



**ANNUAL  
REPORT**  
July 1, 2002 –  
June 30, 2003



## table of contents

letter from executive director and commission chair	1
commission, staff, partners & grantees	2
introduction and overview	5
highlights	8
results	15
goal 1	15
goal 2	24
goal 3	36
goal 4	48
linking to the strategic plan	59
financial report	60
thanks, data sources, additional information	61



## mission

Develop a high quality community based, county-wide system of prevention & early intervention services to improve environments critical to the health & well being of children 0 – 5 years and their families.

### Prepared by

**Teddy Milder**, Director of Evaluation and Technology

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**Chris Hwang**, Research Analyst

October 24, 2003

The 2002-2003 annual report for Every Child Counts – First 5 Alameda County reflects a tremendous amount of progress in our collective efforts to make a meaningful difference in the lives of young children and their families.

As our programs and services mature — thanks to our dedicated staff and many community partners — it is very gratifying to measure how the lives of children and families are improving. The opportunities for access to health care, mental health services, parent education, family support, child care facilities improvement, interpretation services, child abuse prevention, immunization, breastfeeding, training for child care providers and school readiness that this report documents demonstrate that the vision and effort that launched Proposition 10 – First 5 is being realized every day.

The diversity and size of our county is exciting and challenging. The resources of our Commission are not enough to meet all the needs in our various communities, but they are enough to show that the kind of concentrated and integrated efforts that Every Child Counts was founded upon are an extremely worthwhile investment. Due to systematic data collection and the cooperation of hundreds of public health nurses, social workers, mental health specialists, child care providers, community health outreach workers, parent educators, pediatricians, parents and many more, we can say with confidence that services for young children in our county are working.

Every Child Counts has been a widespread community effort and everyone who works for our partner agencies should be proud of their contribution to our success. Of course there is still much more to be done. Budget cuts on the federal, state, and local level are severely jeopardizing the services of our government and community agency partners. At the same time, many families face the challenge of a still uncertain economy and the high cost of living in Alameda County.

I hope that you find this report as inspiring and useful as we do. A team of staff led by Teddy Milder, our Evaluation and Technology Director, and Janis Burger, our Deputy Director, did the tremendous work that went into its preparation.



**Mark Friedman**  
Executive Director



**Helen Mendel**  
Chair

## 2002–2003 First 5 Alameda County

### COMMISSIONERS

**Helen Mendel**, Chair, President, All Pro Promotions  
**Melanie Tervalon**, Vice Chair, Pediatrician, Assistant Professor, UCSF School of Medicine  
**Keith Carson**, Alameda County Board of Supervisors, District 5  
**Chet Hewitt**, Director, Alameda County Social Services Agency  
**David Kears**, Agency Director, Alameda County Health Care Services Agency  
**Linda Olivenbaum**, Program Manager, California Early Childhood Mentor Program  
**Rocio De Mateo Smith**, Executive Director, Developmental Disabilities, Area Board 5  
**Mildred Thompson**, Senior Policy Fellow, PolicyLink  
**Gail Ward**, Director of Child Care Services, University of California, Berkeley

### COUNTY COUNSEL

**Jason Lauren**

### STAFF

**Mark Friedman**, Executive Director  
**Janis Burger, RD, MPH**, Deputy Director

**Amalia Alcalá**, Hospital Outreach Coordinator  
**June Allen, MBA**, ECChange Program Coordinator  
**Sujata Bansal, MFT**, Early Childhood Mental Health Specialist  
**Edward Belardo**, Data Entry Specialist  
**Lisa Borromeo, MFT**, Mental Health Specialist  
**Areda Boyd**, Hand in Hand Community/Family Support Specialist  
**Iris Bradford, MA, Ed.**, Enhanced Mentor Program Associate  
**Deborah Bremond, PhD, MPH**, Director, Family Support Services  
**Kevin Bremond**, Administrative Assistant  
**Kathleen Brooks**, Administrative Coordinator  
**John Campos**, Network Support Specialist  
**Jennifer Chan**, Administrative Coordinator  
**Ann Chun, MPA**, Cultural Access Service Coordinator  
**Fritz Concepcion**, Administration Aide  
**Janene Conner**, Hand in Hand Community/Family Support Specialist  
**Rory Darrah**, Director, Early Care & Education  
**Jennifer Driscoll, MFT**, Child Development Specialist  
**Lea Eaglin**, Child Development Corps Program Associate  
**Lisa Erickson**, Child Care Fund Program Associate

**Rebecca Gebhart**, Director, Finance, Grants and Administration  
**Sheila Gibson**, Administrative Services Assistant  
**Rae Ann Goldberg, MFTI**, Mental Health Specialist  
**Dalila Gomez**, Breastfeeding Counselor  
**Sue Greenwald, LCSW**, Project Coordinator, Special Start and Special Projects  
**Anna Gruver, LCSW**, Program Services Administrator  
**Rosa Hernandez**, Hospital Outreach Coordinator  
**Kelly Anne Hicks**, Community Grants Associate  
**Erin Hill, MA**, School Readiness Coordinator  
**Christine Hom**, Community Grants Program Coordinator  
**Chris Hwang**, Research Analyst  
**Lorraine Johnson**, Finance Associate  
**Eli Kanat**, Database Services Assistant  
**Carla Keener**, Contractor Liaison / Quality Assurance Coordinator  
**Judy Landers**, Hospital Outreach Manager  
**Teddy Milder, PNP, PHN**, Director, Evaluation and Technology  
**Tina Mui**, Administrative Services Assistant  
**Phyllis Navarre**, Administrative Service Assistant  
**Mitzi Onizuka**, Child Development Corps Coordinator  
**Lupe Ortiz-Barattino**, Hand in Hand Community/Family Support Specialist  
**Kathy Padro**, Outreach and Communications Manager  
**Shamar Parsad**, Hospital Outreach Coordinator  
**Joanne Penko**, Intern  
**Melissa Perez**, Hospital Outreach Coordinator  
**George Philipp**, Program Services Administrator  
**Jovan Radulovich**, Network / ECChange Support Associate  
**Maria Raff**, Child Care Fund Coordinator  
**Rachel Rivera**, Hand in Hand Community/Family Support Specialist  
**Beatriz Rodriguez**, Hand in Hand Community/Family Support Specialist  
**Jackie Schalit**, Mental Health Specialist  
**Nadirah Stills, MFTI**, Mental Health Specialist  
**Carly Strouse**, Breastfeeding Counselor  
**Susan Sullivan**, Training Coordinator  
**Noemi Toscano-Gutierrez**, Child Development Specialist  
**Antonette Walker**, Administrative Services Assistant  
**Jane Wellenkamp, PhD**, Evaluation Specialist  
**Jozette Wilson**, Administrative Services Assistant  
**Y. C. (Jennie) Wong**, Hospital Outreach Coordinator  
**Christina Yep**, Administrative Services Assistant  
**Patricia Zapanta**, Accounting and Fiscal Leveraging Specialist

## CONTRACTORS

4 C's of Alameda County  
Alameda County Public Health Department, Public Health Nursing  
Alameda County Public Health Department Asthma Start  
Alameda County Public Health Tobacco Control Program  
Alameda County Social Services Agency  
Almassi Interpreting Service  
Mirella Almaraz, Child Care Fund Assessor  
American Lung Association  
Asian Health Services Language Cooperative  
BANANAS, Inc.  
Chabot Community College  
Laura Chang, Child Care Fund Assessor  
Maria Chavez, Child Care Fund Assessor  
California Mentor Program  
Child Care Links  
Children's Hospital Oakland  
City of Berkeley  
Deloitte Consulting  
Freeman Sullivan and Company  
Families First and Haight Ashbury Free Clinic, Inc.-- Ujima House  
Family Support Services of the Bay Area  
Elizabeth Gillman, Child Care Fund Assessor  
Tod Hill, Community Grants Initiative Consultant  
International Contact  
Interpreters Unlimited  
La Familia Counseling Service  
Las Positas Community College  
Merritt Community College  
Ohlone College  
Pacific Interpreters  
Dora Pulido-Tobiassen, Child Care Fund Assessor  
Barbara Riley, Fiscal Leveraging Consultant  
San Francisco Community College District  
Charles Smith, High/Scope Educational Research Foundation  
Eileen Storer, High/Scope Educational Research Foundation  
The Perinatal Council  
Through the Looking Glass  
Tiburcio Vasquez Health Center, Inc.  
Rebecca Tracy, Child Care Fund Assessor  
Francesca Wright, The Foundation Consortium  
Xanthos

## COMMUNITY GRANTS INITIATIVE 2002-03 GRANTEES – COMMUNITY BASED ORGANIZATIONS

4 C's of Alameda Co.  
Alameda Point Collaborative  
Alta Bates Summit Foundation  
Asian Community Mental Health Services  
Asian Health Services  
Association of Children's Services  
BANANAS, Inc.  
Building Futures with Women and Children  
CAPE, Inc.  
Center for the Education of the Infant Deaf  
Child Care Links  
Children's Hospital Oakland Breastfeeding Support Center  
Community Drug Council, Inc  
Davis Street Community Center  
East Bay Agency for Children  
East Bay Community Recovery Project  
Easter Seals Bay Area  
Emergency Shelter Program, Inc.  
Family Resource Network  
Family Support Services of the Bay Area  
Family Violence Law Center  
Friends of Alameda County Court Appointed Special Advocates Inc.  
Girls Incorporated of Alameda County  
Habitot Children's Museum  
Indigenous Nations: Child & Family Agency  
Jewish Family and Children's Services of the East Bay  
Lifelong Medical Care  
Luna Kids Dance  
Museum of Children's Art  
Planned Parenthood Golden Gate  
Seneca Center/Building Blocks Program  
Shelter Against Violent Environments (SAVE)  
St. Joseph's Center for the Deaf/Psychological Services  
St. Rose Hospital  
St. Vincent's Day Home  
Tennyson Parent Nursery School  
The California Partnership for Children - Children & Youth Policy Project, UCB  
The Dental Health Foundation  
The Kids' Breakfast Club  
The Link to Children (TLC)  
Through the Looking Glass  
Tri-City Health Center  
Tri-City Homeless Coalition  
Urban Indian Health Board, Inc.  
Women's Daytime Drop-In Center

## COMMUNITY GRANTS INITIATIVE 2002-03 GRANTEES – PUBLIC AGENCIES

Alameda County Behavioral Health Care  
Services/Early Childhood Consultation Program  
Alameda County Library Bookmobile, Hot Wheels  
Alameda County Office of Education  
Alameda County Public Health Department, Asthma  
Start Program  
Alameda County Sheriff's Office  
Alameda County Social Services Agency, Department  
of Children and Family Services  
City of Fremont, Youth and Family Services  
Hayward Adult School Parenting Education  
Department  
Oakland Police Department, Family Violence  
Intervention Unit  
Pleasanton Unified School District

## PARENT ADVISORY COMMITTEE

Parvin Azad  
LaToya Dubose  
Thomas Donovan  
Mary Frankel  
Cerise Grise  
Dru Howard  
Ely Hwang  
Lisa Jones  
Pilar Lecaros  
Carlos Londono  
Suzanne McCallin  
Michelle McMillian-Wilson  
Cosie Robinson  
Linnette Robinson  
Lara Weber  
Donna White

## PARTNERS

Accessible Buildings for Children's Development  
(ABCD): partnership of the David and Lucile  
Packard Foundation and the Low Income  
Investment Fund  
Alameda Alliance for Health  
Alameda County Breastfeeding Task Force  
Alameda County Child Care Planning Council  
Alameda County Data Sharing Workgroup  
Alameda County Health Care Services Agency  
Administration  
Alameda County Medical Center  
Alameda County Public Health Department, Maternal,  
Child and Adolescent Health  
Alameda County School County Partnership  
Alameda County Women, Infants & Children (WIC)  
Program  
Alameda Kids Coach Program Committee

Alta Bates Summit Medical Center  
Asian Health Services Language Cooperative  
Asthma Start Collaborative  
Bay Area School Readiness Collaborative  
Black Infant Health  
Blue Cross Medi-Cal Outreach Staff  
California First 5 Association  
California Early Intervention Technical Assistance  
Network (CEITAN) - WestEd  
Center for the Child Care Workforce  
Child Care Fund Advisory Committee  
Child Care Links - Toy and Resource Library  
Child Care Transportation Workgroup  
Child Development Corps Technical Advisory  
Committee  
Child Development Training Consortium  
City of Alameda Child Care Workgroup  
City of Oakland  
Commission on Teacher Credentialing  
Department of Children and Family Services  
Early Childhood Mental Health Systems Workgroup  
East Oakland Pediatrics  
Easter Seals Bay Area  
Fetal Infant Mortality Review Community Action Team  
First 5 California  
Hayward Unified School District  
Healthy Kids, Healthy Teeth  
High Risk Infant Follow-Up Network  
Housing Authority of Alameda County  
Improving Pregnancy Outcomes Program (IPOP)  
Interagency Children's Policy Council  
Kaiser Hospital, Oakland  
La Clinica de la Raza  
Local Investment in Child Care (LINCC) Project  
Mervyn's  
Native American Health Center  
Oakland Parks and Recreation  
Oakland Unified School District  
Pediatric Advisory Committee  
Perinatal Substance Abuse Leadership Initiative  
Providian Financial Corporation  
Regional Center of the East Bay  
Safe Passages  
St. Rose Hospital  
Silva Clinic, St. Rose Medical Center  
Sobrato Family Foundation  
State Department of Mental Health- Infant Preschool  
& Family Mental Health Initiative  
U. S. Coast Guard - Child Development Center  
U. S. Department of Health and Human Services  
UC Berkeley Department of Education  
UC Davis Expanded Food and Nutrition Education  
Program  
United Way of the Bay Area

# introduction

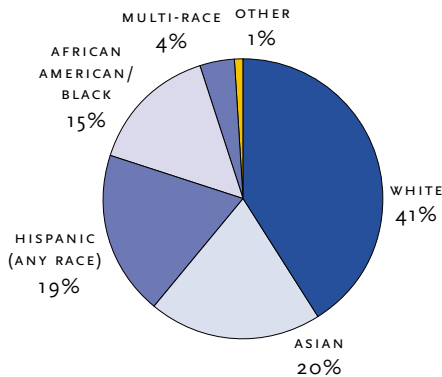
In 1998, the California voters passed the California Children and Families First Act (Proposition 10) creating an opportunity for improving the health and well being of children 0 to 5 years of age and their families.

We are proud to present the Every Child Counts third annual report that highlights the accomplishments we have achieved in our third year of operation. These accomplishments are linked to the outcomes and indicators defined in our accountability matrix. This annual report presents both quantitative and qualitative data collected for activities conducted from July 1, 2002 to June 30, 2003. Along with our partners, we are expanding our capacity to demonstrate measurable differences in the lives of children and their families.

# setting

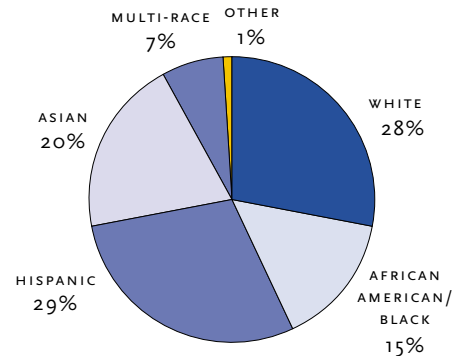
Bordering San Francisco Bay, Alameda County extends from the urban northern region of Albany, Berkeley, Emeryville and Oakland, south to Hayward and Fremont and east to the communities in the Livermore Valley. Our county has a varied geography that includes coastal bay wetlands, wooded hills, vineyards, streams and lakes. We are a highly industrialized county with an overwhelming majority (98%) of residents living in urban or suburban areas. We have a wealth of ethnic, cultural, linguistic, economic, and geographic diversity. Alameda County is the seventh most populous county in California and one of the most ethnically diverse regions in the United States.

**TOTAL POPULATION OF ALAMEDA COUNTY**  
1,443,741\*



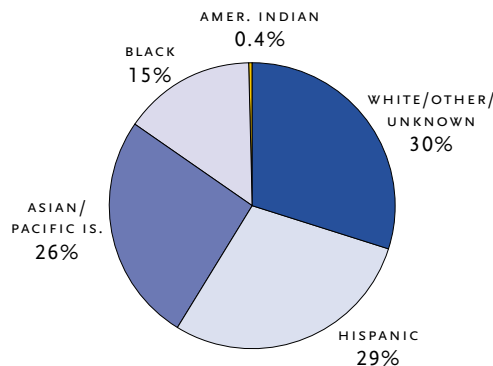
23.5% are Women of Childbearing Age (15-44 years)\*\*

**TOTAL POPULATION OF CHILDREN 0 - 5**  
98,378\*



6.8% are Children less than 5 years\*\*

**2001 BIRTHS TO ALAMEDA COUNTY RESIDENTS**  
22,029 TOTAL BIRTHS\*\*

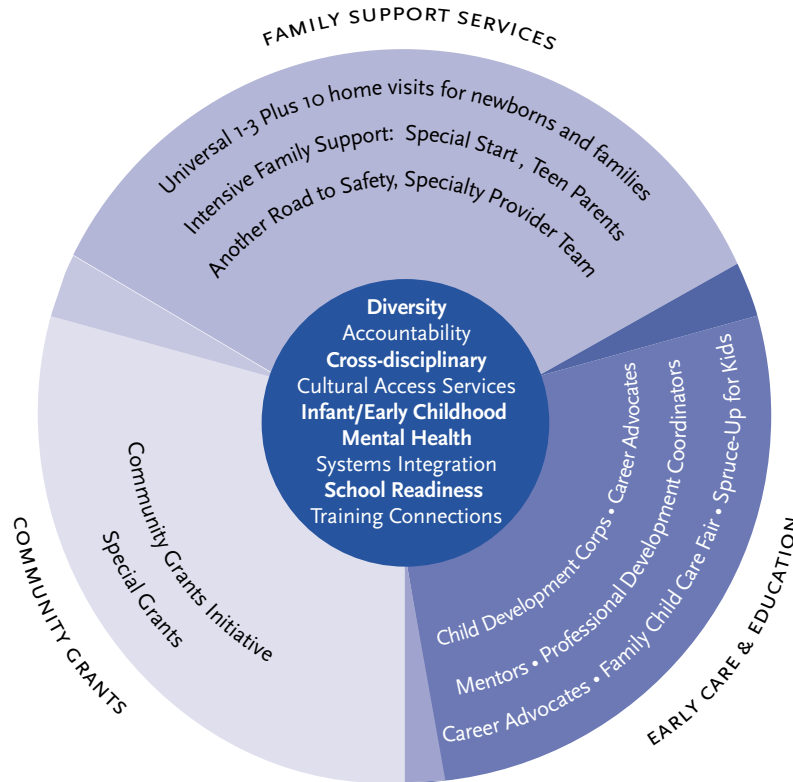


\* 2000 Census

\*\* California Department of Health Services, Vital Statistics

## program overview

Every Child Counts has programs in the three environments where children's lives are most directly and significantly impacted: at home, in child care and in the community. The diagram below provides an overview of the programs in each environment. In our work with families, we are constantly reminded that these domains are not isolated from each other.



