



**2008-09
annual report**
First 5 Alameda County
Every Child Counts



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introduction

First 5 Alameda County (F5AC), funded by revenue from the 1998 Proposition 10 tobacco tax, supports every child to reach his or her developmental potential. Our strategic plan, Every Child Counts (ECC), focuses on children and families from prenatal to age five years at home, in child care and in the community.

We are proud to present the 2008-09 F5AC Every Child Counts annual report which includes the final year of the 2005-09 Strategic Plan. Descriptions of need are followed by a list of strategies that F5AC funded to address the need. A selection of the many results can be found under each outcome and, where possible, include a summary of outcomes and results for the past 4 years. The “story behind the results” helps to frame the data and our impact. Quotes and stories from providers and the voices of those we serve enrich the results. Examples of F5AC impact on county-wide early childhood systems, best practices and policy, are integrated into each outcome.

For detailed indicator results from all of our programs, please see the Indicator Tables in Appendix B.

setting

Alameda County is characterized by rich diversity and culture and marked by disparities in health outcomes and a high cost of living. In 2006, there were an estimated 122,278 children ages 0 to 5, which accounts for 8.5% of the total population. Oakland, Fremont and Hayward have the largest populations of children 0 to 5. The birth rate has remained stable since 2000 with 21,430 births to Alameda County residents in 2007. Six percent were births to teen mothers. Latinas (60.3%) and African Americans (24.6%) had the highest percent of births to teens. Fifteen percent of all children in Alameda County live under the federal poverty level. Early care and education providers earn low wages and experience high turnover in an environment with limited professional, educational and income growth opportunities. Seventy-six elementary schools are low-performing, including 46 in Oakland and 16 in Hayward. The county receives a high volume of domestic violence calls and over 13,000 families are reported to the child abuse hotline each year. Diversity information on providers, children and families who receive F5AC-funded services including race/ethnicity, language and special needs is included in Appendix A.



goals and outcomes

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

Outcomes

- 1A: Enhanced parenting and stronger families
- 1B: Children are free from abuse and neglect
- 1C: Enhanced economic self-sufficiency of families

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

Outcomes

- 2A: Improved child social, developmental and emotional well-being
- 2B: Increased access to resources for children and families with special needs
- 2C: Increased professional development and retention of ECE providers
- 2D: Increased access to high quality early care and education
- 2E: Increased school readiness

Goal 3: Improve the overall health of young children

Outcomes

- 3A: Increased support for breastfeeding mothers
- 3B: Children are healthy, well nourished and receive preventive and on-going health and dental care from a primary provider

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

Outcomes

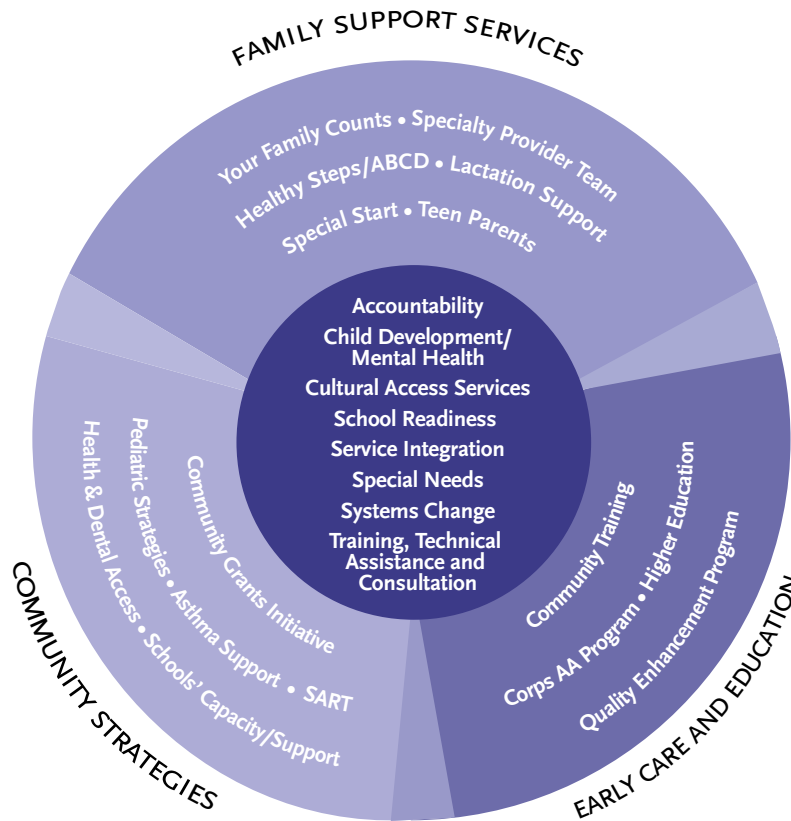
- 4A: Increased sharing of resources and ability to leverage blended funding
- 4B: A common set of results, indicators and performance measures across participating F5AC agencies
- 4C: Increased county-wide training opportunities to promote best practices, increase provider capacity and assure quality services
- 4D: Increased access to and utilization of F5AC programs and services for all families in Alameda County's diverse communities
- 4E: Increased county-wide service coordination and collaboration through system-wide initiatives



program overview

Every Child Counts programs promote systems change and child well-being through: family support services; improved quality at child care sites; support for the professional development of providers; parent education and support; school readiness strategies and health care services.

The diagram below provides an overview of the interlocking programs in each environment. In our work with families and providers, we look for opportunities for collaboration and integration of services.



measuring results

The impact of our programs is measured in many ways to capture the rich stories from families and providers. Detailed information about our programs is collected in 2 web-based data systems, ECChange and ECC Online.

Given the broad scope of agencies and organizations that we fund, some results include data from large samples, while other results (e.g., from community grantees) include data on a smaller number of families or providers. Also included are information from surveys and focus groups conducted with parents, early childhood educators, community grant recipients and contractors. A formal evaluation of school readiness performed by Applied Survey Research included a sample of Kindergarteners in low-performing schools. The second year of a longitudinal study by UC Berkeley of Early Care and Education (ECE) students working toward advanced degrees was completed. A variety of screening and assessment tools were used including: 4Ps, Ages and Stages Questionnaires (ASQ and ASQ-SE), Edinburgh Depression Screen, Environmental Rating Scales (ERS), Classroom Assessment Scoring System (CLASS), Devereux Early Childhood Assessment (DECA), and the Parenting Stress Scale. Stories, photos and artwork from parents, children and community partners provide compelling illustrations of impact.

goal 1

SUPPORT OPTIMAL PARENTING, SOCIAL AND EMOTIONAL HEALTH AND ECONOMIC SELF-SUFFICIENCY OF FAMILIES



Outcome 1A: Enhanced parenting and stronger families

What is the need?

Research demonstrates that strong families are critical for children's development. Parents' ability to build and maintain strong relationships with their children can be hampered by a lack of information about child development and parenting techniques, by social isolation and stress.

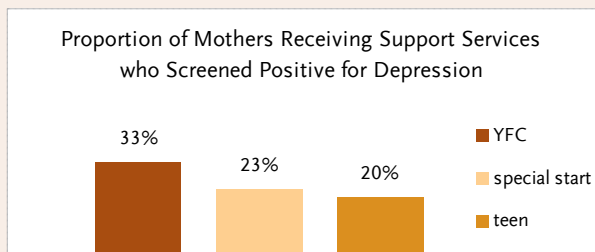
Maternal depression is a significant risk factor affecting the well-being and school readiness of young children. Low-income mothers of young children experience particularly high levels of depression, often in combination with other risk factors (Knitzer, et al., 2008). Children of depressed parents are more likely to screen positive for developmental concerns and experience high rates of anxiety and depressive disorders that continue into adulthood (Weissman, et al., 2006).

