)

For the past seven years, F5AC has invested over \$100 million to early childhood development services, health and education programs and supports for families with young children. During this time we have expanded developmental and social emotional screening and the identification of children with concerns. To address the current gaps and fragmentation in our system of care for children who have developmental concerns or have special needs, F5AC initiated and funded a planning process. A broad range of stakeholders was convened to develop an integrated system for screening, assessment, referral and treatment (SART). The planning process completed a needs assessment and is working on an implementation structure and funding. Planning will be completed in December 2008 and a phased-in implementation will occur over the next three years.

## Medically Fragile Babies in Foster Care

ECC facilitated quarterly meetings to promote collaboration among hospital Neonatal Intensive Care Unit Social Workers, Department of Social Services Children and Family Services supervisors and other agencies serving medically fragile babies. Issues addressed this year included: problems with Medi-Cal; accessibility to car seats for hospital NICU discharges of children to foster care; developing a checklist and training for foster parents/kinship caretakers picking up medically fragile babies from the NICU. In addition, a pilot project to reimburse foster parents to attend training on the medical needs of children they will be caring for, was launched.

## Medical Home Project

The Medical Home Project collaborated with ECC to continue support for pediatric offices implementing child development screening. The project also offered trainings and information on medical home material for 14 pediatric sites including referral pathways and ASQ administration. A binder and CD were produced that included referral information.

## Early Childhood Literacy Network

The Literacy Network is a multi-disciplinary group of community members working to improve access to high quality literacy experiences for young children and families. The network goals included: providing networking and collaboration opportunities and peer support for community organizations that provide literacy services for young children and families; disseminating information related to best practices, funding sources and policy making related to early childhood and family literacy; and enhancing literacy services to families with young children.

### ▶ WHAT WAS OUR IMPACT?

**50 participants representing 25 agencies attended four Literacy Network meetings to discuss and be trained on: supporting English language learners; language and literacy for children with hearing loss; AB172; Raising A Reader; art and literacy development in early childhood; grant opportunities, community activities and networking exercises.**



## Early Care and Education for All

A collaborative effort by the Alameda County Office of Education, Assembly District 16, ECC and the Alameda County Child Care Planning Council completed a comprehensive plan to improve access to affordable, quality child care for children, birth to 5 years. Five key strategies were identified to guide the community-based work for the next several years:

1. Secure new funding and improve the current system of funding programs in the county.
2. Develop principles and definitions of quality child care.
3. Increase cultural competency and sensitivity of child care programs to ensure all families are welcomed.
4. Improve the professional development system in the county.
5. Emphasize a cross-disciplinary approach to training and professional development for practitioners.



# challenges

As an agency committed to “system change”, F5AC learns and grows from our challenges. Integrating best practices, cross-discipline delivery systems and web-based data systems that are culturally appropriate takes time, patience and ongoing monitoring. ECC is committed to acknowledging and working with the challenges we confront.

Challenges that we faced this past year include:

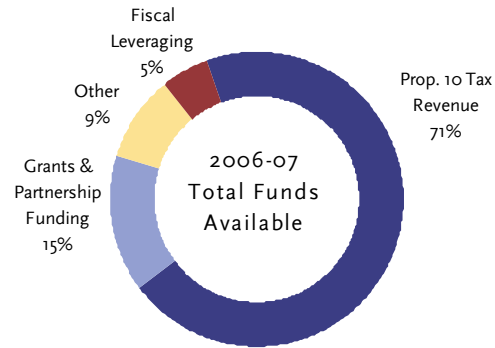
- Expanding community capacity to meet the complex needs of diverse families including: bi-lingual staffing, cross discipline services, geographic coverage and community based support
- Working with public agencies and school districts that face barriers around systems change
- Integrating early childhood mental health and maternal depression into the Mental Health Act (Prop 63) planning process
- Getting community and agency buy-in and financial support for implementing and sustaining the Alameda County SART system
- Meeting basic educational requirements for Early Care and Education AA students so they can move into newly created BA programs
- Moving projects and initiatives to sustainability not dependent on Proposition 10 funds