## guiding principles

Our work is guided by several key principles that we seek to integrate into all of our work:

### CROSS-DISCIPLINARY APPROACHES

The needs of young children and their families are complex and require multiple disciplines working together to support positive outcomes. Every Child Counts program components are most effective when coordinated and woven together.

### SERVICE INTEGRATION

To build a strong prevention & early intervention system for family support and early care & education, the work of Every Child Counts must promote best practices, advance systems integration and serve as a catalyst for change.

### DIVERSITY

Alameda County has a wealth of ethnic, cultural, linguistic, economic, and geographic diversity that we honor and celebrate. We seek diversity in program design, service delivery and accessibility, hiring, training, contracting, and grant making. Responding to diversity also includes addressing the needs of children with special needs and their families, as well as parents with disabilities.





## organizing results

Instead of organizing the annual report around programmatic accomplishments, we present reports that are tied to our goals and outcomes. The accountability and evaluation design is based on the strategies, services and programs developed to achieve our four goals. It is through the accountability matrix that you can see how inter-dependent and linked all of our strategies are.

### goals

1. Support optimal parenting, social & emotional health and economic self-sufficiency of families
2. Improve the development, behavioral health and school readiness of young children from birth to age five
3. Improve the overall health of young children
4. Create an integrated, coordinated system of care that maximizes existing resources and minimizes duplication of services

## measuring results

We have a rich story to tell because we measure the impact of our programs in many different ways. We collected detailed information about our programs in three databases: ECChange, a web-based cross-agency system; CARES, a database for our Child Development Corps program; and a database that tracks both our Community Grants program and the Child Care Fund. Surveys and focus groups were conducted with parents, early childhood educators and community grant recipients. We solicited feedback from our Parent Advisory and Pediatric Advisory Committees and completed an external evaluation to assess the impact of Every Child Counts on Systems Change. We used a variety of assessment tools including the Environmental Rating Scales, High/Scope Child Observation Record, the Devereux Early Childhood Assessment and Ages & Stages. And, we collected stories from parents, children and community partners.



## highlights

Below, we present highlights of Every Child Counts achievements in fiscal year 2002-03 and invite you to take a deeper look at the detailed information that follows.

### Family Support Services (FSS)

#### 1-3 UNIVERSAL POSTPARTUM HOME VISITS FOR NEWBORNS AND FAMILIES

“Universal” postpartum home visits for newborns and families, regardless of income or medical-social risk factors, were offered at Alta Bates, St. Rose, Summit and expanded to the Alameda County Medical Center (Highland Hospital); 3,207 families were enrolled, of which 2,697 received an average of 2 home visits by Alameda County and City of Berkeley Public Health Nurses.

Hospital Outreach Coordinators at the four hospitals offered family support services to families in Spanish, English and Mandarin. The acceptance rate was 95%.

Of children receiving universal FSS, 85% are breastfeeding at the time of the first visit; 87% had health insurance, 98% have an identified primary pediatric provider, 97% have the appropriate number of well child visits per age and 95% have immunizations up-to-date at the time of the last home visit.

#### INTENSIVE FAMILY SUPPORT

Special Start, a collaboration including Children’s Hospital Oakland and Alameda County Public Health Department, served 650 infants discharged from the Neonatal Intensive Care Unit (NICU) and their families. Of children receiving Special Start services, 90% have health insurance, 98% have an identified primary pediatric provider, 93% have the appropriate number of well child visits per age, 95% have immunizations up-to-date, and 78% of 3 year olds had a dental exam. Of those reporting breastfeeding, 31% breastfed for at least 6 months.

Tiburcio Vasquez Health Center and The Perinatal Council served 881 pregnant and parenting teens. Teen programs increased the number of developmental screenings for infants and young children and staff became more proficient with the FSS model. Teen programs implemented the Targeted Case Management (TCM) process for fiscal leveraging. Of children who have teen parents served by FSS, 86% have health insurance, 84% have an identified primary pediatric provider, 94% have the appropriate number of well child visits per age, 97% have immunizations up-to-date, 65% of 3 year olds had a dental exam and 58% of teen parents stayed in school or graduated. Of those reporting breastfeeding, 41% breastfed for at least 6 months.



The Specialty Provider Team (SPT) consisting of substance use counselors, lactation consultants, and mental health and developmental specialists provided consultation, training and support to FSS providers. The number of referrals for SPT consultation from FSS providers increased. Lactation services expanded to offer bilingual consultations and increased the number of home visits for lactation support.

Another Road to Safety (ARS), a collaboration that includes Every Child Counts, La Familia (in South Hayward), Family Support Services of the Bay Area (in East Oakland) and Alameda County Social Services Agency, provided 76 families referred from the Social Services Child Abuse Hotline with prevention/early intervention services. 88% of families served had no further interaction with the child welfare system after they began receiving ARS services.

## TRAINING CONNECTIONS

Training Connections hired a training coordinator resulting in improved outreach and a significant increase in attendance at seminars. Training was provided to 1,021 public health nurses, social workers, developmental specialists and other professionals. A diversity panel participates in each of the trainings to heighten awareness and capacity of participants to serve diverse populations.

20 mental health clinicians were trained in infant and early childhood mental health, each attending an average of 4 trainings since the beginning of the program.

## Early Care and Education (ECE)

### CHILD DEVELOPMENT CORPS

The Child Development Corps program awarded 2,036 stipends to family child care and center-based infant and preschool child care providers to continue or begin college education. Some have never received formal college training and others have not entered a college classroom in over 30 years.

Returning Corps members increased from 45% last year to 67% this year.

Increased outreach to family child care providers resulted in 204 family child care providers joining the Corps compared to 143 last year.

70% of Level One Corps members met their professional growth requirements and received a stipend this year.

1,285 Corps members used the Harms/Clifford Rating Scales to conduct a self-assessment of their child care site last year.

The Corps brochure was translated into Spanish, Chinese, Farsi and Vietnamese.

Corps Enrollment Specialists provided application assistance in English, Spanish, Mandarin, Cantonese, Tigrinya, Malayalam and Farsi for 2003-04 applicants.

4 workshops (one in Spanish) were held to assist returning and potential Corps members with the application process for 2003-04.

1,939 new and returning Corps members attended 47 Corps trainings and participated in a variety of workshops.



## COLLEGES AND RESOURCE & REFERRAL AGENCIES

Contracts were awarded to three child care resource and referral agencies (R&Rs) to conduct a total of 62 trainings for 1,312 participants and to train new Professional Growth Advisors. They also translated and evaluated college transcripts for Corps applicants from other countries.

Contracts were developed with four community colleges to provide individual counseling by Professional Development Coordinators (PDC) to 2,223 Early Childhood Education (ECE) students. PDCs completed a resource list of bilingual Early Childhood Development specialists.

New child development courses for English as a Second Language (ESL) learners have been, or are in the process of being, implemented. This year, 34 ESL students completed the bilingual (Spanish-English) course in Early Childhood Development and earned the Associate Teacher Child Development Permit.

Two colleges now offer courses for child development students on early childhood mental health and business administration as a result of Every Child Counts contracts. A new series of Study Skills Workshops was also offered to students to support their continued professional development.

Due to high demand for training on the Harms/Clifford Rating Scales, a college unit course was created and offered to ECE students.

## CHILD CARE FUND

204 child care programs received funding to improve the quality of the services they provide to working families.

The Quality Improvement Grant program provided resources for program assessment, long-range quality improvement planning and grants to implement improvement plans. Outreach increased to non-English speaking providers and bilingual Quality Improvement Assessors were recruited and trained.

43 Quality Improvement Grant assessments of child development sites were conducted by professionals using the Harms/Clifford (H/C) tool and long-range plans were developed.

42 Quality Improvement Capital Grants were awarded to additional sites to implement their long-range plans.

Collaboration with the Enhanced Mentor Program supported grantees who needed individualized one-on-one technical assistance to implement long-range quality improvement plans.

Five Facility Development Loans were awarded. The Sobrato Family Foundation awarded \$30,000 to the Child Care Fund for one Facility Development Loan in southern Alameda County.

The Child Care Fund trained 204 child care professionals on business management and financing compared to 150 trained last year.

262 family child care providers received \$125 in vouchers for early literacy books and materials at the fourth annual Family Child Care Fair. Attendance at an Early Literacy Workshop was required.

114 Spruce-Up for Kids Mini-grants were awarded to non-profit centers for beautification and small site improvements.



## ENHANCED MENTOR PROGRAM

Mentors enabled community colleges to offer a curriculum lab class in the evening and facilitated lab class experiences for family child care providers by going to their sites.

A diverse group of 13 new Mentors were recruited.

Mentors conducted a one-unit class at a community college on the National Association for Education of Young Children's Code of Ethical Conduct.

Mentors provided one-on-one mentoring services to 110 child care providers on classroom environment, curriculum, literacy and positive discipline practices.

Mentors conducted 16 trainings for 498 child care providers and 3 Family Math Workshops for 50 parents and grandparents on how children are taught math concepts in the child care setting.

## Community Grants and Outreach

The 2002-03 Community Grants Initiative awarded \$2.9 million to 25 continuing grantees and 20 new grantees. Grants were awarded in the following areas: Parenting, Mental Health, Health Care Services & Linkages, Special Needs, and School Readiness. (See complete list of Community Grantees on page 3)

The 2003-05 Community Grants review panels included an ethnically, professionally and geographically diverse group of community members, professionals, parents from the Parent Advisory Committee, child care providers, and community agency administrators.

Community Grants applicants and recipients received significant technical assistance throughout the year in proposal preparation and reporting, outcomes tracking and accountability, and tobacco policy education and implementation.

The Parent Advisory Committee helped to ensure that First 5 Alameda County develops and funds programs that respond to the needs of parents and young children.

A Pediatric Advisory Committee of community pediatricians provided guidance to Every Child Counts and acted as ambassadors to other physicians.



## School Readiness

The third annual 6-week summer camp for 60 children with no previous preschool experience was held in partnership with two school districts.

Hand in Hand, a federally-funded grant, provided a home-based school readiness program in East Oakland and South Hayward neighborhoods that have low-performing schools. 77 children and their families received an array of cross-disciplinary services. 37 Hand in Hand children attended the 6-week pre-k summer camp.

A “Kinder Orientation” for families with children entering kindergarten was hosted by elementary schools in targeted low-performing neighborhoods.

Every Child Counts participated in the School County Partnership to coordinate school-based activities and improve access to health and dental services.

## Accountability

The integrated accountability matrix was updated and implemented for all service delivery initiatives, community grants and systems change efforts.

Health Insurance Portability and Accountability Act (HIPAA) requirements were integrated into the Every Child Counts Confidentiality Policy including development of the Notification of Privacy Policy.

ECChange is the integrated, cross-agency information system that informs the accountability matrix and facilitates case management. Expansion of ECChange for the City of Berkeley, Special Start Public Health, and Hand in Hand was completed. Design and development for ARS, School Readiness and Intensive Family Support modules are well underway and will be implemented in the fall of 2003.

ECChange won awards for innovation and excellence from MIT/Accenture for best local government initiative in the United States, and from ComputerWorld for visionary use of information technology in government and non-profit organizations.

ECChange contractor performance reports were developed and used in the contract monitoring process for Family Support Services.

Technical assistance to grant applicants and grantees was provided on evaluation and accountability. Grantees attended trainings on Results-Based Accountability, Surveys and Focus Groups.

Public Health Institute conducted a Systems Change impact evaluation of Every Child Counts that included a web-based survey, interviews and focus groups with agencies, grantees, partners, other Prop. 10 counties and First 5 California state staff. The report is available on our website, [www.ackids.org](http://www.ackids.org).

The ECC web site, [www.ackids.org](http://www.ackids.org), was updated and improved to be more user-friendly.



## Professional Recognition and Achievements

Professional presentations were made by ECC directors and staff to a variety of national, state and local organizations such as Zero to Three, the American Public Health Association, the First 5 California Statewide Conference, and the National Association for the Education of Young Children.

The Family Support Services Director participated in a two-year fellowship with the Zero to Three Leadership Development Initiative and presented at the World Association of Infant Mental Health in Amsterdam.

Two papers, “Supporting Vulnerable Families and Children: Serving the Afghani Community in Alameda County” and “Every Child Counts: Creating a Community Holding Environment for Families with Young Children,” were published in the “National Zero to Three” professional journal.

Fellowships were awarded to staff from the Children’s Defense Fund, “Emerging Leaders Project” and West Ed, “Infant-Toddler Training”.

## Cultural Access Services (CAS)

CAS developed organization-wide contract language which requires all ECC contractors and grantees to comply with the National Standards for Culturally and Linguistically Appropriate Services.

CAS provided orientation and training for family support and community service providers on how to use language assistance services.

Over 1,000 interpretation services in 13 languages for clients and service providers was provided.

Over 40 documents including brochures, grant applications, consent forms for services, child development tools and satisfaction surveys were translated.

Interpretation equipment for countywide community organizations was purchased.



## Administration/Fiscal Leveraging

Every Child Counts secured, designed and moved into a new office space that includes a fully-equipped community conference center.

\$1,587,828 from government claims was documented in 2002-03 from three funding sources: MAA (Medical Administrative Activities), TCM (Targeted Case Management) and CHDP (Child Health and Disability Prevention).

Family Support Services, with the county Social Services Agency, received a \$437,140 federal grant from the Department of Health and Human Services for the Another Road to Safety program.

### Early Care and Education

- \$1.2 million was generated from the First 5 California Matching Funds for Retention Incentives for Early Care and Education Staff (Child Development Corps).
- \$1,096,395 was received from Alameda County General Services Agency Child Care Planning Council to provide stipends and additional professional development opportunities to child care workers in the Child Development Corps program.
- In FY 2001-02, a \$743,112 federal grant from the Department of Health and Human Services for the Hand in Hand E.A.R.L.Y (Enhancing Accessibility and Readiness for Learning by Young Children) Project, was rewarded. \$649,242 was expended in FY 2002-03.
- The Sobrato Family Foundation and United Way of the Bay Area donated \$30,000 each to the Child Care Fund.



## GOAL 1: SUPPORT OPTIMAL PARENTING, SOCIAL & EMOTIONAL HEALTH AND ECONOMIC SELF-SUFFICIENCY OF FAMILIES

### OUTCOME 1A: ENHANCED PARENTING AND STRONGER FAMILIES

Strategies included increasing training opportunities for Family Support Services providers on parenting and family support best practices (which includes depression screening), offering parent education and support during home-based family support visits, providing in-home and/or group school readiness parent education, expanding the number of culturally appropriate parenting classes and education materials (in multiple languages), providing interpretation and translation services for providers to access limited English-speaking parents and families and distributing the Kit for New Parents. In addition, the Child Development Corps seminars emphasized mental health needs of children, parents and child care professionals.

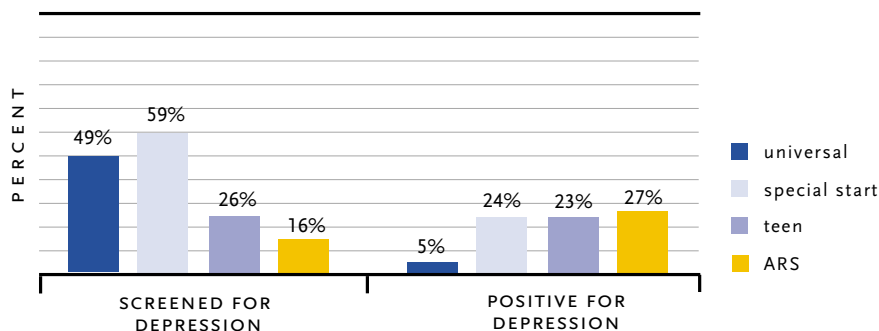
### Family Support Services (FSS)

FSS providers used standardized tools to screen parents for depression when appropriate. 45% of all primary caretakers receiving FSS were screened for depression; of those screened, 11% screened positive for depression

**A FSS provider noticed that a new mom was exhibiting symptoms of depression during a home visit: inability to sleep, periods of intense anxiety, long crying periods, lack of appetite and no desire to attend to her baby’s needs. In-home mental health services were provided. After treatment, the mom wrote to her provider, “I want to thank you for all you have done for me and my family. Postpartum depression has been, by far, the most difficult obstacle of my life... Your daily visits and total support were a ray of light...Please know your work makes a difference in so many lives. You have helped me become a mother and to enjoy being one.”**

*Parent served by Family Support Services*

**DEPRESSION SCREENS AND POSITIVE DEPRESSIONS SCREENS AMONG INTENSIVE FAMILY SUPPORT SERVICE CLIENTS**



INDICATORS	Universal	Special Start	Pregnant/Parenting Teens	ARS
Proportion of primary caretakers receiving family support services who were screened for depression	49% (n=2434)	59% (n=604)	26% (n=857)	16% (n=70)
Proportion of primary caretakers receiving family support services who screened positive for depression	5% (n=1170)	24% (n=349)	23% (n=223)	27% (n=11)

The Special Start Intensive Family Support program has 3 support groups for 30-50 parents of children with special needs. Two of the groups are Spanish-speaking; one group is for African American parents. All groups are joint projects with Special Start, the Family Resource Network (FRN) and Every Child Counts. Parent advocates from the FRN are all parents of disabled children.