Strategies

- Parental/caregiver depression screening and referral
- Parenting education/support groups in 5 languages for diverse families throughout the county
- Parent-child activities (e.g., art projects, music and dance classes) and case management
- "Parenting" Partnership Grants for selected organizations to meet regularly for training, to discuss best practices and for support in implementing parenting support/education programs
- Multi-disciplinary home-based support for at-risk families with newborns and young children (Your Family Counts, Special Start, Pregnant and Parenting Teens)
- Mental health and child development consultation for families and family support providers
- Parenting support for families at pediatric sites (Healthy Steps)
- Weekly parenting radio programs in English and Spanish
- Interpretation and translation services to increase access to parenting and family support services for diverse families
- Distribution of Kits for New Parents

Results/Impact

1,404 mothers/caretakers across the county were screened for depression by F5AC providers (increased from 1,203 last year).



From 2002-2008, 27% of 3,282 caretakers screened were positive for depression; Positive depression screens were correlated with children screening positive for developmental concerns.

Story Behind the Results

The number of caregivers screened for depression by F5AC-funded agencies has increased for the past 2 years. The percent of positive screens for families is high, but not unexpected, given the stress and risk many of the families experience. National estimated rates of depression among pregnant, postpartum and parenting women range from 5% to 25% (Gaynes, et al., 2005).



A YFC Family Advocate and Public Health Nurse (PHN) visited a 5-day old infant and her mother, who was having a difficult recovery from a stressful delivery...During the joint visit, the mother did not pick up the infant once. Both the PHN and the Family Advocate were concerned about this mother's [apparent] detachment from the baby. After the PHN examined the baby she moved close to the mother. With the baby in her arms, she asked the mother to call to her baby. She called the baby's name and slowly the baby turned her head toward her mother. The Family Advocate and Nurse [described] the transformation that took place between this dyad as "electric". In amazement, the mom lifted the baby from the Nurses' arms and exclaimed, "She knows me! She can hear me!"

Later that week the Family Advocate and another PHN visited the family. One of the first things the mother said to the new PHN was, "My baby knows me! She knows I am her mother!"

This simple...intervention [helped to] solidify the relationship between the mother and the infant and provide a base toward a secure attachment.

Your Family Counts Report

Results/Impact

Hospital Outreach Coordinators offered services to 1,148 pregnant women/mothers of newborns.

- 1,105 were enrolled in home-based family support services provided by several different agencies in the county; 5% were prenatal enrollments

Your Family Counts (YFC) pilot program, providing in-home support to high risk pregnant and postpartum families was launched in September 2008.

- 189 pregnant women/mothers received services from a team of public health nurses, family advocates, and lactation, mental health and child development specialists
- The number of visits received per family ranged from 1 to 46
- 8% of the clients were teens
- 19% of the pregnant mothers delivered their babies prematurely

Story Behind the Results

F5AC links families of newborns to home-based support services provided by several programs in the county. Programs specialize in serving pregnant and parenting teens, parents of children born with acute or chronic medical and developmental conditions, pregnant women and parents who are substance users or experiencing upheaval in their lives and other social/environmental risks. The YFC home visiting program piloted a promising service model that attends to both the mother and baby's physical and mental health well-being. When possible, mothers-to-be are introduced to the **Specialty Provider Team** (SPT) prenatally and begin receiving support immediately after the baby is born. Many mothers in the program exhibit some of the highest social risks in the county, including depression, substance use, mental health concerns and domestic violence. The SPT is integrated with case managers, enabling the program to respond to emergent needs with agility, allowing mother and baby to bond and experience positive parenting at the earliest possible moment.

A parenting class helped a mother become more aware of her anger so that she could choose positive ways to interact with her husband and children: “When I enrolled in this class, I expected it to be only about how to deal with my children. After the first class I was unsure if I would return as the instruction was all about ‘me’ and how I needed to change and learn to control my anger and be a role model for my children. Now...[I am more] aware of how to deal with situations at home...in a more positive way. I am making a conscious effort to stop and think about how to deal with a situation rather than reacting on impulse. As my children grow older, I can have their respect and trust and also... [they will] know...they have a parent who loves them.”

Grantee Report

One grantee held a fiesta to bear witness to the public reading of the [mothers’] immigration stories and share the heritage album of each family. More than 80 people gathered as women read their stories aloud while their husbands and children listened. These brave women were standing tall and raising their voices, many for the first time in public. ...Parents spoke of the strengthening of their relationships with their spouses as they engaged in intimate conversations about the choices they had made. They clarified what they wanted to pass on to their children from their culture and what they were willing to release... Many of the parents renewed their commitment to their dreams of education, economic stability and citizenship.

Grantee Report

Results/Impact

Childhood Matters and Nuestros Niños broadcast weekly parenting radio programs reaching an estimated 11,050 listeners annually.

19,471 Kits for New Parents were distributed in English (11,921), Spanish (5,318), Cantonese (889), Mandarin (659), Vietnamese (410) and Korean (274).

- To promote the distribution of Asian language Kits (available for the first time this year), a local campaign was held, targeting several Asian language newspapers and websites.
- 50 child care and family support providers received training and support on integrating the Kits into their work with families.

Pastors and ministers from 7 churches were trained to lead 12-week parenting classes for fathers who had experienced disruptions in their relationships with their children.

Over 1,000 parenting education classes, support groups, and one-on-one parenting sessions were provided in English, Spanish, Cantonese, Mandarin and Vietnamese for 2,400 parents/caregivers.

1,131 children and their parents attended parent-child activities or playgroups.

Grantee Parenting programs survey results:

- 95% (n=1,015) of parents attending parenting programs reported they used what they learned.
- 72% (n=908) of parents attending parenting programs reported the program had a large impact on their family, compared to 60% last year.

Story Behind the Results

Parenting education/support and developmentally appropriate parent-child activities have increased across the county. Since the inception of the Community Grants Initiative in 2000, 50% or more of the grants awarded each year have focused on parenting. Funded programs range from county-wide parent-child activities to individualized home-based parent support.

Providers have documented changes in the families they serve, including increased knowledge of child development, increased confidence in parenting skills, enhanced knowledge of community resources and a stronger connection to other families. This year, several programs reported how relatively small interventions can dramatically shift parents’ perspectives and impact their choices and behaviors.

A number of grantees creatively integrated literacy activities into their parent education and support programs as a way of enhancing parent-child relationships and encouraging parents to reflect on their parenting experiences.

The Latino Family Literacy Program is a curriculum aimed at providing Latino parents with English language skills and support for parenting their children in the United States, while preserving the culture and traditions of their heritage. Through a series of 15 children’s books, parents rekindle connections to their personal and cultural past. The themes of the books stimulate emotions that most parents have buried....Inspired by the first book, each parent wrote and illustrated their own migration story. The stories were powerful and compelling. Many carefully sketched maps of their journey, pictures of their birthplaces and wrote poems about their fears.... As one parent told their story, tears rolled down the cheeks of the listeners as they, too, connected with similar feelings of loss and abandonment. The parent education classroom became a place of healing and renewal.

Grantee Report

Results/Impact

6 Parenting Partnership grantees served over 500 parents, almost twice the number served last year. Partnership grantees provided parenting education/support services as well as parent-child activities.

- 230 out of 243 (95%) of parents surveyed about their program participation reported that they play more with their child.
- 235 out of 257 (91%) of parents surveyed reported that they felt more confident as a parent.

Parenting partnership grantees were asked through a series of interviews to compare their use of promising practices before and after participating in the partnership. All 6 grantees reported a greater use of promising practices, particularly the use of reflective supervision.

Story Behind the Results

Reflective practice is a way of supporting staff, increasing intentionality in program design and enhancing the quality of service. Grantees participated in discussion and training regarding reflective practice during group partnership meetings. They also received agency-specific consultation from the co-facilitators of the Partnership, and they had an opportunity to apply for a small stipend to cover the costs of additional meetings and trainings for staff at their agencies, to extend the reach and impact of the Partnership.

Systems Impact

County-wide awareness of the effects of parental depression on child outcomes increased, along with capacity for maternal depression screening and referral. 74 individuals from grantee and contractor agencies attended trainings on maternal depression, or on using the Edinburgh Postnatal Depression Scale (an increase from last year).

This year, the coordination of hospital-based outreach to high risk pregnant and postpartum women improved dramatically since F5AC Hospital Outreach Coordinators (HOCs) at Alta Bates and Highland hospitals now triage and refer families to the most appropriate home visiting programs available in the community. F5AC HOCs also coordinate and support efforts with a Contra Costa HOC located at Alta Bates.