# financial report

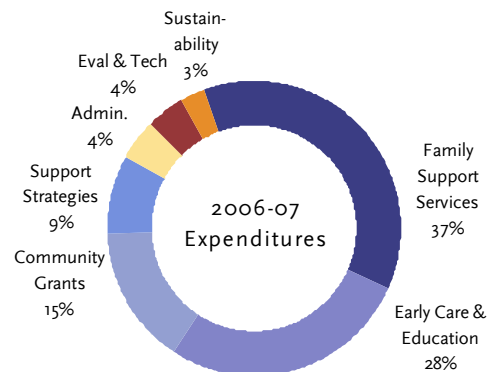
## FUNDS AVAILABLE

Proposition 10 Tax Revenue	\$ 17,544,812
Grants and Partnership Funding*	\$ 3,751,207
Other **	\$ 2,339,812
Fiscal Leveraging	\$ 1,309,500
<b>TOTAL FUNDS AVAILABLE</b>	<b>\$ 24,945,331</b>



## EXPENDITURES

Family Support Services	\$ 9,260,913
Early Care and Education	\$ 6,906,284
Community Grants	\$ 3,838,853
Support Strategies	\$ 2,134,516
Evaluation and Technology	\$ 1,089,669
Administration	\$ 1,070,461
Sustainability	\$ 664,635
<b>TOTAL EXPENDITURES</b>	<b>\$ 24,945,331</b>



### Time Period

The Financial Report reflects the financial activities undertaken from July 1, 2006 through June 30, 2007.

### Service Integration

The Every Child Counts Strategic Plan mandates that service delivery programs be designed with a multidisciplinary, integrated service approach where Family Support Services are linked to and integrated with Early Care and Education services and Community Grants. The identification of these programs in the fiscal context assists in financial planning and fiscal monitoring.

\* Funding from: Alameda County General Services Agency Child Care Planning Counsel for AB 212 Compensation/Retention funds; First 5 California School Readiness grant for expanded services in neighborhoods with schools with low API scores; First 5 California Health Care for All grant for health insurance for children; First 5 California Comprehensive Approaches to Raising Educational Standards (CARES) grant to improve child care quality through professional development opportunities; and a grant from the California Institute of Mental Health for the BEST PCP Project.

\*\* Funding from Investments (\$ 2,289,740) and miscellaneous revenue (\$ 50,072)

# data sources

Alameda County Birth Records

Alameda County Health Status Report 2006

Assuring Better Child Health and Development, BestPCP Final Report

California Budget Project, "The Rising Tide Left Some Boats Behind", December 2005

California Department of Education, DataQuest, 2005

California Department of Health Services, Vital Statistics

California Health Interview Survey

Census Data, 2000

Child Development Corps Database

Community College Contractor Reports

Community Grantee Reports & Surveys

Contractor Reports

ECC Online

ECChange

Healthy People 2010

Low Income Investment Fund Reports

National Campaign to Prevent Teen Pregnancy Report 1997

QII Consultant Reports

Telephone Surveys

University of North Carolina, Frank Porter Graham Child Development Institute, Spring 2006, Early Developments, Volume 10 (1)

US Department of Health and Human Services, National Child Abuse and Neglect Data System, 2001

US Food and Drug Administration, 1995

## thanks

These accomplishments were achieved for the children, families and providers in Alameda County brought together by Every Child Counts including our Commissioners, our staff, the staff of many community partners and, most importantly, thousands of health, social service, child care providers and parents who improve children's lives on a daily basis.

We would like to thank all of our partners, contractors and staff who contributed to this report and acknowledge the efforts of all those who helped to collect, report and analyze the data.

### Special Thanks to:

Dan Delaney, Nikhil Ramakrishna, Selvi Dorairaj, Bobbie Wilbur, The Center to Promote Health Care Access, Inc.