200 Spanish-speaking families with special needs children participated in Celebración Familiar, a fair held in September 2002 where fifteen community agencies set up information booths. Free food, music and theater performances addressed issues affecting siblings of special needs children. The fair helped families with children with special needs meet each other.

Training Connections offers trainings, workshops and seminars for providers serving young children. 717 FSS and community providers attended 37 trainings on parenting and family support best practices. Ten Specialty Topic Seminars for social workers, case managers and public health nurses were on the following parenting-related topics:

▪ Crisis Intervention (2 seminars)	179 attended
▪ Temperament	63 attended
▪ Raising a Child with Disabilities	57 attended
▪ Family Support to Parents with Disabilities	45 attended
▪ Working with Deaf Parents	55 attended
▪ Normal Child Development	75 attended
▪ Brain Development	95 attended
▪ Immunizations	30 attended

## Early Care and Education— The Enhanced Mentor Program

3 Family Math Workshops were held for 50 parents on “How Children are Taught Math Concepts in the Child Care Setting.” The workshops helped providers to work with parents to support learning and to connect math standards with current research on family learning.

## Community Grants

Twenty-seven agencies (7 new grantees and 20 agencies funded last year) provided parenting education and support programs at various locations throughout the county

Childhood Matters, a Sunday morning radio program on parenting, broadcast thirty-five one-hour segments with guest experts. Approximately 2,000-3,000 county residents with young children listened to the program. There were 894 hits to a page on the program’s website where past broadcasts can be downloaded.

**“I called into the ‘sleep’ show. Because of the advice that I got from experts—combined with reading the book that you sent to me—I had an epiphany about how to get my daughter to sleep. ...I got sleep again. And once I started getting sleep again I felt like a better parent.”**

*2002-03 Grantee Report*

1,045 parenting classes, support groups, one-on-one parenting sessions, and parent-child activities were provided to approximately 2,600 parents and caregivers. Parent-child activities included dance, art, music, cooking, reading, and gardening activities.

**“[One] mother and son took three buses to get to the [dance] class... She...[felt] that her son had been through a lot and that these classes were very important toward healing their relationship, as they have been separated numerous times.”**

*2002-03 Grantee Report*



Parenting education and support topics included child development, sleeping, toilet training, fostering your child’s language development, sibling rivalry, understanding your child’s temperament, the social lives of children, the self-reliant child, storytelling, cultural differences in parenting, the challenges of being a single parent, step-parenting, co-parenting after divorce, fatherhood, discipline, communicating with children, learning self-control and anger management, relaxation for families, secrets of raising happy children, helping kids cope with terrible events, concerns about your baby (special needs), the effects of the media on our children and advocacy issues.

**“I used to sit my children in front of the TV and leave them there alone while I did the housework. I learned that I need to sit with them while watching TV or listening to the radio and interacting with...[them] while we do this. I can discuss what we are watching, count, or sing with them, so they can learn something... I learned that I can constantly be teaching my children something new.”**

*2002-03 Grantee Report*

Several parenting classes were offered in Spanish, Mandarin, Cantonese, and a combination of Hindi and Punjabi.

A diverse population was reached, including teen mothers, deaf parents, visually-impaired parents, parents in recovery, incarcerated mothers, young fathers, single parents, parents of children with special needs, homeless parents, parents referred from the court system, gay and lesbian parents, foster and adoptive parents, grandparents, and parents and caregivers of various ethnic, cultural, and linguistic backgrounds.

**“The funding our agency received provided one of the only culturally specific parenting classes in Alameda County and the only evening classes for this group.”**

*Survey of Grantees, 2003*

Parenting information was distributed in English, Spanish, Chinese, Vietnamese, and Korean through handouts, newsletters, and websites.

A resource directory was produced of parenting education and support services for Spanish-speaking parents in southern Alameda County.

Caregivers with disabilities received adaptive parenting equipment to enable them to care for their infants

Child care services were provided by a number of agencies so that parents could attend parenting support groups and classes.

INDICATORS	
Proportion of agencies receiving community grants provided parenting education or support groups	49% (n=55)

## Kit for New Parents

7,188 parent kits were distributed in English and Spanish throughout the year.

Distribution expanded to include nine OB/prenatal providers who distributed kits to pregnant patients at their offices.

## OUTCOME 1B: CHILDREN ARE FREE FROM ABUSE AND NEGLECT

Strategies focused on abuse and neglect prevention. Family Support Services providers and Hand in Hand staff offered family support and parent education during home visits; Another Road to Safety (ARS), a child abuse prevention/early intervention program, was implemented in two high-risk neighborhoods that have the highest number of calls to the Child Abuse Hotline; the Specialty Provider Team provided support to high-risk families regarding mental health and behavioral issues and concerns; Child Care Mentors conducted trainings on how to use appropriate discipline with children and distributed parenting resource materials to parents; Training Connections offered trainings on psycho-social, systematic and legal issues pertaining to family violence. Community agencies received funding to provide parenting education classes and support around appropriate discipline and anger management, to provide respite programs for at-risk and special needs families and to offer crisis intervention services and parenting programs.

### Family Support Services (FSS)

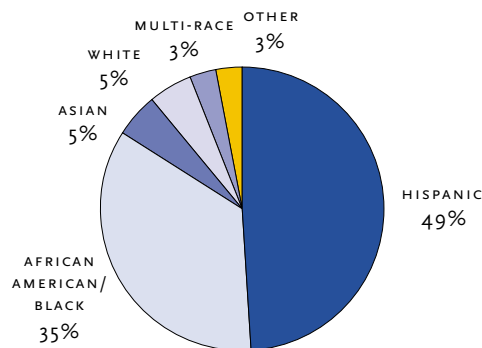
#### SPECIALTY PROVIDER TEAM

The Specialty Provider Team (SPT) consists of mental health, substance abuse, lactation and developmental specialists. SPT provided consultation and training to assist Family Support Services providers serving families at higher risk. Direct services were offered to families regarding mental health and behavioral issues through the expanded team.

#### ANOTHER ROAD TO SAFETY (ARS)

Another Road to Safety is the Intensive Family Support program that provides prevention and early intervention services to families who have had a call placed to the Child Abuse Hotline in East Oakland or South Hayward neighborhoods. Families are served by two community collaborations, Family Support Services of the Bay Area (FSSBA) in East Oakland and La Familia in South Hayward. Families who are referred from Social Services are assessed for safety and risk status (using the Structured Decision Making standardized Social Services tool – SDM) to determine whether they are eligible for 9 months of home-based family support services provided by the community agencies. Services began in August of 2002. After the first East Oakland community agency was unable to meet contract requirements, Every Child Counts contracted with Family Support Services of the Bay Area (FSSBA) to provide services in March 2003.

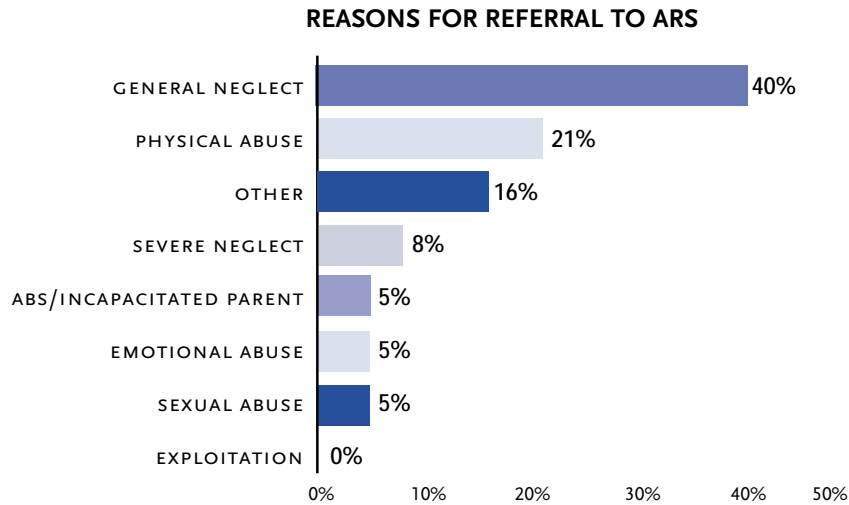
**RACE/ETHNICITY OF ARS CLIENTS RECEIVING INTENSIVE FAMILY SUPPORT SERVICES 2002-03**



SDM results obtained by CBO staff were comparable to Department of Children and Family Services staff results—validating the ARS model of using community providers to assess risk status of families who have had calls to the Child Abuse Hotline.

ARS staff attended Every Child Counts and other community trainings related to culturally-sensitive approaches to parenting, child development and discipline.

76 families received ARS home-based services; 88% had no further interaction with Social Services.



## TRAINING CONNECTIONS

In February 2003, 270 policy makers, program directors, funders and direct service providers attended the second Early Childhood Mental Health Symposium on Family Violence and Maltreatment of Young Children. A panel of county department heads, Court Officers and the Deputy Police Chief representative were on hand to discuss implications for Alameda County.

A quarterly training was held on Domestic Violence and a Domestic Violence Specialty Topic Seminar was attended by 37 participants who have had calls to the Child Abuse Hotline.

101 social workers, case managers and public health nurses attended a Family Support Services Specialty Topic Seminar on Child Abuse and Neglect.

INDICATORS	Universal	Special Start	Pregnant/Parenting Teens and Infants	ARS
Proportion of children receiving Family Support Services (FSS) with intentional injuries	0% (n=2697)	0% (n=650)	0.1% (n=881)	1% (n=76)
Proportion of children receiving FSS that are in foster care at time of referral	0.1% (n=2663)	3% (n=408)	1% (n=627)	NA
Proportion of families receiving FSS with open Child Protective Services (CPS) cases at time of referral	1% (n=2627)	12% (n=584)	10% (n=787)	NA
Proportion of families receiving Plus10 or Intensive Family Support Services (IFSS) who have a Child Protective Service case opened during the reporting period	2%* (n=2663)	9% (n=408)	2% (n=627)	NA
Proportion of children receiving Plus10 or IFSS that were placed in foster care	1.0%* (n=232)	4% (n=621)	1% (n=856)	NA
Number of ARS families with repeat CPS referrals				12%

\*Plus Ten

## Community Grants

Nine of the community agencies funded for parenting education provided information on positive parenting and anger management. At one agency, 80% of the parents attending parenting classes had Child Protective Services involvement currently or recently.

**The parenting classes are teaching me to stop yelling so much and to talk on a normal level.”**

*2002-03 Grantee Report*

A parenting education radio program devoted one week’s discussion to “discipline with understanding” and another to “child abuse prevention.” Another agency discussed with parents how to talk to children about abuse and being bullied.

A therapeutic nursery school provided crisis intervention services to 14 families: “The crisis services...helped families who were experiencing extreme mental health issues receive services they needed to prevent potential Child Protective Services Reports.” (2002-03 Grantee Report).

**“[The] mother was dealing with ...depression, shame, anger, stress and bonding with her new infant became very difficult for her.**

**The infant was in danger of being taken away from her...**

**...integrated services helped her to cope and feel supported.**

**Her progress convinced CPS that she has the motivation and knowledge to take good care of her baby and that the...program... will support her in her journey...”**

*2002-03 Grantee Report*

To increase support to infants and toddlers in the foster care system, an agency was funded to recruit additional court appointed special advocates. 26 volunteers were recruited, trained to advocate for young children, and matched with infants and toddlers. 262 home visits were conducted and 123 referrals were made for support services. For 6 children, adoption is now part of their permanent plan, and 2 children have been reunited with their parents.

A public agency received funding for an innovative training program designed to increase child welfare workers’ understanding of early childhood mental health and development, enhance their assessment skills, strengthen their relationships with caregivers and increase their ability to advocate for the interests and needs of young children in the dependency system.

- 267 child welfare workers were trained on the mental health needs of young children, disrupted attachments and loss, and working collaboratively with caregivers
- Group (unit-based) and drop-in clinical consultation was provided; topics included ways of helping children with placement transitions and with transitions to and from visitation, children’s behavioral problems and how to discuss children’s developmental delays with potential adoptive parents

**"I realize I can write court reports that include information on traumatized children and their behaviors... as a way of educating the judges and especially the attorneys who often don't know the children very well and don't really understand their issues."**

*2002-03 Grantee Report*

**One family’s newborn daughter was placed in foster care because of fetal alcohol syndrome.**

**When the daughter was 2 years old, she was reunited with her family. She had a difficult time separating from her foster family.**

**By age 4, she had “serious developmental and language delay” and used hitting and aggression to express herself.**

**“The parents felt angry, helpless and feared they...[would be] physically abusive to her. Slowly with support from child care, and counseling on alcoholism and anger management, parents and child bonded...”**

*2002-03 Grantee Report*

An agency provided 1,800 hours of respite care to 57 grandparents and relatives raising 77 children. 100% of the families remained intact or the children were reunited with their parents. Respite care enabled relative caregivers to attend medical visits, counseling sessions, and support groups and to rest and take care of daily needs. Respite care also supported children's development by enabling them to participate in recreational and physical activities that were missing from their lives due to the health limitations of their caregivers and violence in their neighborhoods.

**“I work from the time I get up until the time I go to sleep [taking care of my grandchild]. My job is never done. I love you all for the time you put in to help grandparents with their loved ones.”**

*2002-03 Grantee Report*

Five grant recipients helped parents re-unify with their children or supported them during reunification.

- An agency serving incarcerated and recently released mothers helped 30 mothers reunify with their children
- One of the agencies provided parent-child dance classes as a way of strengthening the parent-child relationship

**“We work all week and when we come to the program we get to sing and dance with our kids. I am proud when I see my kids perform a song or dance. It reminds me of my childhood in China when I use[d] to see people dancing in the streets.”**

*2002-03 Grantee Report*

Efforts to reduce family violence and to lessen the negative impact on young children who witness violence were continued by a city police department, a family violence service agency, and a shelter for victims of domestic violence. In addition, one agency provided a parenting class on domestic violence and its effects on children.

- Family violence advocates accompanied police officers and later followed up on approximately 340 calls made to the police for domestic violence incidents involving families with 677 children under 5 years of age. 974 referrals for support services were provided and 141 restraining orders were issued. 21 families were referred to Child Protective Services.
- Approximately 300 patrol officers received training during roll-call shifts on the dynamics of domestic violence, effects of domestic violence on children, early childhood development issues, emergency protective orders, and the Overnight Emergency Response Team program. Over the past year, there has been a 200% increase in the number of emergency protective orders issued by patrol officers responding to domestic violence incidents.

**“An important lesson learned...is that police officer training works, and is most effective if routinely repeated. Thanks to the officer EPO [Emergency Protective Order] training, the number of EPOs issued has increased dramatically.”**

*2002-03 Grantee Report*

93 English and Spanish speaking mothers who have experienced domestic violence attended peer support groups during which the effects of family violence on children were discussed. 241 parents received custody orders.

32 “Conscious Parenting” classes were attended by 56 mothers living at a shelter for families who have experienced domestic violence.

## OUTCOME 1C: ENHANCED ECONOMIC SELF-SUFFICIENCY AMONG FAMILIES

Strategies included expanding Universal 1-3 home visits to Alameda County Medical Center (Highland Hospital) which serves a predominately uninsured population; linking families to available resources and services; maximizing the capacity of existing AFLP and CalLEARN programs who serve pregnant and parenting teens and their children; assessing financial needs of ARS families and linking them to community resources; improving and increasing the capacity of child care programs that serve working families; contracting with community colleges and resource and referral agencies (R&Rs) to conduct workshops for early care and education staff and funding community agencies to help families become economically self-sufficient.

### Family Support Services

881 pregnant and parenting teens (an increase of 81 clients from last year) received intensive family support services through contracts with two Pregnant and Parenting Teen Programs, Tiburcio Vasquez Health Center and The Perinatal Council. The teen programs work to keep pregnant/parenting teens in school.