Over the past 4 years, grantees increased the use of client surveys to monitor and improve quality of parenting education/support programs. Less than 500 were administered in the first year compared to over 1,000 this year. Survey results have been positive, with the percentage of positive responses increasing each year.

The parenting partnership program and other efforts are building county-wide capacity to provide parenting education and support and to use best practices. F5AC funding supports the integration of art, dance, music and literacy-related activities into parenting support services. The Community Grants Initiative broadened access to parenting education and support for diverse families by providing language support and by experimenting with different services, locations and models.

In the past year, 140 families received interpretation services in 16 languages, and parenting service providers succeeded in reaching fathers, teens, grandparents, single parents, lesbian and gay parents, and caregivers from diverse cultural backgrounds.





Outcome 1B: Children are free from abuse and neglect

What is the need?

Nationally, over half of child maltreatment victims are 7 years or younger and 76% of child fatalities are attributable to the maltreatment of children under age 4 years (US Department of Health and Human Services, 2007). Children who experience abuse or neglect or witness domestic violence are at risk for long term negative consequences including depression, anxiety and substance abuse.

In 2005, 521 children ages 5 and under were in foster care in Alameda County (Alameda County Social Services Agency). Alameda County had more domestic violence related calls for emergency assistance in 2005 than any other Northern California county (Criminal Justice Statistics Center).

Strategies

Mental health services, domestic violence screening and anticipatory guidance around discipline and safety for families receiving home visits

Mental health consultation and trainings for family support providers

Parenting and mental health services for high risk families experiencing homelessness, domestic violence, or substance abuse

Respite care for relative caregivers raising children separated from their parents

Forensic interviewing in a child-friendly environment of children suspected of being abused/neglected

Development of a county-wide supervised visitation network for non-custodial parents and recruitment and training of visitation supervisors from diverse backgrounds

Expansion of trainings for law enforcement personnel on the impact of domestic violence on young children

Mental health and child development consultation services for Another Road to Safety (ARS), an alternative response program that supports families at risk of entering the child welfare system

Results/Impact

612 client service hours of respite care were provided; 100% of kinship families (52 children) receiving respite care remained intact or the children were reunited with their birth parents. This result has been consistent over the past 4 years.

San Leandro now has roll-call trainings for 64 law enforcement officers on the impact of domestic violence on young children. Over the past 2 years, domestic violence training for law enforcement officers expanded from the City of the Oakland to Hayward, San Leandro and Alameda. A total of 248 officers and 172 dispatchers were trained.

108 children participated in recorded forensic interviews. 91% were referred due to the possibility of sexual abuse and 11% had open CPS cases. Results from a follow-up telephone survey indicated that children in 36 families (42% of those contacted) enrolled in mental health counseling.

Story Behind the Results

Support for at-risk families increased to prevent the occurrence of child abuse and neglect. Support for children already exposed to abuse, neglect or domestic violence also increased.

Oakland has the largest number of domestic violence related calls for emergency assistance, followed by Fremont, Hayward and San Leandro (Alameda County Community, Assessment, Planning Evaluation, CAPE, May 2003 report). The expansion of domestic violence training to additional cities in the county helps to increase awareness of the needs of young children and provides consistency in the handling of domestic violence cases when young children are present.

“Supervised visitation is needed for establishing or reestablishing a relationship, easing concerns of a parent, protection and assessment. Without this grant, these much needed services were unavailable to many low income families with young children, resulting in frustration for the parents and lack of contact with the children. Now, these families [have] the opportunity to unite in a way not previously available.”

Comment from a judicial officer who refers families for supervised visitation
Grantee Report

Systems Impact

The development of a county-wide supervised visitation network for non-custodial parents was initiated with training for 3 agencies on providing supervised visits and safe exchanges for low-income families.

A contractor provided child development and mental health consultation to Alameda County Social Services Agency’s Another Road to Safety (ARS), a program that works with families to prevent child abuse and neglect. This collaborative relationship gave welcome support to staff and has enhanced expertise: “Our programs have streamlined and become more clinical; the staff feels heard and supported; the teams are being regularly trained on relevant and important topics; and the Supervisors have an advocate to help tighten the program models.”

Having the team meet with staff and clients is a privilege ... [for example,] the specialist accompanied our social worker on a home visit for the worker’s first ASQ screening. She modeled and educated this hesitant staff member, who reported that she felt “so much more comfortable” after watching the specialist interact with the family around the ASQ.

Contractor Report



BEYOND TRAINING: INDIVIDUALIZED CONSULTATION AND SUPPORT

F5AC systems change effort over the last 8 years emphasized building provider capacity to promote and sustain best practices. One result was an increase in the county-wide multi-disciplinary training opportunities for providers serving children 0 to 5 and their families. Realizing that training alone does not necessarily produce change in provider practice, training was combined with hands-on support and technical assistance.

Modeling best practices and offering consultation that meets provider-identified needs creates an environment that is most likely to yield change. Approaches that led to documented changes in practice are described below and include: offering on-site, relationship-based consultation; supporting provider needs; and establishing learning communities for F5AC funded partnerships.

Relationship-based Consultation

“The meaning and essence of [change] are experienced in the moment when one human being connects with another.”

Relationship-Based Care: A Model for Transforming Practice, Mary Koloroutis et al, 2004

Both the **Family Support Services Specialty Provider Team (SPT)** and the **Early Care and Education Quality Improvement Initiative (QII)** provided individualized consultation and training for providers serving families and children. Both use a model where the quality of the human relationship is seen as central to effecting change, be it between consultant and provider, consultant and child/family, provider and child/family, or parent and child. Realistic goals are set by engaging key family members and identifying and building upon individual, provider or family strengths.

The Specialty Provider Team (SPT) is an ethnically and culturally diverse group of mental health, substance use, child development and lactation specialists. The SPT offers direct services for families, and consultation and training for providers from a variety of agencies serving high risk families. Initially, the SPT met resistance from providers, but as the community understood the complexity of meeting the needs of young children and as relationships were cultivated among providers, specialists and families, the demand for services has grown.

Your Family Counts (see page 5), was launched this year with a fully integrated multi-disciplinary SPT service model.

A Mental Health Specialist was requested to support a mother of 3 and 5 year old girls. This mother perceived most of her daughters' behaviors as 'strategies' to try to upset and bother her. Having the Mental Health Specialist work with the mom to reflect on her life and her emotions helped the Child Development Specialist (CDS) bring the mom's attention to her girls' development and their behaviors in a different way. The CDS modeled strategies to help the girls regulate their behavior more effectively [and] express their emotions using language instead of tantrums. She helped the mom to understand age-appropriate children's behavior. Validating what this mother was feeling was critical to the success of the intervention. The mom discovered the magic of play in her daughters' lives, and came to enjoy it herself - which in turn helped her to improve her relationship with the girls.

SPT Report





In addition to providing direct services to families, the SPT provided lactation, child development and mental health consultation that included attending case conferences, multi-disciplinary meetings, topic-specific trainings, group facilitation, and community engagement activities.

Over the past 4 years, the **Quality Improvement Initiative (QII)** has enhanced their relationship-based model for providing consultation services to family and center-based child care sites. QII offers comprehensive needs assessments, resource integration, and relationship-based individualized supports. The QII approach is based on the following principles:

- Quality service delivery is attained and sustained through building an agency's internal program reflection and problem solving skills
- Lasting change is most likely when providers are active participants in identifying challenges and creating solutions
- Each situation is unique. Effective strategies build on the strengths and the perspectives of all stakeholders
- Quality improvement is more likely when the consultant holds a holistic view of the multiple, inter-related factors that shape an agency's practices
- On-going, relationship-based support helps individuals accomplish significant change

"I viewed the Specialist's positive and specific feedback about my child care as validation of the good work I do, which has inspired and motivated me to continue making improvements to my program."