Telephone surveys and data entry by Joanna Jacob

Families and children whose photos appear in our reports and brochure

Design: Nicole Vasgerdsian, JPD Communications LLC & Melanie Toledo

Photos: Alain McLaughlin Photography; Melissa Saldua, Captured Photography; ECC Staff

## additional information

Additional information is available on our website, [www.firstsecc.org](http://www.firstsecc.org)

# appendix A

## Goal 1: Support optimal parenting, social and emotional health and economic self-sufficiency of families

OUTCOME 1A: ENHANCED PARENTING AND STRONGER FAMILIES	
INDICATORS	
Proportion of agencies receiving community grants that provided parenting education or support groups	14 out of 28
Proportion of parents attending parenting education or support programs who report they used what they learned	88% (n=280)
Proportion of parents attending parenting education or support programs who report that the program had a large ("a lot of") impact on their family	56% (n=280)

OUTCOME 1A: ENHANCED PARENTING AND STRONGER FAMILIES				
INDICATORS	SPECIAL START	TEEN SERVICES	ARS	GRANTS
Proportion of primary caretakers receiving ECC services who were screened for depression	83% (n=601)	58% (n=666)	43% (n=137)	n/a
Proportion of primary caretakers who screened positive for depression	26% (n=496)	22% (n=386)	25% (n=59)	19% (n=255)

OUTCOME 1B: CHILDREN ARE FREE FROM ABUSE AND NEGLECT			
INDICATORS	POSTPARTUM	SPECIAL START	TEEN SERVICES
Proportion of children receiving FSS that are in foster care at time of referral	0% (n=1,227)	6% (n=49)	3% (n=482)
Proportion of families receiving FSS with open Child Protective Services (CPS) cases at time of referral	1% (n=1,115)	11% (n=610)	2% (n=634)
Proportion of children receiving Plus 10 or Intensive Family Support Services (IFSS) who were placed in foster care	2% (n=88)	6% (n=613)	2% (n=652)
Proportion of families receiving Plus 10 or Intensive Family Support Services (IFSS) who have a CPS case opened during the reporting period	2% (n=88)	10% (n=605)	4% (n=631)

OUTCOME 1C: ENHANCED ECONOMIC SELF-SUFFICIENCY AMONG FAMILIES				
INDICATORS	POSTPARTUM	SPECIAL START	TEEN SERVICES	ARS
Proportion of families receiving FSS who are receiving CalWORKs or CalLEARN assistance	8% (n=864)	19% (n=375)	26% (n=618)	41% (n=124)
Proportion of teens receiving family support services	23% (n=1,296)	11% (n=634)	100% (n=511)	16% (n=139)
Proportion of teen families receiving FSS who are CalLEARN recipients	9% (n=184)	27% (n=48)	19% (n=511)	7% (n=15)
Proportion of pregnant / parenting teens who remain in school or who have graduated from high school during the reporting period	36% (n=196)	42% (n=43)	58% (n=620)	8% (n=13)
Proportion of families with at least one employed caretaker, or one who is on leave	71% (n=906)	77% (n=568)	61% (n=601)	58% (n=130)



## Goal 2: Improve the development, behavioral health and school readiness of children 0 to 5 years

OUTCOME 2A INDICATORS: IMPROVED CHILD SOCIAL, DEVELOPMENTAL AND EMOTIONAL WELL-BEING						
INDICATORS	SPECIAL START	TEEN SERVICES	ARS	HEALTHY STEPS	GRANTS	SUMMER PRE K
Proportion of children screened for developmental delays who scored "of concern" per the assessment	66% (n=473)	13% (n=263)	26% (n=80)	60% (n=232)	43% (n=268)	36% (n=14)

OUTCOME 2E: CHILDREN ENTER KINDERGARTEN READY FOR SCHOOL				
INDICATORS	SPECIAL START	TEEN SERVICES	ARS	GRANTS*
Proportion of families receiving intensive ECC services who report reading, storytelling or singing to their children at least three times a week	93% (n=272)	90% (n=266)	93% (n=101)	79% (n=237)

\* Grants reported proportion of families receiving intensive ECC services who report reading, storytelling or singing to their children at least one time a week