**“Before I got pregnant, I never intended to keep going to school – I hated it,” a pregnant teen told her case manager. “But I knew that my baby would need a mom that makes more than minimum wage.” She enrolled in a special school for teen mothers and connected with one of the teen support agencies. “They were there to help me. First I met my family advocate and she helped me to set goals, to save money, to set aside one day a week for myself, to eat right and exercise, to stay in school and to always look forward.”**

*Teen Parent*

**“If she wants to be a dancer, I’ll dance with her. If she wants to be a singer, I’ll sing with her. Whatever it is, we’ll do it together.”**

*Teen Parent*

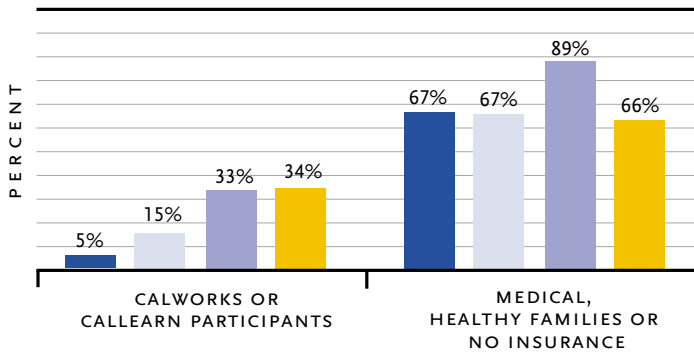


**“I began working with this client when she was 16 years old and 8 weeks pregnant. She was a frightened and immature young woman. I had many concerns about her ability to parent at such a young age. We began meeting weekly and preparing for the birth of her child. Utilizing the Growing Great Kids curriculum and other child development materials, we talked at great length about parenting, discipline, and how her child's experiences could be very different from her own. She became very involved in learning as much as possible [about] parenting in order to see herself as a capable and informed parent. She graduated early from high school, secured a full time job, and is now enrolled in vocational school studying medical assisting. I feel as if they have both blossomed before my eyes! [She] is determined to be the best parent she knows how .... She is most definitely an ECC success story!”**

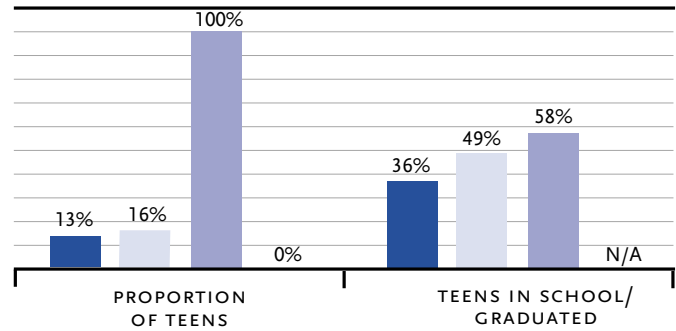
*Teen Parenting Case Manager*



### LOW INCOME PROGRAM PARTICIPATION AND HEALTH INSURANCE COVERAGE



### PROPORTION OF TEENS SERVED BY FSS AND TEENS IN SCHOOL OR WHO HAVE GRADUATED



INDICATORS	Universal	Special Start	Pregnant/Parenting Teens and Infants	ARS
Proportion of children who have no health insurance or whose health insurance is MediCal or Healthy Families	67% (n=2618)	67% (n=650)	89% (n=881)	66% (n=76)
Proportion of children who have no health insurance	13% (n=2618)	10% (n=650)	14% (n=881)	8% (n=76)
Proportion of families receiving FSS services who are CalWORKs or Cal LEARN assistance	5% (n=2336)	15% (n=612)	33% (n=866)	34% (n=71)
Proportion of teens receiving FSS services	13% (n=2685)	16% (n=551)	100% (n=881)	0 (n=76)
Proportion of teen families receiving FSS services who are Cal LEARN recipients	16% (n=295)	23% (n=78)	24% (n=858)	NA
Proportion of pregnant/parenting teens who remain in school or who have graduated from high school during the reporting period	36% (n=278)	49% (n=62)	58% (n=799)	NA
Proportion of families with at least one employed caretaker, or on leave	79% (n=2404)	72% (n=602)	53% (n=774)	64% (n=70)

## Early Care and Education

204 child care programs received funding to improve the quality of the services they provide working families from the Child Care fund.

Stipends were awarded to child care providers, many of whom are also parents of children 0-5 years.

## Community Grants

Nine grant recipients helped families to apply for public benefits, find affordable housing, obtain child support orders, attend employment and training classes, obtain transportation to food banks, sign up for lower cost utility programs, attend literacy classes, and start saving some of their income.

One grant recipient helped 212 mothers who had experienced domestic violence obtain child support orders.

A program serving incarcerated mothers helped several mothers obtain housing after their release.

At a homeless shelter, 48 parents became employed and 37 families obtained housing.

## 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

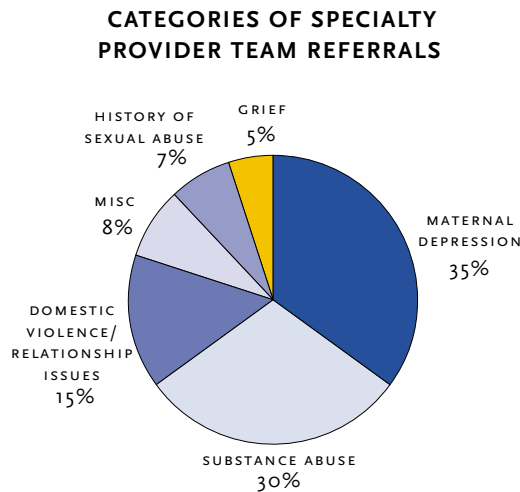
Strategies focused on training providers to perform behavioral health and developmental screenings and assessments, increasing Specialty Provider Team services for developmental, substance use and childhood mental health consultation; increasing availability and quality of developmental support services, focusing Child Development Corps seminars on early childhood mental health; assessing child/staff and staff/parent interaction at child care sites receiving Quality Improvement Grants; implementing Cultural Access Services and funding community agencies to provide infant/early childhood behavioral health consultation and treatment.

### Family Support Services (FSS)

The Specialty Provider Team (SPT) provided consultations, direct services, trainings and case conferences for FSS providers and families they serve.

Mental Health Specialists on the FSS Specialty Provider Team provided 104 home visits, 21 case conferences/consultations and 3 trainings.

A total of 573 referrals were made to the SPT by Hospital Outreach Coordinators (448) and FSS providers (125).



270 FSS providers received SPT consultations including:

- 95 case presentations at multi-disciplinary team meetings where at least one case is used as the discussion topic
- Trainings/presentation to service providers: 5 Ages & Stages trainings; 1 training on Typical Social and Emotional Development; 1 training on Cross-cultural Crisis Intervention

Families received SPT or joint visits (conducted with the primary case manager) for:

- Lactation: 66 home visits, 5 joint visits, 355 phone interventions
- Mental health (includes Early Childhood Mental Health): 127 home visits, 9 joint visits
- Developmental: 44 home visits, 17 joint visits
- Substance use: 12 home visits, 5 joint visits



Training Connections Specialty Topic Seminars were held for social workers, case managers and public health nurses on the following topics:

- Mental Health Crisis Intervention 179 attended
- Temperament 63 attended
- Brain Development 95 attended
- Normal Child Development 75 attended
- How to Use a Language Interpreter 97 attended
- Fetal Alcohol Spectrum Disorders 61 attended

Developmental screening and monitoring was included in all Intensive Family Support Services:

- 666 children 1 year or older were screened for developmental delays
- 263 (40%) scored “of concern” in one or more domains

37 FSS providers were trained to use the Devereux Early Childhood Assessment (DECA), a standardized tool used to assess protective factors (attachment, initiative and self-control) in preschool children

**"By providing new materials and changing some child/teacher/parent interaction the quality of teaching and communication will improve."**

*2002-03 Child Care Fund Recipient*

## Early Care and Education

8 Child Care Mentors received scholarships to attend a training on how to conduct child behavioral health screening using the DECA.

Child Development Corps trainings focused on mental health this year. Trainings were held on:

- The Social Emotional Well Being of Children 241 attended
- Building Better Relationships with Children 449 attended
- Domestic Violence and its Effects on Children 94 attended

The Child Care Fund assessed child/staff and staff/parent interaction at child care sites receiving Quality Improvement Grants.



## School Readiness

The Hand in Hand Program (HiH), funded through a federal grant, provided home visits for 77 children and families that included an array of cross-disciplinary services including co-teaching with bilingual elementary teachers and early childhood educators, parent education on health/nutrition, positive discipline, cognitive and social/emotional development, and initiation of Individualized Education Plans prior to the beginning of the school year. The program also includes:

- Field trips for group socialization experiences for children who had not previously been in licensed child care or preschool.
- Consultation with the Specialty Provider Team for children identified as having developmental concerns.
- Summer Pre-K Camps that use a social-emotional approach to learning.

## Community Grants

Twelve grantees provided infant and early childhood mental health consultation to 300 child care providers at child care centers, family child care homes, a women's shelter and a subsidized housing program for homeless families.

Mental health consultants provided over 990 consultations to child care providers and 360 consultations to parents.

Child care providers were trained on topics including behavior management strategies, conducting screenings and making referrals, the effects of trauma on young children, separation and loss in preschoolers, and parent conferences. 97% of providers served by one grantee reported that they were able to apply the knowledge or skills they gained through trainings and consultation in the classroom.

**“Often I wasn’t sure how I could best help a child who was out of control. I learned how to reduce my own reactions to the kids and I noticed how this also reduced the ...[children’s] reactions to each other... I found out that not every kid responds to the same thing, and I have to think about each kid separately to know what would work best.”**

*2002-03 Grantee Report*

One agency screened 187 children using the Devereux Early Childhood Assessment and identified 26 children with 2 or more concerns.

46 children received on-site play therapy and 61 parents or caregivers participated in counseling.

One agency provided in-home parenting support to families with children experiencing behavioral problems at their child care centers. 342 home visits were made to 45 families and 12 Individual Education Plan (IEP) meetings were attended. Out of 25 parents surveyed, 96% reported an increase in confidence about meeting their child's needs.

**“I profited from the wise, sensitive...and non-judgmental manner [of the mental health consultant] which brought me through difficult parenting issues... I never realized how essential this service was until [my son] moved on into kindergarten.”**

*2002-03 Grantee Report*

Over 79 children served by the grantees were referred for further assessment or services. At a site serving homeless children, “many...children had obvious delays, but few were getting services. Parents needed education and advocacy in a very active way.” (2002-03 Grantee Report)

Mental health consultants enhanced their expertise by attending trainings on diversity, observational assessment, brain development, and other topics.

Five agencies provided mental health assessments or treatment services to children and/or parents.

Office space at a program serving parents recovering from substance abuse was refurbished to make it appropriate for working with young children. Play and expressive arts therapy materials were purchased to support assessment work.

A city mental health program provided 430 counseling sessions to 29 English-speaking and 8 Spanish-speaking parents and their young children.

An agency serving deaf clients provided 267 therapy sessions to 21 deaf parents.

Thirty-five children at a therapeutic nursery school participated in activities designed to build their social skills: “A social skills and behavior curriculum...has been implemented.... It is specifically designed to work with children who experience social difficulty in the preschool years to prevent a pattern of behaviors that will become disruptive for their later educational careers.” (2002-03 Grantee Report)

## OUTCOME 2B: CHILDREN HAVE ACCESS TO HIGH QUALITY EARLY CARE AND EDUCATION

Strategies focused on continuing activities that impact the quality of early learning experiences for young children, including the Child Development Corps, an incentive program that rewards early childhood educators for continuing education and retention; and providing individualized one-on-one training and technical assistance for child care providers and teachers through the Enhanced Mentor Program. The Child Care Fund expanded to provide child care programs with resources for environmental and program assessment and long range planning for quality improvements. Specialized training, individual technical assistance and capital grants were awarded to facilitate enhancements identified in long-range quality improvement plans. In addition, loans were provided for facility and site development as well as individualized technical assistance.

### Early Care and Education – Child Development Corps

During its third year of operation, the Child Development Corps enrolled 2,036 members and awarded a total of \$4,751,260 in stipends to increase retention and education of workers in the early childhood education field.

Outreach efforts focused on increasing the number of family child care providers by lowering the minimum number of units required to qualify from 12 to 6 units and translating the Corps brochure into English, Spanish, Chinese, Farsi and Vietnamese to reach English learners.

4 workshops (one in Spanish) were held to assist returning and potential Corps members with the application process for 2003-04.

**"I didn't think that I could ever be anything other than an aide.  
You [Professional Growth Advisor] helped me see that I can do it!" You know I haven't taken  
any classes since the 80's and this is giving me an idea of what I can do."**

*Corps Member*

34 Corps Enrollment Specialists provided application assistance in English, Spanish, Mandarin, Cantonese, Tigrinya, Malayalam and Farsi for 2003-04 applicants.

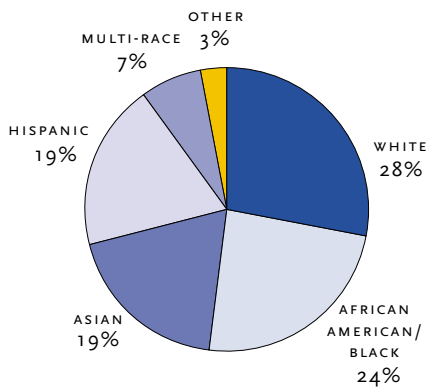
Stipends were awarded to 1,833 center-based providers and 216 family child care providers – an increase from 144 family providers last year.

67% (1,368) were returning Corps members.

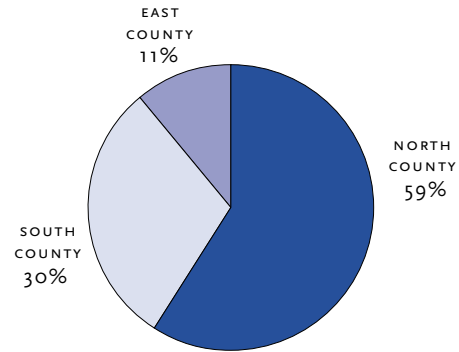
180 school age providers received stipends from AB212 funds.

70% of Corps members met requirements to continue membership in the Child Development Corps for the second year.

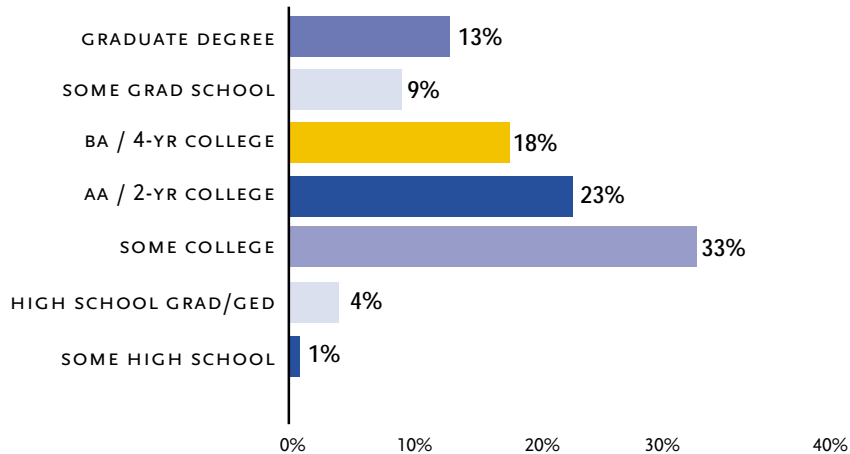
**RACE/ETHNICITY OF 2,036 CORPS MEMBERS  
2002-03**



**REGIONAL DISTRIBUTION OF CORPS MEMBERS  
2002-03**



**EDUCATIONAL LEVEL OF 2002-03 CORPS MEMBERS**



<sup>1</sup> These Environment Rating Scales were developed by Thelma Harnes, Richard M. Clifford, and Debby Cryer at the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill. There are five scales, the Family Day Care Rating Scale (FDCRS), the Infant/Toddler Environment Rating Scale (ITERS), the Early Childhood Environment Rating Scale (ECERS), and the School-Age Care Environment Rating Scale (SACERS). All of these scales are used and respected internationally by child development professionals and researchers.



Six seminars that offered 35 training sessions for 1,939 Corps members were held. 5 workshops on “Building Better Relationships with Children” were offered in Cantonese and Spanish.

- |   |              |
|---|--------------|
| ▪ 6 Corps orientations                          | 602 attended |
| ▪ The Social Emotional Well Being of Children   | 241 attended |
| ▪ How You Are as Important as What You Do       | 84 attended  |
| ▪ Professional Growth Advisor Training          | 95 attended  |
| ▪ Advanced Professional Growth Advisor Training | 54 attended  |
| ▪ Child Care Health Update                      | 184 attended |
| ▪ Building Better Relationships with Children   | 449 attended |
| ▪ Fresh Air for Little Wheezers                 | 15 attended  |
| ▪ Culture in the Classroom                      | 78 attended  |
| ▪ Domestic Violence and its Effects on Children | 94 attended  |
| ▪ Legislative Issues Related to ECE             | 43 attended  |

26 Environmental Rating Scale<sup>1</sup> (ERS) Trainings (to assess quality) were held by Every Child Counts and child care resource and referral agencies (R&Rs) for 441 Corps members. Several trainings were held in Cantonese, Mandarin, and Spanish. 86 college students received free ERS materials.

1,285 returning Corps members completed ERS self-assessments.

Contracts were awarded to three R&Rs to translate and evaluate 54 college transcripts of teachers from other countries and to provide the professional growth trainings:

- 11 trainings on Using Environmental Rating Scales: 181 attended
- Trainings by R&Rs on child development and early education topics increased 65% in 2002; attendance rose to 1,312 from 577 last year
- Trainings on becoming a Professional Growth Advisor to assist colleagues in developing a professional career path for the California Child Development Permit; 143 attended.
- Several new child development courses for English as a Second Language (ESL) learners have been, or are in the process of being, implemented. This year, 34 ESL students completed the bilingual (Spanish-English) course in Early Childhood Development and earned the Associate Teacher Child Development Permit.
- Contracts were awarded to four community colleges to:
  - Conduct individual counseling to over 2,223 Early Childhood Education students
  - Expand and diversify course offerings
  - See Goal 4, Indicator 9 for more information on Early Care and Education college contracts

## Early Care and Education – Enhanced Mentor Program

The Enhanced Mentor Program provides short term one-on-one mentoring to early care and education (ECE) providers that promotes a cross-discipline approach to providing care for children and families. Mentors conducted recruitment and outreach activities to attract a more diverse workforce. Mentoring topics have a cross-discipline approach and include curriculum design and implementation, environment, administration, program management and cultivating leadership skills.