QII Family Child Care provider

Consultants, or coaches, use the Environmental Rating Scale (ERS) as a catalyst for providers to reflect on their program practices. They work together to identify goals for 6 months of consultation. Since 2005, 107 classrooms (68% are family child care sites) have received quality improvement services. Pre and post ERS scores, observations and provider self-reports consistently demonstrated improvement, with the greatest improvements occurring for family child care providers (who had lower pre scores in general compared to centers).

F5AC School Readiness staff work with school districts on kindergarten transition strategies and Summer Pre-K programs by developing relationships with school administrators and teachers through individualized technical assistance and consultation. As a result, district staff report making significant changes, for example, all 5 partner districts hired bilingual Summer Pre-K teaching staff.

Supporting Providers

The SPT responds to requests from perinatal home visiting programs serving low income families with substance abuse and domestic violence. A majority of the families are African American as are the providers – some providers live in the same areas as their clients and were recruited to work in programs that once served them. This kind of close identification with clients can bring about intense emotions and conflicts that if not recognized and addressed, can lead to provider burn out and ineffective services. A Mental Health specialist facilitated a group that provided a blend of case discussion, reflection, psycho-education and encouragement for self care. Participants attended the group consistently and feedback was extremely positive.

"I found the safe atmosphere to discuss difficult situations to be the most helpful [thing] about the group."

Group participant survey

Learning Communities

Learning communities and cohorts combine relationship-based consultation (like the programs discussed above) with peer learning/support (group meetings).

The **Parenting Partnership** included 6 grantees that offered parenting support and education programs. The partnership met regularly to discuss best practices, share approaches and experiences and reflect on challenges in serving diverse families. Consultants facilitated the group meetings and offered one-on-one support for increasing the use of strength-based practices in parent education. Grantees used a 'promising practices matrix' developed by the co-facilitators to assess their programs in a systematic way. 3 sets of interviews were conducted with grantees over the course of the grant cycle to document changes.

Self-identified benefits from participating in the partnership program included:

- Incorporating child development information into their work e.g., sensory processing; temperament; second language learning; how to help parents observe their children more closely; how to deal with challenging families and children; and setting up developmentally appropriate environments for children.
- Enhancing supervision skills: “The cofacilitators “role model[ed] a parallel process of how I can work with my team.”
- Building mechanisms for reflective practice with staff that led to program improvements, for example, involving parents in selecting topics for discussion.
- Building stronger connections with other partnership agencies and with F5AC.

“We were able to...make referrals to each other and provide resources to other agencies.”

Parenting Partnership Interview

Partnering for Change (PFC) was a peer learning project to support the delivery of culturally responsive services. 7 community partners offering early childhood services (including health care, parent-child activities, early care and education, family support services and mental health consultation to child care centers) were selected to participate. PFC combined peer support/learning during bi-monthly group meetings and agency-specific consultation over 13 months.

Agencies identified specific desired outcomes and the consultant offered individualized support to help them achieve results. Examples of outcomes achieved include:

- Increasing staff diversity and adding cultural competency to new employee trainings; establishing a method for reviewing staff and client ethnicity data to identify areas needing improvement; increasing outreach to specific populations
- Integrating cultural competence goals and perspectives into policies, procedures and practices for staff recruitment, hiring, orientation, management and performance evaluation
- Conducting an agency assessment of cultural competency which identified areas for improvement
- Developing guiding principles for working with diverse groups of people; integrating cultural competence perspectives and objectives into case presentations

“The Learning Laboratory enhanced cultural competence: Participants represented diverse organizations of different sizes, with different areas of focus... [and] different...experiences and approaches to cultural competence. This enabled participants to learn from commonalities as well as differences. Another reason for success was the balance between training and peer learning.”

Consultant to PFC



Outcome 1C: Enhanced economic self-sufficiency of families

What is the need?

Socioeconomic status is a strong predictor of a family's health and well-being. For families of young children, maintaining financial health and self-sufficiency during the recession presented a formidable challenge. Continually rising costs mean that a family of 4 in Alameda County requires \$4,354 a month, roughly 300% of the federal poverty level, to meet their basic needs and be economically self-sufficient (Insight Center for Community Economic Development, 2008). Approximately 28% of the 5,129 homeless persons in the county were children (Alameda Countywide Homeless and Special Needs Housing Plan, 2006). In addition to impacting families, the State budget crisis and rapidly changing legislation triggered fiscal instability among the provider community. Not only did parents find it more difficult to access subsidized child care, centers that rely on State contracts to provide child care for low income families found it more difficult to sustain their programs.

Strategies

- Teen family support programs to support teen parents to stay in school
- Family case management services that link families to basic needs and financial assistance resources
- Workshops on educational and training opportunities, setting employment goals, etc.
- Economic self-sufficiency information/resources incorporated into parenting education/support services
- "Basic needs" funds to help families address immediate hardships as in paying bills, making car repairs and buying emergency food, etc.
- Consultation to Child Development Centers on maximizing and retaining State child care subsidies
- 2-1-1 telephone assistance line to direct families to financial, employment and food assistance
- Support for the Alameda Community Food Bank

A baby was born 3 months early to an immigrant family that speaks an indigenous language and Spanish as a second language. The family was from a rural area, with limited income and had never been to a bank. The F5AC case manager helped the family open a bank account, to meet the SSI eligibility requirement. The family now receives SSI, helping to improve their child's quality of life.

FSS Contractor Report

A mother who is a recovering drug addict with 4 children received notice that her 60-month time limit on CalWORKs was up in February 2009. After reviewing her case, staff determined that she should have received an exemption for the time that she was in her drug treatment program and unable to work. A hearing was filed and the mom was granted 20 months back on her CalWORKs time clock. As a result, the mom can now complete her nursing program at a community college.

Grantee Report

A young father with a past involvement in the criminal justice system, had not finished high school, had no access to health or other benefits, and was unemployed. Since enrolling in our program, he began to work on a local self-paced GED program. We connected him to tutoring, assisted him in getting General Assistance and Food Stamps, and enrolled his daughter in Healthy Families and a subsidized child care program. He is an extremely motivated young man who is now utilizing many community services, becoming more self-sufficient and creating a better life for himself and his daughter.

Grantee Report

Results/Impact

Nearly 150 parents received assistance enrolling in and continuing their education programs.

57% of teen parents receiving intensive case management support remained in school or completed their GED requirements.

Hospital Outreach Coordinators completed Newborn Referrals for 1,288 moms and their newborns to ensure seamless health insurance coverage.

75 families with children with special needs accessed income supports.

35 previously homeless families found housing, 24 of whom landed permanent housing. 23 of the 35 families maintained housing for 6 months or longer.

Multilingual staff of one community grantee assisted over 100 low-income families to access SSI, IHSS, and other income support and followed-up with more than 100 parents (mostly Spanish-speaking) to help families who did not have insurance coverage.

20 mothers completed self sufficiency plans, which set goals such as securing stable housing, obtaining adequate income through employment or benefits and attending to medical needs and mental health issues.

"The stress related to my kids' health coverage has gone away since having received your help, even before we knew about our eligibility."

Grantee Report

Story Behind the Results

A family in economic flux can place tremendous stress on children. Yet the process for obtaining resources to support a family's economic self-sufficiency is complicated, with a variety of rules and requirements that can be difficult to understand. Navigating resources in the community can be intimidating, confusing and stressful, particularly for families with lower English language literacy. Many families also struggle with health, depression, substance use, domestic violence, homelessness, criminal history, special needs, etc., that magnify the challenge of achieving self-sufficiency. To realize positive change, providers must first stabilize the environments of the families they serve. Over time, programs demonstrated a range of creative strategies that successfully connected families to needed resources and that helped families reach goals for education and gainful employment.

Systems Impact

Last year in Alameda County, over 6,000 children were on a waiting list to access subsidized early care and education. Yet, centers reported returning millions in "unearned" funds to the State due to inability to fill all subsidized child care slots. Changes in State Child Development Division provider requirements and changes that affect parents certifying their eligibility for subsidized child care dramatically impacted agencies' anticipated earnings. To help agencies establish financial stability, a consultant provided technical assistance programs on re-calibrating revenue sources and developing sustainable contract management strategies. Examples included:

- Supporting agencies to report expenses to manage cash flow
- Completing enrollment estimates correctly to the State, which maximize earnings based on Child Days of Enrollment
- Assisting in applying for re-assignment of funding from programs that over-earn their contracts with the State to those that under-earn

goal 2

IMPROVE THE DEVELOPMENT, BEHAVIORAL HEALTH AND SCHOOL READINESS OF CHILDREN 0 TO 5 YEARS



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

What is the need?