## Goal 3: Improve the overall health of young children

OUTCOME 3A: INCREASED SUPPORT FOR BREASTFEEDING MOTHERS									
INDICATORS	POSTPARTUM	SPECIAL START				TEEN SERVICES			
Proportion of women and teens who received FSS and were breastfeeding at the first home visit	90% (n=1,165)	58% (n=584)				46% (n=614)			
Proportion of women and teens who received FSS and breastfed <=1 month, <=6 mos, <=12 ms, > 1 year*	n/a	<=1 mo	<=6 mos	<=12 mos	<=1 yr	<=1 mo	<=6 mos	<=12 mos	<=1 yr
		16%	42%	18%	23%	30%	36%	14%	20%

\*Includes only clients > 1 years old

OUTCOME 3A: INCREASED SUPPORT FOR BREASTFEEDING MOTHERS			
INDICATORS	POSTPARTUM	SPECIAL START	TEEN SERVICES
Type of feeding at last home visit was:	(n=919)	(n=415)	(n=294)
exclusively breast feeding	54%	7%	21%
combination breast milk and formula	29%	39%	43%
formula only	15%	50%	35%
expressed breast milk	2%	5%	1%

OUTCOME 3B: CHILDREN ARE HEALTHY, WELL-NOURISHED AND RECEIVE PREVENTATIVE AND ON-GOING HEALTH AND DENTAL CARE FROM A PRIMARY PROVIDER					
INDICATORS	SPECIAL START	TEEN SERVICES	ARS	HEALTHY KIDS HEALTHY TEETH	SUMMER PRE K
Proportion of children 1 year and older who received an annual dental exam	29% (n=239)	24% (n=254)	69% (n=89)	60% (n=289)	79% (n=286)

## Goal 3: Improve the overall health of young children

OUTCOME 3B: CHILDREN ARE HEALTHY, WELL-NOURISHED AND RECEIVE PREVENTATIVE AND ON-GOING HEALTH AND DENTAL CARE FROM A PRIMARY PROVIDER							
INDICATORS	POSTPARTUM	SPECIAL START	TEEN SERVICES	ARS	SUMMER PRE K	GRANTS	ASTHMA START
Proportion of children who have an identified primary pediatric provider	99% (n=1,198)	100% (n=602)	89% (n=621)	97% (n=116)	n/a	91% (n=310)	97% (n=433)
Proportion of children with appropriate number of Well Child visit per age	98% (n=961)	99% (n=532)	98% (n=514)	98% (n=115)	n/a	n/a	n/a
Proportion of children whose immunizations are up-to-date for age	98% (n=784)	99% (n=526)	97% (n=509)	98% (n=114)	99% (n=293)	89% (n=345)	93% (n=186)

OUTCOME 3B: CHILDREN ARE HEALTHY, WELL-NOURISHED AND RECEIVE PREVENTATIVE AND ON-GOING HEALTH AND DENTAL CARE FROM A PRIMARY PROVIDER						
INDICATORS	POSTPARTUM	SPECIAL START	TEEN SERVICES	ARS	GRANTS	
Proportion of children who have no health insurance or whose health insurance is Healthy Families or Medi-Cal	79% (n=1,269)	77% (n=638)	88% (n=737)	71% (n=154)	n/a	
Proportion of children who do not have health insurance	2% (n=1,242)	0% (n=636)	1% (n=725)	1% (n=128)	4% (n=319)	

OUTCOME 3B: CHILDREN ARE HEALTHY, WELL-NOURISHED AND RECEIVE PREVENTATIVE AND ON-GOING HEALTH AND DENTAL CARE FROM A PRIMARY PROVIDER				
INDICATORS	POSTPARTUM	SPECIAL START	TEEN SERVICES	ARS
Proportion of FSS children hospitalized or who made ER visits for asthma	0% (n=1,306)	1% (n=639)	0% (n=691)	0% (n=156)
Proportion of FSS children hospitalized or who made ER visits for preventable ACS* diagnoses (other than asthma)	1% (n=1,306)	13% (n=639)	3% (n=691)	1% (n=156)
Proportion of infants and children receiving FSS exposed to secondhand smoke	2% (n=903)	8% (n=539)	6% (n=519)	8% (n=105)
Proportion of parenting women and teens receiving FSS who smoke	2% (n=1,144)	8% (n=608)	6% (n=651)	15% (n=136)
Number of pregnant and primary caretakers receiving FSS who are referred to smoking cessation programs	22	41	3	13
Number of pregnant women and primary caretakers who are referred to alcohol and drug treatment programs or consultation services	7	35	0	7

\*ACS: Ambulatory Care Sensitive admissions for treatment of conditions that are preventable with access to timely and effective ambulatory care. Note: Special Start supports medically fragile infants.