- 13 new Mentors were recruited and altogether, 34 Mentors provided mentoring activities to 110 ECE providers
- Mentor outreach activities included: translating mentor brochures into Spanish and Chinese; presentations at community college child development classes, R&Rs and licensed family daycare associations; informational booths at conferences
- 18 trainings for Mentors included art, outdoor environments, math, music, science, literacy and providing technical assistance to Quality Improvement grantees and Corps members.
- The Mentor Program facilitated the following college unit bearing courses:

A six-class series focusing on a variety of early care and education topics including literacy, art, math, science, music and outdoor environments

A one-unit class on the National Association for Educating Young Children’s (NAEYC) Code of Ethical Conduct was taught by a Director Mentor at Chabot College in Hayward

**“The Enhanced Mentor Program has been a phenomenal experience that has influenced me to be more committed in the field of Early Care and Education. The ongoing support from the [Mentor] program allows me to develop community partnerships and enhance the level of work providers do!”**

*Child Care Mentor Teacher*

- Support by a group of 4 Mentors helped to implement an evening class at Chabot College
- 2 specialized trainings for mentors were conducted on “Applying for the California Child Development Permit” and “How to Utilize the Harms Clifford Rating Scales to Drive Professional Development”
- Mentors provided 19 trainings to 498 ECE providers
- 32 Corps members received technical assistance from Mentors on Environmental Rating Scales

**“Working with a Mentor gave me the assurance that I was doing this project correctly. Knowing that I was on the right track was great!”**

*Child Care Provider who received mentoring*

## Early Care and Education – Child Care Fund

The innovative Quality Improvement Grant program was implemented by the Child Care Fund as a two-phase program. Phase One provides resources for child care sites to receive a standardized assessment by a trained assessor and to develop a long-range quality improvement plan. Phase Two awards grants and loans and provides technical assistance to help sites implement quality improvements identified in long-range plans. The Child Care Fund staff teach college level courses on business and marketing skills and also administer Spruce-Up for Kids and Family Child Care Fair Mini-grant programs.





43 Quality Improvement Grant assessments of child development sites were conducted by professional assessors using the Environmental Rating Scales tool. For sites that scored less than 7 (requiring improvement) in at least one domain, long-range plans were developed for each.

- 5 Environmental Rating Scales assessors were bilingual
- 10 sites were assessed using bilingual services

42 Quality Improvement Capital Grants were awarded to additional sites to implement their long-range plans developed in the previous fiscal year.

5 Facility Development Loans totaling \$153,072 were awarded for site and facility improvements.

Collaboration with the Enhanced Mentor Program supported grantees who needed individualized one-on-one technical assistance related to program, curriculum, and child/staff and staff/parent interactions to implement long-range quality improvement plans.

7 sites received grants or technical assistance to improve accessibility for staff, families or children with special needs including playground renovation training, ADA regulations and facility access ramps.

**"I will use my Quality Improvement Plan to assess how change in my child care program environment may enhance the children's experiences. I will also use the plan during our family night to show families how and when program improvement will take place!"**

*Child Care Fund Recipient*

114 Spruce-Up for Kids Mini-grants were awarded to non-profit centers for beautification and small site improvements. As a result of a program evaluation, Spruce-Up implemented changes this year:

- Recruited 80 new sites that had never received a grant
- Gave sites up to 30 days to complete funded projects—instead of one day

262 family child care providers received \$125 in vouchers for early literacy books and materials at the fourth annual Family Child Care Fair. It marked the first year that attendance at a 1 hour Early Literacy Workshop was required.

INDICATORS	
Proportion of credentialed Child Development Corps members (Child Development Permit	61%
Proportion of Child Development Corps members who complete professional growth requirements during the reporting year	70%
Proportion Child Development Corps members returning from the previous year(s)	67%
Number of child care environments assessed by reliably trained assessors using Harms/Clifford Environmental Rating Scale	43
Number of child care providers that receive a loan, grant, training, or technical assistance to make quality improvements to their child care environment	204
Number of new early care and education Mentors	7
Number of new early care and education director Mentors	6

## Community Grants

17 grant recipients provided training and support to child care providers, including respite providers. Training topics included social and emotional development, cultural sensitivity, developmentally appropriate and stimulating activities, children’s learning strategies in art, science and literacy, speech and language development, sign language, atypical child development, eligibility criteria for services for children with special needs, working with children in kinship/foster care, working with drug-exposed infants and toddlers and health-related topics.

**One preschool teacher “learned that parents and teachers in other neighborhoods embrace ‘messy’ art play as useful and important for young children’s development. She was able to take this information back to the parents at her school who had rejected preschool arts as a frill.”**

*2002-03 Grantee Report*

### OUTCOME 2C: CHILDREN ENTER KINDERGARTEN READY FOR SCHOOL

Strategies focused on enhancing developmental support services in the county, early identification of children with developmental concerns or delay, planning for the implementation of pediatric office-based developmental screening and referral services, continuing the pre-kindergarten (pre-k) summer camp for children who had no previous preschool experience (in partnership with two school districts), providing books and materials to early childhood educators and parents, training early childhood educators on school readiness concepts, planning for a new school readiness partnership grants program, awarding grants to community agencies to provide school readiness activities and training for parents, and completing Hand in Hand, a home-based school readiness program funded through a federal grant.

### Family Support Services (FSS)

1,028 families living in the school readiness target areas of East Oakland and South Hayward received 7,100 family support service visits.

10 Child Development Specialist meetings were held to assure quality and promote best practices.

FSS participated in planning for Partnership Grants for school readiness and mental health consultation for child care providers; a Child Development Specialist was hired.

FSS developed an implementation plan to provide developmental and referral services in two pediatric offices located in low-performing schools districts in East Oakland and South Hayward.

See referrals to and services by Specialty Provider Team for developmental and emotional concerns under Outcome 2A.

INDICATORS	Universal	Special Start	Pregnant/Parenting Teens and Infants	ARS
Proportion of children receiving Intensive Family Support Services who report reading or storytelling to their children one year of age and older at least once a week	NA	69% (n=285)	81% (n=401)	89% (n=45)
Proportion of children one year and older receiving IFSS who are screened for developmental delay	NA	96% (n=369)	52% (n=542)	25% (n=60)
Proportion of children screened for developmental delays who scored "of concern" per the assessment	NA	61% (n=354)	15% (n=282)	33% (n=15)



## School Readiness

### Pre-k Summer Camp

The second 6-week pre-k summer camp was held in partnership with Hayward and Oakland Unified School Districts to help parents and teachers prepare children who have not had licensed child care or preschool experiences for entering kindergarten.

60 children attended including those receiving Hand in Hand services

- Before and after High Scope Observational Record assessments were completed on 39 children for the following three domains: Initiative, Social Relations and Language and Literacy. There were gains on all measured outcomes (but not statistically significant at the  $p=0.05$  level).
- The largest gains were in the area of Social Relations. The mean gain scores were not as high as in 2001- probably due to a smaller sample size. Pre-assessment scores were also higher due to the fact that children were 8 months older on average than the previous year.

Classes were co-taught with bilingual elementary school staff and ECE providers and included appropriate literacy and numeracy activities and developing peer relationships.

**“[Being a teacher in the program] was very gratifying... since the children were right on the edge of picking up so many things. It was...a really good experience.”**

*2002 Pre-k Summer Camp Teacher*

Environmental Rating Scale assessments were completed for each classroom and an action plan was developed to improve the environments.

Children with developmental concerns were identified early and referred to the Specialty Provider Team for consultation.

Individualized Education Plans were developed prior to school to facilitate timely provision of special education services as appropriate.

Children received culturally and linguistically appropriate Every Child Counts backpacks that included school supplies, books, toys and a resource list for families.

A “Kinder Orientation,” hosted by elementary schools, was implemented for all families with children entering kindergarten.

**“We need this type of program in all of our schools so all children are ready to succeed”**

*2002 Elementary School Principal*

“Home visits help[ed] [my child] learn her colors, number[s] and abc’s better. It helped me see what she needed to improve to be ready for Kindergarten.”

“She became more open and more comfortable around other children at school. The home and school visits... really helped... build her self-confidence.”

“Home visits helped her to learn to share with the other children [and] take turns with games.”

“My child was very shy. The program helped her learn to express herself.”

*Hand in Hand parents*

## Hand in Hand

77 children received 717 home visits (an average of 9.5 visits per family) and engaged in up to 300 home-based school readiness activities.

37 attended summer camp.

60 families attended one or more field trips to the Steinhart Aquarium, Morrison Planetarium, Chabot Space and Science Center, Sulpher Creek Nature Center, Verdese Carter Park, San Felipe Park, Winter Party, libraries, fire stations, Oakland A's game, Ardenwood Historic Farm, and the Oakland Zoo.

**“We liked... the trips to different places. Some of the place[s] we probably couldn't afford to pay for ourselves. So, thank you.”**

*Hand in Hand parents*

## Early Care and Education

The fourth Family Child Care Fair was held to recognize Family Child Care professionals and to provide free books, child development materials and equipment to family child care providers.

262 providers each received \$125 vouchers to purchase literacy books and materials.

Books and materials represented various cultures and abilities.

Attendance was required at the 1 hour literacy workshops. Attendees spoke English, Cantonese, Croatian, Hindi, Mandarin, Spanish, Vietnamese and interpretation and translated materials were available.

The Child Care Fund awarded 31 Quality Improvement grants to purchase books.

3 Professional Development Coordinators (at community colleges) attended courses on literacy development through UCLA and shared findings with the ECE community. As a result, improvements were made in college course instruction on language and literacy development for ECE students.

## Community Grants

Eight agencies received funding to increase access to culturally-appropriate and age-appropriate books and materials. Over 5,400 children's books were purchased in several languages including English, Spanish, and Chinese. The books were used by children's programs or were distributed to families during home visits, family events, family read nights, or through a county bookmobile. Musical instruments and multicultural play items were purchased for parent-child activity classes.

Twelve agencies conducted school readiness activities and 10 agencies trained parents on school readiness.

- 13 workshops on choosing books and reading to children were attended by approximately 150 parents and child care providers. 59 family read nights and book fairs were held in English and Spanish. A weekly parenting radio program devoted one session to helping children fall in love with reading.
- A county bookmobile program received continued funding to provide monthly librarian visits to center and family child care sites, and to provide story times in English, Spanish, Chinese, and Farsi. 20 theme-based “story time to go” kits were produced for use by child care providers and parents; since October, they have been borrowed 59 times.

- Two agencies serving families living in shelters and transitional housing provided children’s enrichment activities that were attended by 147 children
- Outreach efforts by a children’s museum brought in 4,828 low-income visitors

**“What a great place... We were a family of four with two unemployed parents. We rent a room in a house where the kids are not allowed to make too much noise, not to mention mess... [Here] we can take the kids somewhere warm, indoors, where they can run loose, [be] safe, and get dirty and explore art projects.”**

*(2002-03 Grantee Report)*

- A children’s art studio received continued funding for outreach activities and artist-facilitators. It received 3,335 visits from children 18 months to 5 years. The studio also provided 5 workshops for parents in West Oakland on parent-child art activities that support school readiness.
- A school readiness program received continued funding to provide interactive parent-child music workshops, parenting classes, and children’s enrichment activities to 65 children and 55 adults

Eight agencies were funded to provide services to support children with developmental or other special needs.

- 12 hearing screening kits were distributed to agencies serving young children and service providers were trained on their use. 58 hours of home visiting support was provided to 9 families with children with hearing loss.
- A therapeutic nursery school and a preschool received funding for speech therapists

**“[Our] speech therapy program...has greatly benefited children. ...we have witnessed the transformation in children’s behavior...as they become confident in expressing their emotions through words.”**

*Survey of Grantees, 2003*

- An agency serving Chinese, Vietnamese, and Cambodian families conducted 53 classroom observations of Head Start children, 95 child health and mental health screenings and 317 home visits. 34 children were referred for additional services.
- To support 5 children’s transition into kindergarten, a therapeutic nursery school provided 70 contacts to their families

One agency provided 20 group socialization experiences for children with a disability or developmental delay and their parents and siblings under age 5.

An agency providing support and advocacy for families with children with special needs referred 190 children to entitlement services and accompanied 82 primarily Spanish-speaking families to medical appointments, Individual Education Plan meetings, and other meetings.

**“After coming to this program, I have noticed that my child dances and sings more than before. He’s a happier child now.”**

*2002-03 Grantee Report*



## GOAL 3: IMPROVE THE OVERALL HEALTH OF YOUNG CHILDREN

### OUTCOME 3A: PREGNANT WOMEN AND TEENS HAVE ACCESS TO EARLY AND COMPREHENSIVE PRENATAL CARE

Strategies focused on collaborating with Every Child Counts partners to expand outreach and to coordinate prenatal activities; providing enhanced prenatal services to pregnant teens by contracting with the county's Adolescent Family Life/Cal LEARN programs, Tiburcio Vasquez Health Center and The Perinatal Council. Another Road to Safety (ARS) uninsured pregnant primary caretakers were referred for health insurance and a prenatal provider. In addition, community agencies were funded to provide prenatal outreach and services.

### Family Support Services (FSS)

Hospital Outreach Coordinators (HOCs) ensured continuity of care for Alameda Alliance for Health members and Improving Pregnancy Outcomes Program (IPOP) clients who receive prenatal public health nurse home visits by assuring that the same public health nurse provides newborn home visits.

The Specialty Provider Team provided lactation support services to 322 breastfeeding mothers who received support through 66 home visits, 355 phone interventions, 70 consultations with public health nurses and 5 joint visits with the primary case manager.

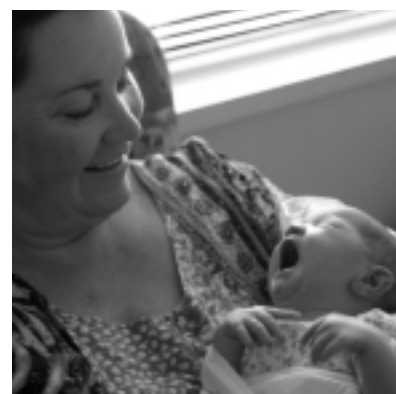
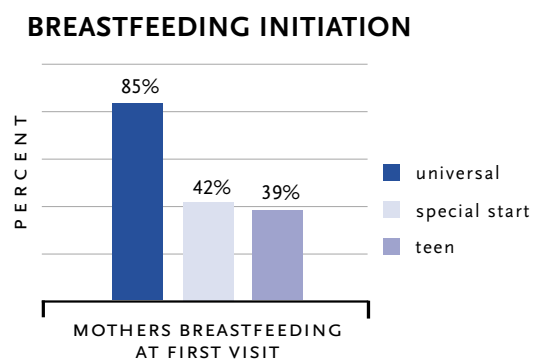
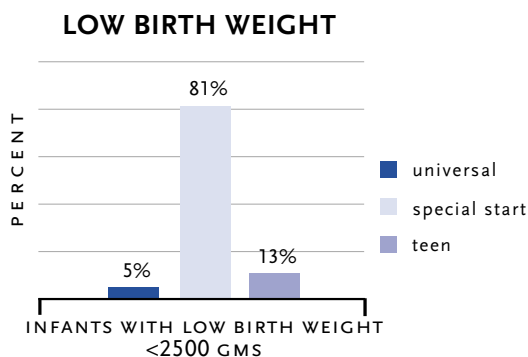
1,320 Kits for New Parents were distributed by prenatal clinics and providers.

Every Child Counts participated in the National Training Institute for Perinatal Substance Use.

Every Child Counts continued to participate in the work of the county collaboration, Improved Pregnancy Outcomes Project (IPOP).

**“...Not sure I would have been able to breastfeed Clara as well as I finally could, thanks to your help. I'm still nursing her fully ... what a healthy, happy girl (95+% length, 75% weight) she has become. Feel free to share this letter of praise with your supervisor, and please let them know what a valuable service the Public Health Nurse and breast pump loan program are providing.”**

*Letter from Mom Receiving FSS*





INDICATORS	Universal	Special Start	Pregnant/Parenting Teens and Infants
Proportion of pregnant women and teens who received FSS who delivered babies with a birth weight <2500 gms during the reporting year	5% (n=2683)	81% (n=625)	13% (n=673)
Proportion of women and teens who delivered during the reporting year who received FSS and are breastfeeding at the first home visit*	85% (n=2552)	42% (n=614)	39% (n=807)
Proportion of women and teens who delivered during the reporting year who received FSS who breastfeed <=1month, <=6months, <=12months, > 1 year*	**	<=1 mo : 21% <=6 mos : 48% <=12 mos : 12% >1 year : 19%	<=1 mos : 22% <=6 mos : 37% =12 mos : 18% >1 year : 23%
Proportion of mothers receiving IFSS services with pregnancy intervals of 2 years or more	**	26% (n=50)	62% (n=65)

\* Includes only clients > 1 years old

\*\* Insufficient Data

Notes:

1. Report of breastfeeding at time of first visit is high for all three programs. Of note, is that mothers of infants who are in the Neonatal Intensive Care Unit (NICU) and receiving Special Start services have a high rate of breastfeeding given the medical and social risks of their infants.
2. First year able to report length of breastfeeding

## Community Grants

4 community grantees provided prenatal outreach, education and support.

- 115 pregnant teens and women attended prenatal classes on topics such as fetal development, labor and delivery, breastfeeding, and infant massage
- One agency developed a culturally sensitive curriculum for a Spanish-speaking high-risk pregnancy support group. The same agency referred 247 pregnant teens and women to WIC services, 44 to dental services, 23 to a doula (birthing coach) and 11 to social workers.

A health agency serving low-income Asian immigrants recruited and trained 17 additional bilingual volunteer labor coaches to provide language interpretation and support to Mandarin, Cantonese, Vietnamese, Korean and Tagalog speaking women during their labor and delivery.

2 health clinics were funded to increase the number of mothers receiving health care after delivery. At one of the clinics, two weeks after delivery, 230 mothers had an appointment with their provider and 47 had an appointment with a perinatal health educator.

**“My husband and I felt frustrated and helpless during the time of admission [to the hospital] because we...couldn’t communicate with the hospital staff.... I was very relieved and pleased when my [bilingual labor] coach arrived. My anxiety level was lower and I had less fear ...I couldn’t have done it without her.”**

*2002-03 Grantee Report*

4 community agencies received continued funding to provide breastfeeding education and support, including follow-up telephone support to mothers after their babies were delivered.