Even though early identification and intervention for developmental delays prior to kindergarten have been shown to have academic, social, and economic benefits, most Alameda County child development services are for treatment services. Studies have demonstrated that children who receive early treatment for developmental delays are more likely to graduate from high school, hold jobs, live independently, and avoid teen pregnancy, delinquency, and violent crime. This results in a savings to society of about \$30,000 to \$100,000 per child, or an average of 14% return on investment (Rolnick et al., 2003).

About 16% of children overall have disabilities including speech and language delays, mental retardation, learning disabilities and emotional/behavioral problems. The estimated prevalence of emotional/behavioral disturbance for children 0-5 is in the range of 9.5% to 14.2% (Brauner & Stephens, 2006). However, only 30% of children with disabilities are detected before school entrance (Glascoe, et al., 2006).

Strategies

County-wide developmental screening, referral and monitoring by family support providers and at pediatric sites (Healthy Steps transition to ABCD), Summer Pre-K Camps, Quality Improvement Initiative sites and by community grantees

Trainings on developmental screening tools and referral resources; convening ASQ user groups

Mental health and child development services for families and providers

Mental health consultation to child care

Developmental and “play and learn” groups, support and enrichment for children in child care, and mental health treatment for parents and parent-child dyads

Early Childhood Mental Health training institute and policy groups

Implementation Planning for Alameda County Children 0-5 Screening, Assessment, Referral and Treatment (SART)



Pablo, an enthusiastic, curious 4-yr old boy with limitless energy, was expelled and referred from a State-funded preschool to a therapeutic preschool. Teachers felt he was hyperactive, disruptive, defiant and aggressive and was endangering other children. His parents were initially surprised and defensive by the expulsion, but the therapist helped them talk about their fears that he might be labeled and medicated. At home, the parents noticed Pablo seemed unable to focus, did not respond to limits and was unable to regulate his impulses.

His parents agreed to a school district assessment. Results showed he was unable to process language adequately and may respond to a different style of parenting. With the therapist's guidance, his parents used breathing and gesturing techniques to help him modulate his behaviors. Pablo was placed in a special education preschool class in the school district and is thriving. The parents now feel better able to nurture and modulate his energy without stifling his curiosity.

MH Contractor Report

Results/Impact

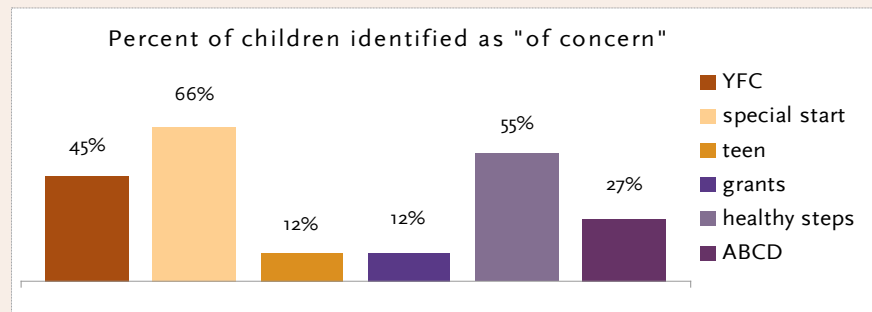
2,166 children received developmental screening using the ASQ and ASQ-SE, or other screening tools. Children who screened "of concern" were referred for additional assessments, or to other resources in the county.

239 of 434 children screened at Pediatric sites (Healthy Steps) were referred to appropriate services such as Early Head Start, school districts or Regional Center and developmental playgroups.

ABCD expanded to 3 more pediatric sites where 514 children were screened.

CGI grantees screened 387 children with the ASQ (compared to 255 last year).

Parent-child interaction was assessed for 31 families using the Keys to Interactive Parenting Scale (KIPS); 19 families received 6 months of treatment and were reassessed; 14 showed improved parent-child relationships.



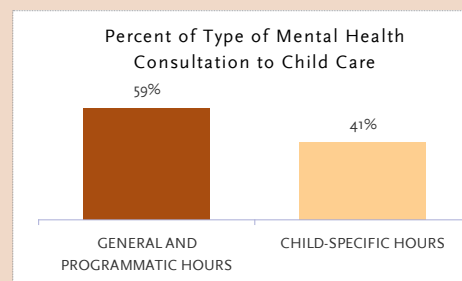
Story Behind the Results

Screening for developmental concerns continued to expand throughout the county in almost all F5AC funded programs and services, pediatric offices, and other county and community agencies (See Highlight page 18). Given that 45% of children screened scored "of concern" in at least one developmental domain, the need for referral sources and case management services to support families will begin to be addressed with the launch of the Children's Screening, Assessment, Referral and Treatment System (SART).

Results/Impact

13 child care programs serving 853 children received mental health consultation services.

20 children were referred for additional developmental screening, speech and language assessments to pediatricians and to the Regional Center.



More programmatic consultation was provided compared to child-specific services, consistent with the program's intention to impact an entire classroom.

Story Behind the Results

A strengths-based approach to mental health consultation requires collaboration between mental health and teaching professionals who, together, develop and enhance self-regulatory skills of young children. This programmatic consultation approach may begin with a classroom profile showing children's functioning from the perspective of the teachers, such as the Devereux Early Childhood Assessment (DECA). Programmatic consultation goes beyond working with individual children and includes a commitment to help strengthen providers' understanding and responsiveness to the children in their care.

California's rate of preschool expulsion for children is 3 times that of the k-12 population. The likelihood of expulsion decreases significantly with access to classroom-based and child-specific mental health consultation (Gilliam, 2005).

Systems Impact

Providers in the community who are able to identify developmental or social-emotional concerns using standardized tools significantly increased.

A Partnership with the Medical Home Project expanded Assuring Better Child Health and Development (ABCD) from 5 to 8 pediatric offices that screen children with the ASQ at their 18 month well child visit. Existing Healthy Steps sites were transitioned to the ABCD model.

Early Childhood Mental Health (ECMH) Training Institute (Harris Training) trained professionals on the foundations of infant and early childhood mental health to develop county-wide leadership and agency capacity in the early childhood field. Priority for the past 2 years was recruitment of early care and education professionals along with efforts to meet the diversity of training needs.

- 40 providers from 11 agencies participated, representing diverse racial/ethnic populations and diverse professional disciplines (social services, family support, infant and early childhood mental health, law and early intervention).
- Results of Harris training participant pre/post skill assessments showed that participants learned early childhood mental health clinical skills.
- Agencies reported changes as a result of provider participation in the program including: the addition of reflective practices, multi-disciplinary approaches and awareness of community options.
- 140 providers have participated in this training over the past 4 years, significantly increasing the number of early childhood mental health providers in the county.

A cross-sector partnership of public, not-for-profit and community-based agencies serving children 0-5 developed the implementation plan for the Alameda County Children's SART System of Care for children with developmental and social-emotional concerns. SART implementation will rely on shared funding strategies and include:

- Support for pediatric and child care providers to integrate developmental and social-emotional screening into their practice.
- Expansion of assessment and treatment services.
- Provision of family navigation services to support families in navigating systems and accessing services.
- An early childhood consultation and telephone line to serve as the linkage hub for the Children's SART System of Care which will be launched in fall 2009.
- An interagency web-based data tracking and referral system.

"The trust which grows from relationship-based practice makes it possible for preschool teachers and staff to discuss challenges with children and potentially explore alternative approaches to children's needs and behaviors."