# glossary

**ABCD** ■ *Assuring Better Child Health and Development*

A pilot project with the State of California Medi-Cal Managed Care, the Alameda Alliance and the Alameda Medical Home Project that works to enhance standardized developmental screening in pediatric practices

**APEEC** ■ *Assessment of Practices in Early Education Classrooms*

Tool used to assess kindergarten environments

**API** ■ *Academic Performance Index*

State test used to rank school performance

**ARS** ■ *Another Road to Safety*

Family Support Services ARS is an intensive family program providing in-home support and parent education to families who have had a call placed to the Child Abuse Hotline

**CA** ■ *Career Advocates*

Positions funded by ECC at each R&R to assist Corps members with Corps requirements, finding a Professional Growth Advisor, locating trainings or workshops and address questions about the Child Development Permit

**CAS** ■ *Cultural Access Services*

CAS assists clients with language and cultural barriers by providing interpretation and translation services offers seminars for service providers on strategies to improve culturally responsive care

**CDS** ■ *Child Development Specialist*

Staff with specific training in child development who screen children for developmental concerns and provider parent education and support at pediatric offices and other ECC programs

**CDTC** ■ *Child Development Training Consortium*

An independent agency that supports providers applying for the Child Development Permit

**CHDP** ■ *Child Health and Disability Prevention*

A preventive health program providing health assessments, dental services and other care coordinating services for income-qualified children in California

**CGI** ■ *Community Grants Initiative*

A core division of Every Child Counts, the Community Grants Initiative awards grants to community-based and public agencies for the enhancement and expansion of services for children ages 0 to 5

**Corps** ■ *Child Development Corps*

A stipend and training program designed to encourage early care providers to continue college-level education and remain in the field

**CTC** ■ *Commission on Teacher Credentialing, State Department of Education's Child Development Division*  
The state agency that processes and issues Child Development Permits and teaching credentials for the k-12 system

**ECC** ■ *Every Child Counts*

Name and strategic plan of the First 5 Alameda County agency

**ECE** ■ *Early Care and Education*

A core division of Every Child Counts, ECE works towards enhancing the quality of child care via trainings for early care educators, improvements of child care sites, mentoring for directors and teachers and other support systems serving the early care and education community

**ECRS** ■ *Harms/Clifford Environmental Rating Scales*

Tools used to assess the quality of infant/toddler care, family child care, early childhood and school-age care

**ECMH** ■ *Early Childhood Mental Health*

A system or field focusing on preventive mental health services and strategies for infants and young children

**EMP** ■ *Enhanced Mentor Program*

A partnership between the California Early Childhood Mentor Program and Every Child Counts, Mentors provide short-term, on-site technical assistance and training for licensed Alameda County child care providers

**EPSDT** ■ *Early Periodic Screening Diagnosis & Treatment*

Part of the federal Medicaid medical assistance program aimed at improving primary health benefits for children with emphasis on preventive care such as regular and periodic exams and any medically necessary services, even those not covered by the state Medicaid plan

**ETP** ■ *Emerging Teachers Program*

Program at Merritt College for English language learners studying for their AA degree in early care and education

**Eval/Tech** ■ *Evaluation and Technology*

A division of Every Child Counts, Eval/Tech is responsible for measuring the impact of all Every Child Counts programs on children and families in Alameda County using the result-based accountability model. Eval/Tech also oversees and manages all Every Child Counts information technology projects, supports Every Child Counts office network and the Every Child Counts website, [www.first5ecc.org](http://www.first5ecc.org)

**FSS** ■ *Family Support Services*

A core division of Every Child Counts, FSS offers a range of services for families and providers including a postpartum family support program, intensive family support programs and provider training programs