- At one agency, 65 out of 92 women who attended a prenatal breastfeeding class were breastfeeding two to three weeks after delivery

**“[There has been] a growing change in the culture of the ICN [Intensive Care Nursery] to one that supports breastfeeding mothers more fully. The knowledge base for breastfeeding support has improved as nurses, developmental specialists and physicians have gleaned skills while watching the lactation consultants work.”**

*2002-03 Grantee Report*

- A hospital program provided breastfeeding support to 88 mothers with infants in the intensive care nursery. The program succeeded in increasing the breastfeeding rate at discharge from the nursery to around 60% for the year. A survey of 15 of the mothers one month post-discharge found that 8 were still breastfeeding.

Mothers who, with assistance, succeeded in breastfeeding included teen mothers, a mother with Hepatitis C, and the mothers of babies that had Down Syndrome, severe jaundice or were premature

Breast pumps were loaned to over 50 mothers, helping them to continue breastfeeding

### **OUTCOME 3B: CHILDREN ARE HEALTHY, WELL NOURISHED AND RECEIVE PREVENTIVE AND ON-GOING HEALTH AND DENTAL CARE FROM A PRIMARY PROVIDER**

Strategies included providing universal postpartum Family Support Services (FSS) and Intensive Family Support Services (IFSS) for medically fragile babies, pregnant and parenting teens and children at risk for child abuse, increasing the number of children and families with health insurance, ensuring infants have access to health care and a primary pediatric provider, providing asthma education and prevention, and funding community agencies to provide health-related services to families.

The Family Support Services (FSS) Program is a relationship-based, family centered model of home visiting that uses validated best practices. FSS includes:

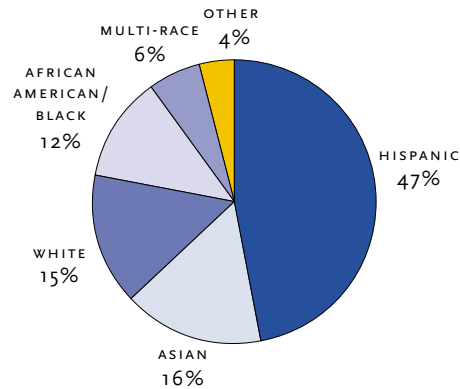
**“UNIVERSAL” 1-3 HOME VISITS**— Hospital Outreach Coordinators stationed at 4 birthing hospitals in the county offer new mothers, families and newborns 1-3 home visits regardless of income or medical-social risk. Home visits include health and nutrition education, lactation support, clinical exams of mother and infant, safety and developmental information and screening, community referrals, psycho-social assessments and general support. Referrals for health insurance, pediatric providers, how to find child care and others are made as needed or appropriate. An additional ten visits are available to those families meeting risk criteria or who have additional needs.

- 5 Hospital Outreach Coordinators offered family support services to families at Alta Bates, Alameda County Medical Center (Highland), St. Rose and Summit hospitals. 95.4% or 3,207 families accepted 1-3 home visits.
- 97% of those accepting visits signed consents to share information
- Hospital Outreach Coordinators facilitated newborn Medi-Cal enrollments by completing 1,883 newborn referral forms, 15 Medi-Cal enrollments and 4 Healthy Families enrollments for families without insurance, whether or not they accepted family support services





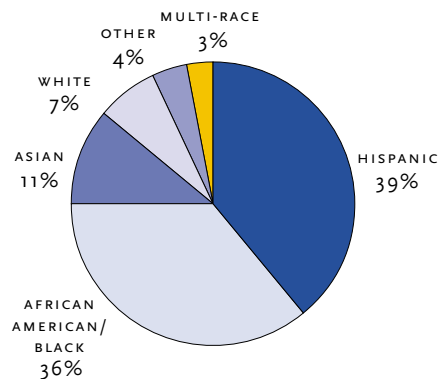
**RACE/ETHNICITY OF INFANTS RECEIVING UNIVERSAL 1-3 PLUS 10 VISITS 2002-03**



3,207 families were enrolled for Universal 1-3 visits.

- 2,697 families received an average of 2 visits
- 245 families received Plus 10 services, averaging 5 visits per family
- Families receiving Universal 1-3 and plus 10 services spoke 20 different languages: 56% spoke English, 35% Spanish, 4.8% Cantonese, 2% Vietnamese, and 3.2% all others including Mandarin, Farsi-Dari, Arabic, Punjabi, Korean, Tagalog, Phashto, American Sign Language, French, Cambodian, Japanese, Hindi, Thai, Urdu and Mien
- Immunization status was collected on 2,101 families. Of these, 95% were up-to-date for age.

**RACE/ETHNICITY OF INFANTS RECEIVING SPECIAL START SERVICES 2002-03**



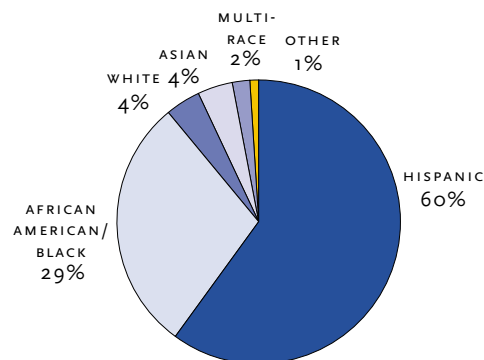
**SPECIAL START** is the Intensive Family Support component for infants discharged from the Neonatal Intensive Care Unit and their families. Infants who have high levels of medical and social risk receive multi-disciplinary case management services from Children’s Hospital Oakland (CHO) Special Start. A specially trained multi-disciplinary team from the Alameda County Public Health Department (PHD) Family Health Services Division provides Special Start services for infants who have fewer medical risks, but high levels of social risk. In addition to the services that the Universal program provides, Special Start provides long-term case management including developmental, behavioral and mental health, substance use, nutrition and nursing services. On-going home visits and support services are available until age 3, if needed. Issues related to families with children who have special needs are addressed. Referrals are made and tracked. Developmental and mental health assessments are completed using validated tools.

260 infants and their families were served by CHO Special Start with a range of 1-53 visits per client per reporting year.

390 infants and their families were served by PHD Special Start with a range of 1-40 visits per client per reporting year.

Families spoke 13 different languages: 72% spoke English, 21% Spanish, 1.6% Mandarin, 1.2% Arabic, and 4.2% all others including Cantonese, Vietnamese, Farsi-Dari, Hindi, Punjabi, Thai, Korean and Tagalog.

#### RACE/ETHNICITY OF INFANTS RECEIVING PREGNANT/PARENTING TEEN SERVICES 2002-03



**PREGNANT AND PARENTING TEEN SERVICES** is the Intensive Family Support component for teen parents and their infants. Every Child Counts contracts with two teen service providers, Tiburcio Vasquez Health Center and The Perinatal Council to provide case management services. In addition to the services that the Universal program provides, the Teen programs utilized teen-focused strategies whereby both teens and their children receive support. Great effort is placed on teaching parenting skills and keeping teens in school. One agency uses “Growing Great Kids,” the best-practice model of parent education and empowerment.

881 families received a range of 1-49 visits.

Teens spoke 7 different languages: 71.2% English; 28% Spanish; 0.2% Vietnamese, 0.2% Arabic, 0.2% Cambodian, and 0.2% Farsi-Darsi.

58% of teens remained in school or have graduated.

**A teen parent came to Hayward from Madera County in June 2002, with her husband and two children, 31 months and 17 months. She was very vocal about seeking out services for her son, who has cerebral palsy. With the help of her Case Manager, she made connections with the Regional Center and was able to obtain physical therapy for her son.**

*Teen Parenting Program*

**ANOTHER ROAD TO SAFETY (ARS)** is the intensive family support program that provides prevention and early intervention services to families who have had a call placed to the Child Abuse Hotline. Home-based support services are provided to eligible families for 9 months by community-based agencies. See Goal 4, Indicator 8 and Goal 1, Outcome 1B for more information.

**FAMILIES RECEIVING SUPPORT SERVICES BY CITY 2002-03**

CITY	% of Total Families Receiving FSS
Oakland	43%
Hayward	18%
Berkeley	9.4%
Alameda	9.0%
San Leandro	6.5%
Fremont	4.9%
Union City	2.5%
Newark	2.1%
San Lorenzo	1.4%
Livermore	0.8%
Castro Valley	0.5%
Albany	0.4%
Emeryville	0.4%
Pleasanton	0.4%
Dublin	0.2%
Sunol	0.1%
Piedmont	0.1%

### Special Contracts

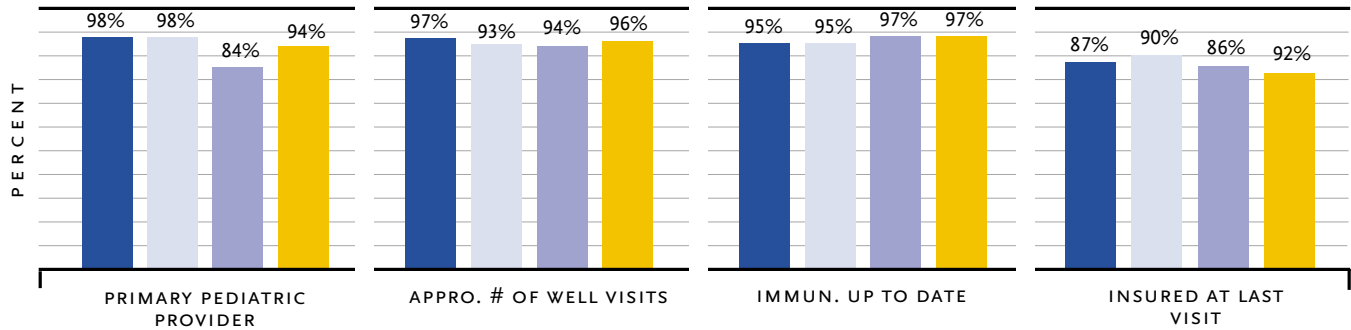
The American Lung Association has a special contract with Every Child Counts to do asthma education and prevention activities.

- Asthma trigger site assessments were conducted at 17 child care sites with 49 classrooms, serving 820 children
- 35 child care providers attended “Asthma Basics” training

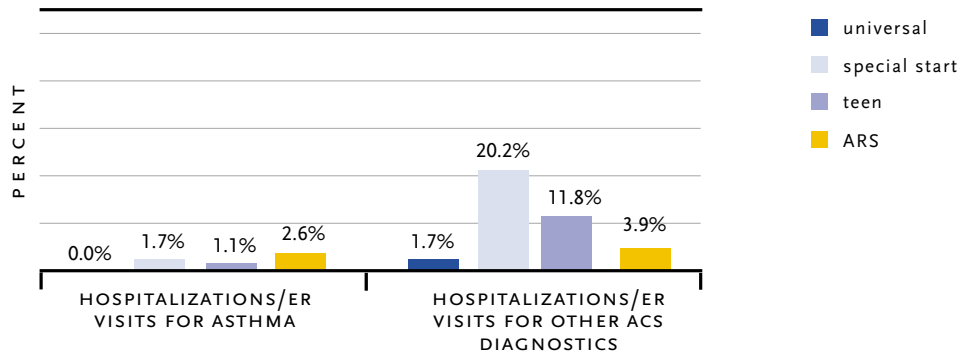
Strategies to address infant mortality included:

- Back to sleep information in the Kit for New Parents and at all home visits
- FSS participation in quarterly Fetal Infant Mortality Review Community Action Team meetings that address fetal mortality in Alameda County

**PROPORTION WITH PRIMARY PEDIATRIC PROVIDER/APPROPRIATE NUMBER OF WELL CHILD VISITS/UP-TO-DATE IMMUNIZATIONS/HEALTH INSURANCE**



**PROPORTION WITH HOSPITALIZATIONS/ER VISITS BY DIAGNOSIS**



INDICATORS	Universal	Special Start	Pregnant/Parenting Teens and Infants	ARS
Proportion of children with health insurance at the time of the last Family Support Service visit	87% (n=2618)	90% (n=650)	86% (n=881)	92% (n=76)
Proportion of children who have an identified primary pediatric provider	98% (n=2575)	98% (n=609)	84% (n=790)	94% (n=67)
Children with appropriate number of well child visits per age	97% (n=2363)	93% (n=583)	94% (n=749)	96% (n=54)
Proportion of children whose immunizations are up to date for age	95% (n=2101)	95% (n=577)	97% (n=559)	97% (n=63)
Proportion of children 3 years and older who received an annual dental exam	NA	78% (n=18)	65% (n=66)	92% (n=26)
Proportion of children hospitalized or who made ER visits for asthma	0% (2697)	2% (n=650)	1% (n=881)	3% (n=76)
Proportion of children hospitalized or who made ER visits for preventable ACS diagnoses (other than asthma)	2% (n=2697)	20% (n=650)	12% (n=881)	4% (n=76)
Number of known post-neonatal and child deaths	0	2	1	0

## Early Care and Education

Over 2,200 ECE providers received mailings on how to receive low-cost health insurance for child care providers and their families.

Corps members eligible for health insurance were able to enroll at Corps Seminars.

## School Readiness

Hand in Hand (HiH) Community/Family Support Specialists provided education and referral information on health insurance, pediatric and dental providers, immunizations, asthma prevention and treatment injury prevention and other health-related information.

HiH encouraged and monitored pre-k children to obtain a preschool check up and complete immunizations prior to school.

## Community Grants

To detect newborn hearing loss, a hospital purchased screening equipment and trained 19 staff on its use. Out of 1,081 deliveries, 1,061 infants were screened. 1% of the infants did not pass the screening and were referred for further assessment.

A hospital clinic received continued funding to provide follow-up services for infants discharged from neonatal intensive care.

- 189 visits were made to the clinic by Alameda County residents
- Special outreach efforts were made to encourage Spanish-speaking families to attend the clinic, resulting in visits from 31 of the 35 infants
- 71 infants were referred for further assessment and services including hearing evaluations, speech and language programs, nutritional consultations, occupational and physical therapy, developmental monitoring, infant mental health programs, and respite care

**One child referred for further assessment was diagnosed with autism. “He is now two and a half years old and has made significant developmental progress. [The] mother feels that the early identification of her child’s needs made an enormous difference to their family.... ‘If it weren’t for the Follow-Up Clinic, we would not have known that something was wrong.’”**

*2002-03 Grantee Report*

9 Community Grants recipients attempted to increase immunization rates.

- A medical clinic in Berkeley made 466 immunization reminder calls in English and Spanish
- Information on child immunizations was provided during five agencies’ parenting classes and one session of a weekly radio parenting program
- A program serving teen mothers reported that 92% (39) of the children were fully immunized

To address childhood asthma, the Asthma Start collaboration enrolled 78 children with asthma in a home visiting program designed to reduce the severity and frequency of asthma symptoms. The program provided asthma treatment and prevention education and strategies for health care providers and parents in targeted areas of the county that have high asthma hospitalization rates for children less than 5 years. It helped families identify environmental triggers and develop asthma action plans, distributed trigger reduction supplies and accompanied families on medical visits.

- 55 (100%) of the families at exit from the program had engaged in at least one asthma trigger reduction effort (e.g., vacuuming when the child is not present, smoking outside and changing clothes) and 100% had a primary pediatric provider
- 39 (71%) of the children at exit from the program showed improvement and the remaining 16 maintained already low levels of asthma symptoms. One child at enrollment “was wheezing almost every day ...the family stopped using incense and their fireplace...[and] learned about the importance of using a spacer when taking inhaled medications... [The child] has several siblings with asthma also and all have improved their asthma symptoms...” (2002-03 Grantee Report)
- 15 families were contacted 3 months after exit from the program. 93% of the children had not been hospitalized for asthma since completing the program and 73% had not visited the emergency room for asthma.

One agency was funded to increase the use of preventive oral health services.

- 490 parents of children at 21 Early Head Start or Head Start programs or state subsidized preschools were surveyed about their child’s health needs. 55% reported that their child had a dental exam within the last year, 27% had a dental concern and 22% wanted more information on dental treatment or preventive services.
- 107 children were enrolled in a preventive oral health program
- 92 children were referred for dental care; 28 kept their dental appointments
- 56 child care providers were trained on detecting and preventing childhood caries, incorporating dental education into the classroom, and recognizing and managing communicable disease.

**“...children, 0-5 years old, are beginning to go to the dentist for preventive care! ... Through outreach efforts many families are gaining an increased awareness of the problem of early childhood caries and ways to prevent it.... One [child care] center...will implement a dental training curriculum as a result of our involvement. ”**

*2002-03 Grantee Report*

2 community agencies serving homeless women and children screened 197 children on a variety of health measures. Upon exit from one program, nearly all of the children had primary pediatric providers and health insurance, and were current on well child visits and dental exams.

A radio program on parenting discussed childhood asthma and access to health care during two of its weekly sessions.

### OUTCOME 3C: CHILDREN ARE IN HEALTHY AND SAFE ENVIRONMENTS

Strategies focused on safety and injury prevention, distribution of parent kits, trainings on domestic violence and providing grants, loans and technical assistance to child care sites to address safety issues.

#### Family Support Services

All Family Support Services and Hand in Hand home visits included safety and injury prevention activities.

Training Connections held a quarterly training and one seminar on domestic violence; 347 attended.

## Early Care and Education

94 Corps members attended a training on Domestic Violence and its Effects on Children.

The Environmental Rating Scales (ERS) include an assessment of the safety of child care sites.

- 260 Corps members were trained to use the ERS rating scales; 1,368 members completed self-assessments. An additional 181 early care and education providers were trained on ERS by resource and referral agencies.
- See Child Care Fund results (Goal 2, Outcome 2B, page 31) on improvements made as a result of environmental assessments.

**“The funding from the Child Care Fund will enable us to make improvements that positively affect the health and safety of the children.”**

*Child Care Fund Recipient*

## Community Grants

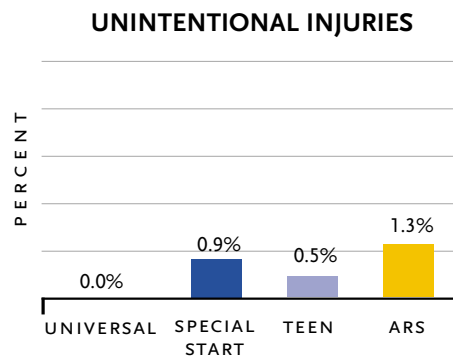
8 community agencies provided prenatal or parenting education information that included injury prevention.