Mental Health Contractor Report

3 year old D had difficulty following directions and was aggressive with other children who were afraid of her. The MH consultant conducted ASQ and ASQ-SE screenings; D scored low in problem solving and communication skills. The consultant learned that D lived with her grandmother, great-grandmother, and periodically with her 16 year old mother... D's behavior worsened when her mother came home. Her grandmothers feared she would be expelled from childcare. The consultant provided developmental guidance, a context to understand D's behavior and facilitated a referral to the school district for assessment, and to a community program for treatment services. [As a result,] the director agreed not to expel D from the child care center.

Mental Health Contractor Report



CHILD DEVELOPMENT SCREENING

Identification of developmental and social-emotional concerns in the early years can make a huge difference in a child's life. A variety of service providers may screen, assess and monitor a child with concerns and make appropriate referrals. Using a common language to share information about a child's developmental trajectory becomes of great importance.

For several years, F5AC invested in multiple countywide efforts to learn from and to train providers on using standardized screening tools. Family support case managers now try to screen every child they visit and F5AC-funded community agencies greatly expanded screening activities. ECE providers screen children in child care settings, mental health specialists consult and practice in group care settings, school readiness programs identify pre-Kindergarten children who may need specialized education services, and pediatric providers are working to integrate periodic screenings into well child visits. In FY 2008-2009:

- 2,166 children were screened, up from 1,700 last year.
- 967 (45%) of the children screened exhibited concerns in at least one developmental domain.
- 8 pediatric sites participated in the Assuring Better Child Health and Development (ABCD) pilot and increased screening and parent education opportunities.
- 13 infant/toddler ECE programs received mental health consultations and technical assistance on screening children in classrooms, impacting 853 children.
- 229 providers attended ASQ trainings. 45 followed-up the initial training by participating in users groups during which providers shared experiences and challenges using the tools in different settings.
- Pediatricians participated in 2 trainings on screening and assessing for autism and social-emotional development.
- 48 Medical Assistants from pediatric sites participated in a training on conducting developmental screens with parents.

With wider surveillance of children's emerging concerns, screening tools empowered families and providers with the language to talk about child development and to seek appropriate supports. As a result, coordination and quality of care improved.

- Providers learned how to recognize, monitor and discuss the 5 developmental domains using standardized tools to gauge and support development across provider disciplines.
- Providers from different sectors offered unique lenses on utilizing the screening tools in varied settings and populations.

Screening has become a powerful tool to help parents learn about child development. Engaging with a parent around their child's development offers a gateway to explore and support other environmental concerns such as depression, substance use and financial stress that impact parent-child attachment, for example,

Noah, a 3 year old boy, was referred to a Child Development Specialist (CDS) for speech concerns. While Noah's parents followed up with the School District for further assessments, the CDS also referred Noah's mother to 2 community family resource centers that offered counseling services for domestic violence, the food bank, parenting classes, and playgroups for his younger sibling.

Healthy Steps Report

A Mental Health Specialist worked with parents of a newborn when, during a difficult moment at one of the home visits, the father got up to walk around the room [which coincided] with the infant following him with her eyes. The parents noticed the same thing happened when the mother walked around the room.

The Specialist used this event to encourage the parents to become more aware of their presence as purveyors of mood and tone, and to be developmental teachers for their baby. The father said, "the program taught me how to be a more sensitive and loving father."

Specialty Provider Team Report

Next Steps

Once a concern is identified, a family's journey begins in earnest to locate and participate in supports most appropriate for their child. As the trainings and technical assistance continue, F5AC reinforces its focus on the importance of child development screening by facilitating the Screening, Assessment, Referral and Treatment (SART) countywide process to develop clear guidelines for referral pathways to support families in navigating and accessing resources in the county.

F5AC will also continue to expand the ABCD program in pediatric sites, so that children will be universally screened at the 18-month well child visit.



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

What is the need?

Families and children with special needs must negotiate a limited and sometimes complicated set of medical and community resources. In 2007, 10.6% of children in Alameda County were enrolled in special education in public schools. California Children's Services reported that 193 children in Alameda County were waiting for mandated physical and occupational therapy, of which 85 were ages 0-5 (CSS, June 2008). The wait for services is a result of multiple factors including complex eligibility requirements and lack of available professionals in the community.

Strategies

- Parenting education and peer support groups for parents of children with special needs
- Playgroups and socialization classes for children with special needs and typically developing children
- Intensive case management, therapeutic support and referrals for families and children with special needs and infants who were discharged from neonatal intensive care units
- Pediatric hearing screening and diagnostic services
- Support to families to access and maintain inclusive child care
- Technical assistance and training for child care providers around inclusion
- Facility grants to increase available child care slots for children with special needs
- Information and referral warm line for families of children with special needs

D is a 5-year old with an autistic spectrum disorder. Through intensive social skills training and his work in tumbling and swim class, D developed socially and can regulate himself better. He used to spin, scream and cry during circle time. Now, he chews on a rubber T and removes himself from situations that are over stimulating for him... he used to be unable to engage in imaginary and interactive play, but over time, he has made a good friend with whom he plays cooperatively and imaginatively.

Grantee report

A Spanish-speaking parent of a child with special needs needed new child care because her current provider was retiring. A bilingual R&R counselor and Inclusion Services Coordinator worked together to assist the family. "We were able to provide counseling, support, technical assistance on the ADA law, subsidy information, bilingual child care referrals, strategies on interviewing and selecting child care and resources on her child's special needs (seizure disorder and developmental delay). As a result, the parent selected a bilingual family child care, contacted the Family Resource Network and was added to the Alameda County Centralized Eligibility List for subsidized child care."

R&R report

Results/Impact

733 families received information and referrals on special needs services; multilingual staff of one community grantee accompanied 70 families to service treatment/planning meetings in health, early intervention and special education.

Parents with physical disabilities received baby-care parenting adaptations and techniques.

42 children with special needs and 20 typically-developing children attended integrated playgroups while 70 parents attended education/support groups.

286 newborns, infants and young children received pediatric hearing screening and diagnostic services.

3 grantees made 1,348 referrals to school districts, speech and language specialists, occupational and physical therapists, the Regional Center, the Family Resource Network, and other services.

An art program's new curriculum was tailored to children with special needs. "The kids with special needs benefit so much from the hands-on learning that the arts provide...We need more of this type of sensory, hands-on, and experimental learning in the classroom each day."

Grantee report

Results/Impact

Inclusion Services Coordinators (ISCs) at the 3 Resource and Referral agencies (R&Rs) provided training and telephone advice and support for 536 parents and 238 providers. Assistance included 168 requests for child care and over 30 trainings in Spanish and Chinese and English for 829 parents and providers.

29 children with special needs were served in sites receiving Quality or Facility Grants.

2 of 5 child care programs receiving Child Care Facility Grants used their grants to increase disabled access, including playground renovations.

"With this workshop and handouts in my language I am now more comfortable with the medications and equipment and can improve the services that I offer to children with asthma."

Child Care Provider attending inclusion services training
Grantee Report

Story Behind the Results

F5AC helped to expand the number of services for families and children with special needs and to link families to existing resources.

Systems Impact

Inclusion Services Coordinators and members of the Child Care Planning Council Special Needs Subcommittee translated the "Top 8 Questions Providers Ask About Inclusive Child Care" brochure into Chinese. The brochure is distributed throughout the county and contains useful information for child care providers. This collaborative process involved research and sensitive discussions to ensure that the language in the Chinese version would be culturally appropriate. English and Spanish versions were also revised.



Outcome 2C: Increased professional development and retention of ECE providers

What is the need?

In California, educational and professional development requirements for ECE professionals vary depending on the type of provider. Requirements range from 15 units of health and safety training to more formal education (Whitebook, et al., 2006). Unlicensed providers serve an unknown, but significant, number of children in Alameda County and have no qualification requirements. Professional development is required for licensing, but should also have an impact on preschool curriculum implementation and meeting standards for quality. It is also important that the ECE workforce represents the cultures and languages of the children receiving care. While 32% of children ages 0-5 in Alameda County are Latino, only 17% of child care center teachers are Latino (Center for the Study of Child Care Employment and CA Child Care R&R network, 2006). Furthermore, one-third of children entering kindergarten in Alameda County are dual language-learners.