**HIPAA** ■ *Health Insurance Portability and Accountability Act*  
National standards that set privacy and security rules requiring covered entities to take appropriate and reasonable measures to safeguard protected health information

**HOCs** ■ *Hospital Outreach Coordinators*  
HOCs enroll families into the Family Support Services postpartum home visiting program and are based at Alameda County Medical Center (Highland) and Alta Bates Medical Center

**HS** ■ *Healthy Steps*  
A pediatric office program that identifies children at risk of developmental delay and supports families concerned about the developmental progress of their children

**IEP** ■ *Individual Education Plan*  
Plan that identifies a student's specific learning expectations and outlines how the school will address these expectations through appropriate special education programs and services

**IFSP** ■ *Individualized Family Service Plan*  
Plan that identifies a student's specific learning expectations and outlines how the school will address these expectations through appropriate special education programs and services

**IFSS** ■ *Intensive Family Support Services*  
Longer-term family support services provided to pregnant and parenting teens, families with infants discharged from the Neonatal Intensive Care Unit and families with children identified to be at risk for child abuse or neglect

**MAA** ■ *Medi-Cal Administrative Activities*  
Program to obtain federal reimbursement for the cost of certain administrative activities necessary for the proper and efficient administration of the Medi-Cal program

**MH/PCDP Partnership Grants** ■ *Mental Health and Parent Child Developmental Playgroup Partnership Grants*  
For the 2003-05 grants cycle, the Community Grants Initiative funded the Partnership Grants programs which require significant commitment from grantees to attend in-depth trainings, use best practices and track common performance measures

**PDC** ■ *Professional Development Coordinator* Located at Alameda County community colleges to recruit and enroll Corps members, assist students with education plans, address questions about the Child Development Permit and work to promote a system of education for ECE students

**PIC** ■ *Partners in Collaboration Project*  
A cross-disciplinary project that pairs Mentor Teachers with Mental Health Consultants to work together to provide integrated consultation in a classroom setting, which enables them to broaden their perspectives and learn from each other

**PFA** ■ *Preschool for All Initiative*  
First 5 California has adopted a PFA Initiative whose goal is to help communities plan for preschool expansion and build a foundation for universal preschool should statewide funding become available

**PIPE** ■ *Partners in Parenting Education*  
An interactive curriculum and training program on a relationship-based approach to child development activities for home visitors or early interventionists

**PPHV** ■ *Postpartum Home Visit Program*  
A voluntary home visiting program that for families with newborns. Alameda County Public Health Nurses can provide up to 10 home visits

**QII** ■ *Quality Improvement Initiative*  
The QII provides resources for a trained child development consultant to work collaboratively with ECE providers to improve program quality

**R&Rs** ■ *Resource and Referral Agencies*  
The California Department of Education funds R&Rs throughout the state to help parents find child care and to support child care providers. The R&Rs for Alameda County are BANANAS, 4Cs & Child Care Links

**SART** ■ *Screening, Assessment, Referral and Treatment System for children at risk of developmental and emotional delay*

**SPT** ■ *Specialty Provider Team*  
Family Support Services SPT is comprised of mental health, substance abuse, lactation and developmental specialists. The SPT provides consultation and training to FSS providers serving families at higher risk and provides direct services to families regarding mental health, breastfeeding and behavioral issues

**SSA** ■ *Alameda County Social Services Agency*  
Alameda County agency that administers cash assistance, food stamps, health insurance (Medi-Cal), senior in-home care, child abuse and neglect services, foster care, adult protection and support and emergency shelter to the county's residents

**Summer Pre-K Program** ■ *Summer Pre-Kindergarten Program*  
A six-week summer program held for children who have not been in formal preschool or childcare environments prior to entering kindergarten

**TCM** ■ *Targeted Case Management*  
An optional Medi-Cal funded program whereby local government agencies provide specialized case management to Medi-Cal eligible clients for needed social, medical, educational and other services

**Title IV-E** ■ *Title IV-E - Federal Payments for Foster Care and Adoption Assistance*  
Federal block grants to states for aid and services to needy families with children and child welfare services, including foster care and adoption placement assistance

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