A children’s museum received funding for child safety activities. The museum’s annual child safety campaign included:

- A baby-proofing and crib safety day
- A choke-saving demonstration
- 2 free car seat checks, during which 125 car seat inspections were conducted by police officers; 90% of the car seats were found to be installed incorrectly
- 4 toddler helmet fitting and distribution days. In addition, 9 early childhood safety workshops were offered to parents and caregivers.
- 190 helmets were distributed to low-income children

**“I really liked...the class discussing the appropriate car seats for children. ...I learned about which seat was adequate for my child, how to buy the correct one, and how to use it.”**

*2002-03 Community Grantee Report*



INDICATORS	Universal	Special Start	Pregnant/Parenting Teens	ARS
Proportion of children receiving FSS with selected unintentional injuries	0% (n=2697)	1% (n=650)	0.5% (n=881)	1% (n=76)
Number of childcare sites receiving Child Care Fund loans, grants, training, or technical assistance to improve the health and safety of young children				204

## OUTCOME 3D: CHILDREN ARE FREE FROM EXPOSURE TO ALCOHOL, TOBACCO AND OTHER HARMFUL SUBSTANCES

Strategies focused on training and support regarding tobacco and substance use prevention/cessation, implementing the Commission Tobacco Policy with grant recipients and contractors, and providing substance use specialist consultation services to Family Support Services providers.

### Family Support Services

The FSS Specialty Provider Team substance use counselors provided consultation for the Universal 1-3 Plus 10 and Special Start providers. They completed 34 home visits, 13 case conferences and 11 trainings.

Training Connections held a Specialty Topic Seminar where 37 FSS providers were trained on screening and referrals for substance abuse.

19 Special Start and Teen Program providers were trained on Substance Abuse Screening and Fetal Alcohol Spectrum Disorders.

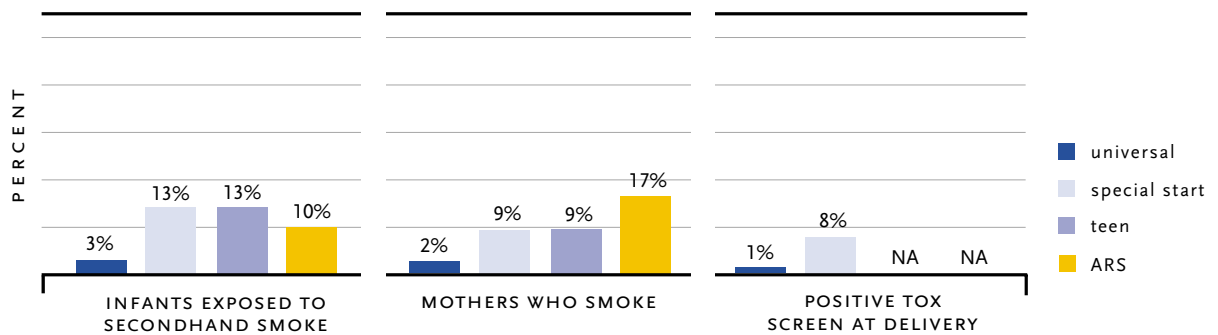
7 trainings were held for 117 FSS providers on using the 4Ps substance use screening tool.

126 pregnant and primary caretakers were referred to smoking cessation programs.

111 pregnant women and primary caretakers were referred to alcohol and drug treatment programs or consultation services.

58 primary caretakers receiving FSS are substance users by self-report or screening.

#### SUBSTANCE EXPOSURE



INDICATORS	Universal	Special Start	Pregnant/Parenting Teens and Infants	ARS
Proportion of infants and children receiving Family Support Services (FSS) exposed to secondhand smoke	3% (n=2324)	13% (n=523)	13% (n=747)	10% (n=59)
Proportion of parenting women and teens receiving FSS who smoke	2% (n=2537)	9% (n=617)	9% (n=875)	17% (n=76)
Proportion of women who had a positive screen for alcohol or drugs at delivery (exclude teens and ARS families)	1% (n=2395)	8% (n=403)	NA	NA



## Community Grants and Contracts

Every Child Counts contracted with The American Lung Association who conducted:

- Fresh Air for Little Noses trainings for 111 Corps members
- Tobacco 101/Cessation Motivation trainings for 71 Corps members and 6 Hand in Hand staff
- A presentation on the health hazards of smoking for 52 high-risk teens

Secondhand smoke prevention information was disseminated through prenatal classes, a parenting radio program, parenting classes and parenting handouts provided by several agencies, including two medical clinics, two child care centers, a program for teen mothers, a program for young fathers, a therapeutic nursery school, a school readiness program, an asthma program, a developmental home visiting program, and a shelter for homeless women and children.

Two agencies (one serving pregnant teens and the other serving homeless mothers) screened clients for smoking and for drug and alcohol use. At one agency, 24 out of 59 teens used drugs, alcohol or cigarettes at intake, but only 3 teens continued to use during pregnancy. For one young pregnant teen using methamphetamines at intake: "Through the cooperative efforts of [Child Protective Services], ...Police and our staff, [the teen] began a day treatment program. ....She has had several months of sobriety during which she has bonded with her unborn baby."

**Most parents were stunned at the risk to their children from second hand smoke. One parent said, "Now I know why they have these...rules [about smoking away from the doors of the houses]."**

*2002-03 Grantee Report*

Alameda County Tobacco Control Program - All grantees and contractors were given educational materials on cessation and secondhand smoke to distribute to staff and clients.

- 2002-3 Grantees

54 out of 55 grantees passed a Board of Directors' resolution to adopt the comprehensive tobacco policies (including adoption and implementation of a Comprehensive Smoke-Free Environment Policy, Tobacco-Free Sponsorship Policy and Divestment from Tobacco Stock Policy)

All 55 grantees implemented/maintained a Smoke-Free Environment policy

51 out of 55 grantees implemented/maintained a Tobacco-Free Sponsorship Policy

49 out of 55 grantees implemented/maintained a Divestment from Tobacco Stock Policy

- 2002-03 Contractors

14 out of 16 contractors (3 of which are also grantees) passed a Board of Directors' resolution to adopt the comprehensive tobacco policies (including adoption and implementation of a Comprehensive Smoke-Free Environment Policy, Tobacco-Free Sponsorship Policy and Divestment from Tobacco Stock Policy)

14 out of 16 contractors (3 of which are also grantees) implemented/maintained a Smoke-Free Environment Policy

13 out of 16 contractors (3 of which are also grantees) implemented/maintained a Tobacco-Free Sponsorship Policy

13 out of 16 contractors (3 of which are also grantees) implemented/maintained a Divestment from Tobacco Stock Policy

## GOAL 4: CREATE AN INTEGRATED, COORDINATED SYSTEM OF CARE THAT MAXIMIZES EXISTING RESOURCES & MINIMIZES DUPLICATION OF SERVICES

### OUTCOME 4A: COMPREHENSIVE INTEGRATED SYSTEM OF PREVENTION SERVICES AND EARLY INTERVENTION SERVICES FOR FAMILIES

#### INDICATORS

##### 1. A common set of results, indicators and performance measures across participating Every Child Counts agencies

The updated accountability matrix represents the integration of a common set of results, indicators and performance measures across all agencies contracting with and providing services funded by Every Child Counts. A customized matrix was included in each service provider contract. Community grantees received training on results-based accountability and developed individual accountability matrices. Technical assistance was provided on ways to assure quality data collection.

6 agencies reported on the 2003 Survey of Grantees that Every Child Counts funding and training had helped them strengthen accountability and improve the tracking of data and outcomes.

**“One of the things that I have been very admiring of is the way Every Child Counts tried to create an integrated system in themselves. [They say] “these are some outcomes that we think we want in a global way. When we go out to ask for funding, let’s ask for people to be saying how they will help us achieve those outcomes and then let’s give them some tools for measuring that.”**

*Community provider interview from “Changing Systems: Measuring the Impact of Every Child Counts”*

**“The Every Child Counts First 5 Alameda County grant has allowed us to make our children’s program more professional and accountable. We are tracking progress and outcomes that we did not have records for previously.”**

*Community provider interview from “Changing Systems: Measuring the Impact of Every Child Counts”*

##### 2. A plan for sharing resources and implementing leveraged, blended funding

The Every Child Counts fiscal leveraging plan has become a model for Children and Families Commissions in the state. This plan identifies how Proposition 10 funding can be used to draw down state and federal dollars for eligible services including home visits, training, planning and administration.

\$1,587,828 from government claims was documented in 2002-03 from three funding sources, MAA (Medi-Cal Administrative Activities), TCM (Targeted Case Management) and CHDP (Child Health and Disability Prevention).

**“When we [the City of Fremont] received funding through Every Child Counts, their [ECC] staff worked with us to determine which of our services were eligible for reimbursement under the Medi-Cal Targeted Case Management program. We are now billing for these services and leveraged an additional \$56,000 over the past two years.”**

*Public Agency Administrator interview from “Changing Systems: Measuring the Impact of Every Child Counts”*

Family Support Services received \$437,140 federal grant from the Department of Health and Human Services for the Another Road to Safety program.



#### Early Care and Education

- \$1.2 million was generated from the First 5 California Matching Funds for Retention Incentives for Early Care and Education Staff (Child Development Corps)
- \$1,096,395 was received from Alameda County General Services Agency Child Care Planning Council to provide stipends and additional professional development opportunities to child care workers in the Child Development Corps program
- In FY 2001-02, Every Child Counts received a \$743,112 federal grant from the Department of Health and Human Services for the Hand in Hand E.A.R.L.Y (Enhancing Accessibility and Readiness for Learning by Young Children) Project. \$649,242 was expended in FY 2002-03.
- The Sobrato Family Foundation and United Way of the Bay Area each donated \$30,000 to the Child Care Fund

#### Early Care and Education - School Readiness

- Every Child Counts received \$1,907,125 from a First 5 California School Readiness Initiative grant in 2001-02 to be used in 2002-03 as well for school readiness programs
- Every Child Counts received \$740,000 from an 18-month federal grant for the continued implementation of Hand in Hand, a home based school readiness pilot program in two communities with low performing schools

#### Community Grants

- A radio parenting program has received additional funding from Kaiser Permanente, the Morris Family Foundation, the Trio Foundation, United Way of the Bay Area and First 5 Commissions in Marin, Contra Costa and Santa Clara counties
- A parent/child dance program received matching funds to serve older siblings
- 2 agencies collaborated with Special Start to apply for a grant from the State Department of Developmental Disabilities. The team was awarded funding to develop an interagency model that addresses barriers families face in obtaining early intervention services for their infants and toddlers.
- A parenting education program for Native American families that was initially funded by Every Child Counts has secured other funding for next year



### **3. Implementation of ECChange, an integrated information system to track and monitor Every Child Counts intervention strategies across agencies and inform evaluation efforts**

ECChange won two awards for innovation and excellence from MIT/Accenture for best local government initiative in the United States and from ComputerWorld for visionary use of information technology in government and non-profit organizations

ECChange Phase Two accomplishments included:

- City of Berkeley Universal 1-3 program roll-out using the Alameda County Public Health Nursing case management module
- Special Start, Alameda County Public Health Department (ACPHD) roll-out
- Hospital Outreach Coordinators (HOC) “disconnect module” completed so that HOCs can enroll clients without being connected to the internet
- Hand in Hand home-based School Readiness module implemented
- Refinements of synchronization modules, administrative tools, user profiles, supervisor view

Several components of the Intensive Family Support module were completed including:

- Family Risk Assessment Tool
- Automation of the Devereux Early Childhood Assessment, Edinburgh Depression Screen, Ages & Stages Developmental Assessment, Prenatal 4Ps Plus Substance Use Screening Tool and the Family Risk Assessment

Additional Intensive Family Support modules designed for Teen Services, Special Start Children’s Hospital and Another Road to Safety will be implemented in fall of 2003.

The enhanced Referral Screen, Family Care Plan and Specialty Provider Team view were also designed.

The Every Child Counts ECChange Helpdesk was established to provide daily application and technical assistance to Every Child Counts staff members and authorized users of partnering agencies.

The Every Child Counts Research Analyst analyzes ECChange data to generate contract monitoring and outcomes reports.

ECChange enabled the collection of standardized race/ethnicity and outcomes data across all Family Support Services providers.

A web-based demo of ECChange is available on the Every Child Counts website at:

<http://www.ackids.org/whatsnew.htm/ECChange>

**“It definitely was a huge learning curve when we went to the computer, and yet I think after I kind of got the hang of things, that’s made me more efficient.”**

*Public Health Nurse interview from “Changing Systems: Measuring the Impact of Every Child Counts”*

#### 4. Implementation of on-going training and consultation to assure quality services for families and children 0-5 years

Training Connections offers cross-agency trainings, seminars and workshops as a systems change strategy. In 2002-03, Training Connections participation was opened to Community Grants recipients and other community providers. Joint trainings were also held with Alameda County Maternal, Child and Adolescent Health. Training and seminar topics were offered based on input from participants and subjects linked with best practices. 717 nurses, case managers, occupational therapists, substance use counselors, students, nutritionists, health educators, developmental specialists, lactation consultants, social workers, social work interns, dieticians, physical therapists, speech pathologists, mental health therapists, child care providers, parents, program administrators, outreach workers, school teachers and administrative assistants attended the 37 Training Connections programs.

- Quarterly trainings were offered to build core competencies of Every Child Counts FSS contractors. Continuing Education Units (CEUs) were available for participating public health nurses and licensed mental health professionals. Topics included Domestic Violence, Reflective Supervision and Relationship-Based Approaches.
- Monthly Specialty Topic Seminars are intended to reinforce best practices for social workers, case managers, public health nurses and community providers  
1,021 providers (increased from 727 last year) attended seminars  
Each seminar includes a diversity panel comprised of members from community agencies who represent the diversity of cultures, ethnic backgrounds and disabilities in our county. The panel is dedicated to speaking on issues of race and culture in relation to the seminar topic.
- The FSS Annual Conference for FSS contractors, Community Grants recipients, Improving Pregnancy Outcomes Program (IPOP) and Black Infant Health (BIH) providers was held; 165 attended
- Early Childhood Mental Health: To build countywide capacity to provide infant-parent psychotherapy, 20 mental health clinicians from community-based organizations attended a 32-week program that included topics such as direct supervision for attendees who provide early childhood mental health services. These providers can now take referrals for families in need of more intensive intervention.
- Other trainings included Case Managing the Medically Fragile Infant, Devereux Early Childhood Assessment Training, How to use a Language Interpreter, Crisis Intervention and Understanding Confidentiality and Minor Consent for Teens

**“ECC trainings have increased staff skill and knowledge in ... assessment, child development, staff supervision, and outcomes tracking.”**

*Survey of Grantees, 2003*

Early Care and Education held 47 Child Development Corps trainings and workshops for 1,939 new and returning Corps members to improve quality of child care and retention of providers.

“Respondents viewed Every Child Counts investments in existing and new training programs as critical to achieving gains in provider capacity and service quality. Participants gave overwhelmingly positive feedback on trainings and technical assistance” They mentioned benefits including ... generating a more supportive environment for child care providers, thereby encouraging retention...”

*“Changing Systems: Measuring the Impact of Every Child Counts”*



### 5. Increased community capacity to support families and children 0-5 years

The 2002-03 Community Grants Initiative awarded \$2.9 million to 25 continuing and 20 new grantees.

**“ECC funds have allowed our organization to develop strong partnerships with others serving the community.”**

*Survey of Grantees, 2003*

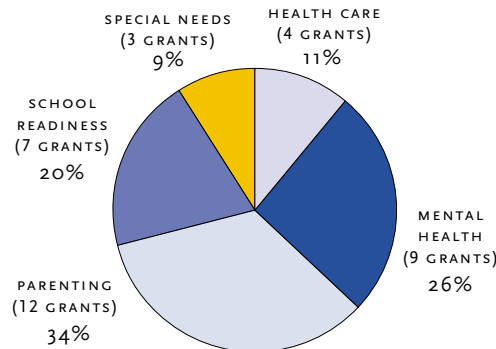
The Community Grants Initiative continued to build results-based accountability capacity. This included one-on-one technical assistance for accountability, programmatic issues and contract compliance; trainings on Results-Based Accountability and use of a community grants accountability worksheet for reporting. Three in-depth accountability trainings were held on Tips for Effective Report Writing, Measuring Client Satisfaction and Collecting Quantitative Data.

The Community Grants Review Panels that convened for the selection of 2003-05 grantees were composed of an ethnically, professionally and geographically diverse group of community members including, professionals, parents from the Parent Advisory Committee, child care providers and community agency administrators.

In the 2003-05 grants cycle, Every Child Counts initiated a pilot Partnership Grants program. Partnership Grants were awarded to 4 agencies for neighborhood-based school readiness projects and 5 agencies for early childhood mental health consultation to child care providers. Partnership Grants require a significant commitment from grantees to attend in-depth trainings and to measure common outcome indicators. Every Child Counts will provide individualized technical assistance to Partnership grantees.

An additional 26 Innovative and Parenting Grants were awarded to programs in the following areas:

**PERCENT OF TOTAL GRANT DOLLARS FOR 2003-05 GRANTEEES BY PROGRAM AREA**



## Early Care and Education

Spruce-Up for Kids Mini-grants awarded a total of \$280,000 to 114 non-profit centers for beautification and small site improvements. Spruce-Up projects included planted gardens, painted murals and other site enhancements.

At the fourth annual Family Child Care Fair, 262 family child care providers attended a 1 hour Early Literacy Workshop and received \$125 in vouchers for purchasing early literacy books and materials.