Strategies

- Child Development Corps stipend program to support ECE providers working towards an AA degree
- Scholarships and support for ECE students working towards a BA or higher degree
- Community College Professional Development Coordinators (PDCs) to support Corps AA students, promote community college systems change and collaboration among community colleges
- PDCs to provide advice about and to process Child Development Permit applications
- English language learner supports for Community College ECE students
- Career Advocates at R&Rs advise providers on professional development planning and training opportunities offered through the R&Rs
- Training for Professional Growth Advisors (PGAs) who help support ECE providers to obtain and maintain Child Development Permits

“I am so excited to receive my AA Degree! When I first became a Corps member, my intention was only to get the minimum 6 units of early childhood classes that my work required. I had no confidence to return to school after so many years away...After completing my first few classes, I began to feel I could do it and decided to continue to get my Associate Teaching Certificate. As I completed each class, I felt better about myself and it was kind of fun, because I could use what I learned in school right away with the children I taught. After finishing those units, I just kept going!... I don't know if I will continue and get my BA degree, but I didn't think I would ever get my AA Degree either.”

Corps AA PDC Report

“What I see with cohorts that you don't see with students who drift on and off campus, is that they've got a community”

BA Program Administrator Interview

Results/Impact

809 ECE students have participated in the Corps AA Degree program since in 2006. 465 were enrolled in 2008-09, of which 70% were returning members.

122 of 415 (29%) returning students obtained their Child Development Permit for the first time or progressed to a higher permit level while participating in the Corps AA Degree Program.

As of summer 2009, 42 of the 809 (5%) participants earned an AA degree.

- 33 of the 42 graduates had previously earned a college level degree in another field.
- 33 of the 42 graduates were center-based providers.

Story Behind the Results

By 2013, all Head Start teachers will be required to have at least an AA degree and 50% of teachers must have a BA degree in early childhood. 25 states now require that state-preschool teachers hold BA degrees (NAEYC, 2008). With these national and state educational standards in place, identifying what contributes to child care providers successfully obtaining an AA degree is important.

Since 2006, 59% of participants have re-enrolled in the Corps AA Degree Program providing some indication of retention, or staying in the field. 22% of the Corps AA Degree participants enrolled in the first year (2006-07) have not re-enrolled and are assumed to be unlikely to ever return to the program.

Clues to a more promising strategy to improve retention and graduation rates may be found in the 3 year evaluation of the Merritt College Emerging Teacher Program (See Highlight on page 23) that began in 2005. 60% of 50 students in 2 cohorts of English-language learners have graduated with an AA degree in Early Care and Education. 20 of 75 students enrolled in the Merritt College Emerging Teacher Program were also enrolled in the Corps AA Degree Program.

Systems Impact

To continue to build leadership and a diverse ECE workforce, two 4-year colleges now have pilot programs for students working to attain BA and MA degrees in early care and education. 20 students at Mills College and Cal State University East Bay (CSU EB) received scholarships from F5AC to pursue a BA in ECE. The Center for the Study of Child Care Employment at UC Berkeley conducted the second year of a longitudinal study of students enrolled in these and other similar programs in California. They also did a systematic study of changes to higher education institutions. This study documents the supports required for nontraditional students to be successful. (For the full evaluation report, see: <http://www.irl.berkeley.edu/cscce/>).

- Interviews with key administrative personnel at CSU EB and Mills showed that collaborative relationships between community colleges and 4 year institutions were important to the success of the program.
- A “good fit” between the 4 year institution and the needs of the transfer and non-traditional or working students was also important. All administrators agreed that the cohort model was the key to success for students.

With F5AC's support, Las Positas College secured a \$75,000 federal grant to fund a newly developed English language learner cohort. The funding supports a program coordinator, the purchase of textbooks and other student supports. Las Positas College also uses state funds to pay for additional early childhood development core and study skills classes.

For the first time, college faculty took an active role in facilitating the annual F5AC-sponsored “Teachers Teaching Teachers” event. Workshop topics included: personal awareness in the classroom to support students, holding higher standards, honoring diversity, teaching and learning in the larger college culture, college bureaucracy in relation to cultural humility and biases in the early childhood profession.

EMERGING TEACHER PROGRAM (ETP)

The Merritt College Emerging Teacher Program (ETP) aims to increase the number of ECE providers with an AA degree who speak the languages and represent the cultures of children in Alameda County. Non-traditional students who may be older, non-native English speakers and who work and attend school at the same time find it difficult to complete general education requirements necessary for a college degree. For the past 3 years the ETP program has supported working students with ECE academic counseling, peer support in a cohort learning model, weekend classes and tutoring.

ETP Framework

- Students take general education classes and advance as a cohort.
- Students entering the program must complete a minimum of 9 ECE credits and have an “intermediate level” ESL assessment score.
- Courses are offered in the evenings and on weekends to meet the needs of full-time employed students.

Results/Impact

- Student interviews, surveys and academic results have been tracked for the past 3 years to learn more about the effectiveness of offering these supports in a cohort model.
- Beginning in the 2005 fall semester, 25 students were enrolled in each of 3 cohorts.
- In Cohort 1, 16 of 25 (64%) and in Cohort 2, 14 of 25 (56%) students graduated with AA degrees while students in Cohort 3 are expected to graduate in Spring 2010.

The majority of students were center-based, many from Head Start programs and were Spanish speaking. The number of Spanish-speakers declined over time from 87% in cohort 1 to 75% in cohort 2 to 60% in Cohort 3. Mandarin and Cantonese speakers represented the growing numbers of ETP members.

Between 50-68% of Cohort students plan to pursue a BA degree.

Almost all students reported receiving help with educational plans, homework, tutoring, English writing and speaking. The most helpful support identified was Saturday classes.

82% of Cohorts 2 and 3 reported that ETP made a difference in their professional and personal lives by improving their English reading and writing; providing clear information about prerequisites; helping with homework; having someone available to talk to; learning about children’s behavior and emotions; and stimulating children’s cognitive development.

“I’ve been taking classes for 10-12 years and finally have [received] guidance on what courses to take.”

Interviews were conducted with randomly selected students from each ETP cohort beginning in 2005. Students reported that teachers affiliated with the program tend to be more friendly, welcoming and approachable than other college faculty. Many of the students reported sharing what they learned with co-workers such as, “how to redirect children” and “learning a lot about communication with children and parents.”

An ETP student was a recent immigrant from China. She reported that she was always “very scared to answer [questions].” She said, “Chinese [students] do not raise their hand; now I do.” The counselor [encouraged] her to take one class per semester for 6 years and now she is enrolled in ETP. She said, “If you never try you will never know how much you can do.”

“I feel more confident. I can talk to parents. They are very happy we are coming back to school when they hear we will get our AA.”

ETP student interview

National studies of degree achievement at the community college levels show that on average, only about 30% of students who attempt the highest level of general education classes actually complete these classes within 3 years. By the third year, enrollments drop and fewer than 10% of the students earn an AA degree in 3 years (Achieving the Dream Initiative, Brock T., Jenkins D., Ellwein T. et al., 2007). The 3 year evaluation of the Merritt College ETP program has demonstrated that with consistent support, non-traditional students can exceed the best expectations for their progress. Students have not only earned degrees, but are also able to articulate how useful and gratifying the experience was for them.



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

What is the need?

Numerous studies have demonstrated the importance of quality Early Care and Education (ECE) for the social, emotional and cognitive development of children. Quality ECE programs also have strong economic benefits for the community (Rolnick, et al., 2006). A recently published, large scale study of 1,300 middle school children showed that children who spent more time in high-quality child care in the first 5 years of their lives had better reading and math scores in middle school. The researchers showed that low income children who received high-quality child care achieved at similar academic levels as their more affluent peers, even after taking into account factors such as levels of parental education and employment (Dearing, McCartney and Taylor, 2009).

In 2007, California was rated 47th out of 50 states on 15 different measures of quality (National Association of Child Care Resource and Referral Agencies 2007). A RAND study of preschools in California showed that only 22% of programs scored in the good to excellent range on the Early Childhood Environmental Rating Scale (ERS) assessments (Karoly, et al., 2008). Quality improvement strategies that are relationship-based, combined with intensive early childhood technical assistance and mentoring and with the active participation of the provider, have demonstrated positive changes that have long term effects on quality (U. of North Carolina, 2006).