## 6. A plan for coordinated county services

### Family Support Services (FSS)

FSS developed Memoranda Of Understanding and contracts with Alameda County Public Health Nursing, City of Berkeley Public Health Nursing, Children's Hospital Oakland Special Start, Alameda County Public Health Department Special Start Services, The Perinatal Council, Tiburcio Vasquez Health Center, Xanthos, Alameda County Social Services, La Familia, and Family Support Services of the East Bay to provide a relationship-based family-centered model of family support and home visiting services. All contractors were required to follow the same quality assurance protocols, to use standard data collection forms and to meet reporting requirements for the universal or intensive family support program. A standardized consent form for sharing information across agencies was used by all agencies and 97% of families signed consents to share information.

FSS expanded the Specialty Provider Team (SPT) to provide consultation to FSS providers who do not have internal expertise in the areas covered by members of the SPT.

Hospital Outreach Coordinators (HOCs) ensure continuity of care for Alameda Alliance for Health members and Improving Pregnancy Outcomes Program (IPOP) clients who receive prenatal public health nurse home visits by assuring that the same public health nurse provides newborn home visits.

Through contracts with Children's Hospital Oakland and Through the Looking Glass, FSS provided technical assistance and organizational development support to FSS contractors. The focus of the assistance was to help staff understand, articulate and implement the FSS tenets (see Box below). One result was that a teen service program director completely revised the reflective supervision and employee-training plan. On-site mentoring for supervisors assisted staff to lead group supervision meetings.

#### **FAMILY SUPPORT SYSTEM TENETS**

FAMILY-CENTERED PRACTICE  
CHILD-DEVELOPMENT FOCUSED  
RELATIONSHIP-BASED  
MULTIDISCIPLINARY SERVICES  
REFLECTIVE SUPERVISION  
SMALL CASELOAD RATIOS

FSS quality assurance staff met regularly with contractors to assess how well they are meeting both the content and spirit of the FSS tenets.

The Infant Preschool & Family Mental Health Initiative, partially funded by First 5 California, sponsored the Infant Mental Health Seminars that trained 20 mental health professionals in infant and early childhood mental health to expand their capacity for treatment. The initiative was also partly funded by the Alameda County Behavioral Health Care Services to expand the number of child care sites that receive mental health consultation services.

The Early Childhood Mental Health Systems collaboration includes Alameda County Behavioral Health Care Services, Children’s Hospital Oakland, the Child Care Planning Council, Every Child Counts and the State Department of Mental Health. The group accomplished the following:

- Publication of “Preventive Mental Health services for Young Children in Alameda County: An Action Plan to Meet the Urgent Needs of Children, Caregivers and Families” (available at [www.ackids.org](http://www.ackids.org))
- Planning for the expansion of EPSDT reimbursement for mental health services for the 0 to 5 population

**An agency that provides mental health consultation to a child care center and a homeless shelter has been able to “establish a model of providing services to child care staff and families that exactly parallels...[the] standards that have been described as ‘best—practices’ in child care mental health by an Alameda County committee.”**

*2002-03 Grantee Report*

Training Connections facilitated the first joint training for child care mentors and providers and FSS providers on infant mental health screening.

### **Early Care and Education (ECE)**

ECE contracted with four community colleges and three child care resource and referral agencies (R&Rs) to assess countywide professional development needs of early childhood educators and to begin implementing changes within the community college system (See Indicator 9, page 56)

With startup funding from Every Child Counts, the Child Care Planning Council selected a vendor to automate the Central Eligibility List (CEL). CEL is a web-based system that helps to match up families needing child care with sites that have available spaces. The CEL is being administered by Child Care Links, a local R&R, and currently has approximately 4,000 children enrolled in the database.

### **Cultural Access Services (CAS)**

CAS provided language assistance to ensure accessibility of Every Child Counts programs for the growing number of limited English-speaking parents and families.

CAS provided trainings on how to use language assistance services.

Over 1,000 interpretation services in 13 languages for clients and service providers were provided.

- 207 families received interpretation services
- Over 40 documents including brochures, grant applications, consent forms for services, child development tools and satisfaction surveys were translated
- Interpretation equipment for countywide community organizations was purchased

CAS developed organization-wide contract language that requires all Every Child Counts contractors and grantees to comply with National Standards for Culturally and Linguistically Appropriate Services. This is one way in which CAS builds awareness of cultural competency issues with contractors and grantees and of the need to build strategies to work with underrepresented communities.

CAS worked with Early Care and Education to enhance language and cultural access to college and community-based instruction for early childhood educators





## **7. Implementation of collaborative strategies that facilitate integrated systems reform**

Please see the results of the external evaluation completed by the Public Health Institute on “Systems Change: Measuring the Impact of Every Child Counts.” The executive summary and full report are available on our website, [www.ackids.org](http://www.ackids.org).

### **Pediatric Advisory Committee**

The committee continues to serve as a link between Every Child Counts and the pediatric community. The committee provides feedback on Every Child Counts programs and discusses ways to strengthen the support and resources parents receive from pediatric offices on healthy development of their children. Issues discussed include:

- Piloting parent education and developmental checklists in pediatric practices
- Coordinating with and giving feedback on materials development for the Medical Home Project
- Coordinating with managed care plans health education units
- Providing feedback on the Healthy Steps pilot in two pediatric practices in the school readiness neighborhoods
- Learning about the Regional Center, Asthma Start, Early Childhood Mental Health, ACCESS, and School Readiness resources

### **Parent Advisory Committee (PAC)**

PAC recruited additional members who represent the diversity of Alameda County. Twelve parent members helped to ensure that First 5 Alameda County develops and funds services that meet the needs of parents and young children.

PAC members provided input into the radio program, Childhood Matters, and volunteered to help with Every Child Counts projects and activities

The PAC developed the funding priorities for Community Grants Initiative Innovative and Parenting Grants

Six PAC members were participants on the 2002-03 Every Child Counts Community Grants review panels

**“[The Parent Advisory Committee is] an on-going committee that allows parent’s voices to be heard while ECC continues to grow.”**

*Member, Parent Advisory Committee*

### **Family Support Services (FSS)**

FSS staff participate in several community collaborations to improve perinatal strategies and coordinate resources within the county, including:

- Fetal Infant Mortality Review Community Action Team
- High Risk Infant Follow-Up Network that focuses on improved outcomes for high-risk infants and families
- Safe Passages, a City of Oakland initiative that works on issues of domestic violence and its impact on young children’s social and emotional development
- Public Health’s Perinatal Substance Abuse Leadership Initiative



## Early Care and Education (ECE)

ECE collaborated with many individuals and agencies, including:

- Child Care Planning Council
- Early Childhood Mental Health Systems Workgroup
- 3 Resource and referral agencies
- 4 Community colleges
- California Mentor Program
- 3 Local public school districts
- California Commission on Teacher Credentialing
- Child Development Training Consortium
- Center for the Child Care Workforce
- UC Berkeley Department of Education
- Healthy Kids, Healthy Teeth
- Bay Area School Readiness Collaborative
- UC Davis Expanded Food & Nutrition Education Program
- Oakland Parks and Recreation

ECE works closely with the Alameda County Child Care Planning Council. A subcommittee provides input on the Child Development Corps, the Enhanced Mentor Program, and other countywide child care policy issues. The Alameda County Early Childhood Mental Health Systems Workgroup is staffed by the Planning Council and Every Child Counts and promotes cross-discipline work with ECE and Mental Health. The Planning Council subcontracts its State Department of Education grant for Retention Incentives (\$1 million annually) to Every Child Counts.

The Child Care Fund worked with a number of agencies to provide coordination and consultation to assure safety and high quality at child care sites. The Fund:

- Delivered business management classes at Chabot, Las Positas, Merritt and Ohlone Colleges
- Participated in regular Local Investment in Child Care (LINCC) meetings where Fund staff provided facility financing and development technical assistance to support the integration and coordination of child care in land use and economic development policy
- Worked with the ABCD Initiative, a statewide child care facility financing and development intermediary that includes the David and Lucile Packard Foundation, Low Income Investment Fund, and four affordable housing developers
- Convened a facility financing and development workshop at the First 5 California Commission Conference
- Participated in the Child Care Transportation Workgroup funded by the Alameda County Social Services Agency. The workgroup includes resource and referral agencies, BART, MTC, the Child Care Planning Council and others. The group plans for the development and incorporation of child care at transportation centers.
- Participated in the Alameda Child Care Workgroup that developed Kids Coach, a transportation initiative for young children

Every Child Counts coordinates the Inter-Agency Fiscal Partnership Group that includes Alameda County Social Services Agency, Public Health, Behavioral Health Care and community agencies.

The Community Grants Initiative collaborates with the Alameda County Tobacco Control Program to implement the Community Grants Tobacco Policy.

Evaluation and Technology participated on the Alameda County Data Sharing Workgroup which developed a website that posts data reports from Public Health, Social Services, Health Care Services, Every Child Counts and other county agencies.

Evaluation and Technology participated on the county Asthma Start Collaborative.

### ***8. Implementation of a plan for Another Road to Safety (ARS) with the Alameda County Social Services Agency (SSA) and community agencies in Eastmont (Oakland) and Harder-Tennyson (South Hayward)***

Another Road to Safety (ARS), a child abuse early intervention/prevention program for families referred from the Alameda County Social Services Child Abuse Hotline, was launched in August 2002. The partners involved in ARS present a unique, and sometimes challenging, approach to the early identification, prevention and intervention services that address child abuse and neglect. This collaboration represents a new way of doing business for all partners:

- Creates a better and earlier response for families in need
- Offers SSA a new service delivery model for working with families (e.g., longer timeframe, smaller caseload, etc.)
- Provides a different point of entry for children and families served by Every Child Counts
- Brings new and greater resources to the two community based organizations already working with families who struggle with tremendous social risk factors that make them susceptible to child abuse and/or neglect

The pilot program hopes to develop a system that:

- Provides an effective and cost efficient way to respond to families who may be in crisis early enough to reduce the incidence of abuse and neglect
- Provides a coordinated case management system, reduces duplication of services
- Allows the Department of Children and Family Services (DCFS) to respond to families with more serious allegations by diverting those with less serious allegations to the CBOs
- Improves the health and well-being of families and communities

In addition, the implementation of ARS module in ECChange gives all partners a common approach to measure the effectiveness of the interventions and to analyze program outcomes. Systems change accomplishments include:

The establishment of a unique partnership that includes a large public agency, two community-based organizations and Every Child Counts to address the needs of the large number of families at risk for child abuse who never receive prevention or intervention services.

The AB1741 waiver allows CBOs to provide intensive, long-term case management services for cases mandated to be served by the county SSA.

Paraprofessionals and non-county personnel are able to use the state standardized safety and risk assessment tool, Structured Decision Making.

Funding was secured from multiple sources.

The use of the ARS ECChange module automates best-practice requirements, provides a standardized case management and quality assurance tool and generates data to measure outcomes.

### **9. Implementation of a partnership with community colleges to improve quality and coordination of early childhood development and business classes**

Every Child Counts contracted with four community colleges for Professional Development Coordinators (PDCs) to coordinate and advocate for early childhood development and business courses. Through their efforts, the four colleges collaborated to develop a course in family and child mental health. PDCs served as liaisons with the child care community, the Child Care Fund and the Alameda County Child Care Planning Council to improve health and safety resources for children in child care. PDCs participate in countywide coordinating bodies such as the Child Care Planning Council and the Early Childhood Mental Health Committee. Other accomplishments include:

PDCs advised 2,223 students on early childhood education and careers.

PDCs conducted 22 workshops attended by 323 students.

5 workshops on language and literacy development were held for colleagues.

Resource materials were developed for each college's counseling department and links were created to make it easier for students to access services.

A new series of Study Skills Workshops was offered to students who lack basic skills.

PDCs are working to standardize and establish consistency among requirements for colleges, the Child Development Corps and the California Child Development Permit.

As a result of Every Child Counts contracts and policy work, both community colleges and the county's resource and referral agencies (R&Rs) have courses for providers who are English-language learners. This advances the education and employment of recent immigrants and helps to address the lack of quality trained bilingual child care providers.

Bananas (R&R) provides simultaneous interpretation in several languages during lectures and workshops.

Each semester, Chabot and Merritt Colleges offer three-unit courses in Spanish.

Chabot College developed a bilingual Spanish-English course. 120 students have completed their first 12 units in early childhood education and received a Certificate.

- 50% are family child care providers and 50% are center-based providers
- As a result of these classes, students have increased their salaries and are eligible to join the Corps stipend program
- 25% of the graduates are continuing their education; some have completed the 24 units in Early Childhood Development and are taking general education classes to obtain the Child Care Center permit.

**“Thanks to these bilingual courses, we have come to understand the importance of childhood education in order to understand these forming first years of an individual's life... We must help shape a new generation of people that have a strong sense of the richly multifaceted, multicultural components of American society and of the world...”**

*Graduation Speech, Chabot College*

**“I put my Certificate of Completion for completing my ECD 13 units in a frame and I took it too my mom in Mexico for her birthday. My mom was so excited. It was the first certificate anyone in my family had ever received. My brothers and sisters had me translate it for them. They placed it in the living room of the house for everyone to see.”**

*Student, Las Positas College*



## future strategies linked to annual report findings

The 2003-2005 Strategic Plan continues to implement Every Child Counts programs with enhancements and changes that address the needs and successes identified in this report.

- Implementation of Partnership Grants in the areas of early childhood mental health and school readiness. Every Child Counts will work in partnership with grantees to assure best practices and consistent outcomes and indicators reporting, and to develop community leadership.
- Expansion of Training Connections to address more cross-discipline issues and to continue to support best practices in the field
- Expansion of language access and identification of cultural practices in early childhood development
- Incorporation of a stronger focus on special needs into all program areas
- Implementation of Healthy Steps, a child development program, in two pediatric offices in the school readiness neighborhoods
- Expansion of our school readiness programs to Lower San Antonio through the Child Care Fund
- Planning for the expansion of Another Road to Safety

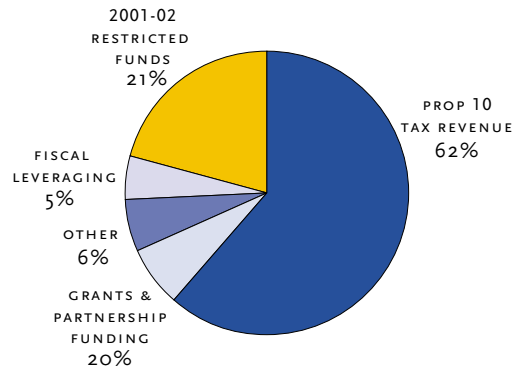
*For more detailed information, see the 2003-2005 Strategic Plan on our website, [www.ackids.org](http://www.ackids.org).*

# financial report

## FUNDS AVAILABLE

Proposition 10 Tax Revenue	\$18,821,328
Grants and Partnership Funding*	1,986,584
Other**	1,762,030
Fiscal Leveraging	1,587,828
2001-02 Restricted Funds***	6,347,043
<b>TOTAL FUNDS AVAILABLE</b>	<b>\$30,504,813</b>

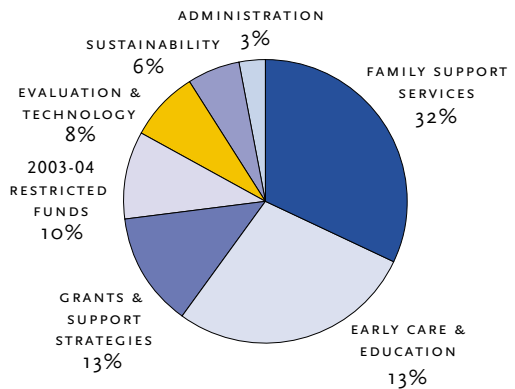
## 2002-03 TOTAL FUNDS AVAILABLE



## EXPENDITURES

Family Support Services	\$9,666,719
Early Care and Education	8,636,315
Grants and Support Strategies	4,094,762
Evaluation and Technology	2,290,769
Administration	921,053
Sustainability	1,739,341
2003-04 Restricted Funds***	3,155,854
<b>TOTAL EXPENDITURES</b>	<b>\$30,504,813</b>

## 2002-03 EXPENDITURES



**Time Period** This financial report reflects financial activities undertaken from July 1, 2002 through June 30, 2003.

**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: Federal Grant for ARS (Another Road to Safety) Program; Alameda County General Services Agency Child Care Planning Council for AB 212 Compensation/Retention matching funds; Alameda County Public Health Department for AB 1259 Uniform Individual Time Card implementation and development; Sobrato Family Foundation and United Way for the Child Care Fund.

\*\* Primarily from interest income (\$1,378,302)

\*\*\*The Every Child Counts Program received various grants and funding in FY 2001-02 from First 5 California for Early Care and Education Compensation/Retention Matching and School Readiness. These include commitments beyond FY 2002-03. The unexpended portion of these grants and funding have been set aside for program implementation in FY 2003-04.

## thanks

These accomplishments were achieved by Alameda County residents and workers 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 and child care workers 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 developing this report and acknowledge the efforts of the following agencies and people who helped to collect, report and analyze the data:

Alameda County Public Health Community Health Teams  
City of Berkeley Department of Public Health Nursing  
Family Support Services of the Bay Area  
La Familia  
Special Start Children's Hospital Oakland, Special Start Public Health Department  
Tiburcio Vasquez Health Center  
The Perinatal Council  
Department of Children & Family Services  
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ECChange data entry team: Edward Belardo and Jovan Radulovich  
Families and children whose photos appear in our reports and brochures  
*Design: JPD Communications / Photos: Rebecca Letz*

## data sources

Alameda County Birth Records  
California Department of Health Services, Vital Statistics  
Census Data, 2000  
"Changing Systems: Assessing the Impact of Every Child Counts," Serena Clayton, Public Health Institute  
Child Development Corps Database, CARES  
Child Care Fund Reports  
Community Grant Recipient Reports  
Community Grantee Survey  
CWS/CMS Data  
ECChange  
Specialty Provider Team Logs

## additional information

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



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