Strategies

The Quality Initiative program focused on improving child care quality through individualized, relationship-based professional guidance and supports to ECE providers:

Quality Improvement Initiative (QII) – individualized child care site consultation to improve child care quality

Quality Grants - up to \$ 5,000 for Family Child Care and \$10,000 for centers to support quality improvements

Facility Grants - up to \$50,000 for Child Care Centers to support physical site improvements

Enhanced Mentor Program - partnership with the CA Mentor Program to provide workshops and short-term, on-site, one-on-one mentoring of providers

Results/Impact

The **Quality Improvement Initiative (QII)** provided consultation and quality improvement services in Spanish, English and Cantonese for 12 family child care sites and 10 classrooms in 6 child care centers serving a total of 344 children.

- 59 children with special needs were served in 13 sites that participated in the QII program
- 196 (57%) of the children qualified for subsidized care (low income)

Each site received an average of 55 hours of on-site coaching over a 6-month period.

20 of 22 sites worked on improving health and safety; 17 sites also focused on enhancing learning activities for children; 14 focused on enhancing interaction and communication with families.

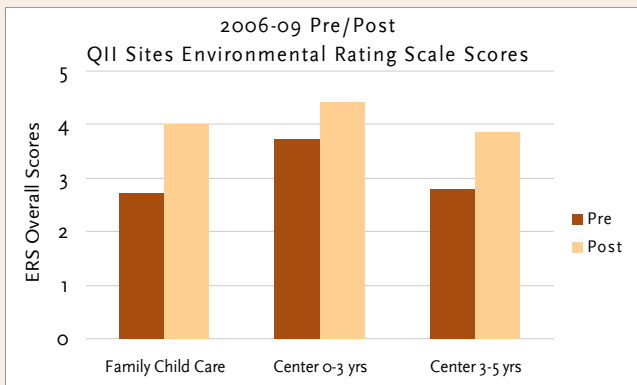
11 programs were independently assessed with the Environmental Rating Scale (ERS) before and after Quality Improvement services.

All of the programs demonstrated improvements. Greatest improvements were different for each program type:

- Family child care: program structure and listening and talking to children
- Infant/toddler classrooms: space and furnishings and listening and talking to children
- Preschool classrooms: health and safety and language and reasoning

Quality Improvement Specialists connected providers to community and ECC resources throughout this intensive consultation period and follow-up.

Since 2006, F5AC has conducted independent assessments using the ERS before and after Quality Improvement services in 17 family child care programs, 7 preschool classrooms and 4 infant-toddler classrooms. The chart below shows that while all of the programs improved, the greatest overall improvements occurred in the family child care programs.



Story Behind the Results

Family child care and center-based programs participated in the 6-month, intensive, individualized Quality Improvement Initiative (QII). QII serves sites located in neighborhoods with low Academic Performance Index (API) scoring schools that also serve children with special needs. A trained Specialist provides on-site, relationship-based consultation after jointly completing an Environmental Rating Scale (ERS) assessment with the program providers. Consultants and providers work together to identify needs and develop an improvement plan. Participating sites are eligible to apply for a quality improvement grant administered by the Low Income Investment Fund (LIIF). Consultation primarily focused on health and safety practices, changing and enhancing the physical environment and on children's learning activities.

One provider identified that she now interacts with the children more frequently while they're playing, gives them ideas for how to use the materials and talks with them about their play. "I ask children open-ended questions they have to think about, rather than just asking 'yes/no' questions."

Provider interview

New napping mats, sheets, and a storage units were purchased so children weren't sleeping on torn napping mats without sheets; Children and providers are hand washing with soap and water before and after eating, after diapering, and after wiping runny noses; One provider made a cushion for the edge of the fireplace to prevent head injuries due to the exposed brick.

QII Specialist report

When asked how she communicates with parents since participating in QII, one provider said, "If something is going on with their child, we talk about that. I let them know what I do here and we talk about what they do at home."

QII provider interview

Staff at a child care center were referred to the Enhanced Mentor Program (EMP) by the QII specialist because of their interest in the Perry High Scope Curriculum. The Mentor observed that the staff continued to make changes and enhancements to their classrooms. “The Mentor has helped them to better understand how to implement the High Scope Curriculum with children...

The teachers talked about how these 2 programs [QII and Mentor] have helped them to open their minds and really understand that everything needs a process before changing...Now I believe they have a stronger foundation and the skills to continue improving their program and provide higher quality services to families.”

Mentor survey

Results/Impact

19 Mentors worked with 30 providers, many of whom were QII participants.

23 ECE providers who received mentoring this year responded to a questionnaire about the impact of the services they received. As a result of mentoring:

- 14 providers reported that they changed the way they worked with children.
- 13 providers reported that they changed their classroom curriculum.
- 10 providers reported changing their physical environment.
- 20 providers felt that the mentoring they received matched their request.
- 70% were either “extremely” or “very satisfied” with their mentoring experience.

14 Mentors conducted 72 workshops, 69 in English with 1,313 participants and 3 in Spanish with 69 participants, on a variety of early childhood topics.

Story Behind the Results

The **Enhanced Mentor Program** (EMP) was integrated with the QII. Mentors responded to requests for one-on-one mentoring, training and workshops. Mentors addressed concerns about: children with special needs, classroom management, curriculum, Desired Results Developmental Profile revised, diversity, environment, health and safety, licensing paperwork, parent communication, positive discipline, team building, self esteem at work and stress management.

Outreach for the California Mentor Program is conducted through the R&Rs by targeting licensed providers in Alameda County. Mentors participate in the ECC-funded Partners in Collaboration (PIC), a cross-disciplinary training program designed to provide ECE and early childhood mental health professionals with knowledge and skills in social-emotional development and providing consultation to child care.

Systems Impact

QII serves as a gateway for family child care and center providers to obtain additional knowledge and resources with the goal of improving the quality of care for children in neighborhoods with the greatest risk for low academic performance. The program model evolved over the years to be highly individualized to meet the diverse needs of the providers including providing consultation services in the providers’ primary language: English, Spanish or Cantonese; and following up on identified improvements with opportunities for funding.

QII has demonstrated positive impact on the quality of child care in Alameda County in some of the most at-risk communities. In addition, there is increased provider awareness and intention to support children and families and increased provider capacity to plan and implement evidence-based practices.

5 facility grants were awarded by LIIF to child care centers serving 101 low income families and 41 families who are non-native English speakers. 137 child care slots were enhanced by centers that received facility grants.

Enhanced Mentors are involved in capacity-building activities by participating in the Partners in Collaboration Project (PIC). PIC pairs teacher mentors with mental health consultants who work together to provide integrated classroom consultation, enabling each to broaden their perspectives and learn from each other.

The Enhanced Mentor program serves as a model for the newly developed San Francisco Enhanced Mentor Program.



Outcome 2E: Increased school readiness

What is the need?

When children enter kindergarten ready for school they have a greater chance of sustained academic success. According to a First 5 CA School Readiness assessment of children entering school, only one-third of children in California's low-performing schools have mastered the skills important for school success and for a successful transition to kindergarten. In 2008, 76 of the 226 elementary schools in Alameda County had low Academic Performance Index (API) scores; 61% of low API schools were in Oakland and 21% were in Hayward. Children entering kindergarten in these districts also represent the greatest diversity in primary languages spoken at home. Addressing both the concentration of need and breadth of opportunities to support school readiness, F5AC focused its investments throughout the County on low-performing schools, while broadening the availability of quality kindergarten transition activities in school districts across the county.

Strategies

- 5-6 week Summer Pre-Kindergarten program for children with no formal Early Care and Education (ECE) experience
- School-based activities for parents and children entering kindergarten
- Neighborhood-based Kindergarten/ECE Collaborative forums for administrators, Kindergarten teachers and ECE providers to network and share common approaches to easing children's transition into kindergarten
- Opportunities for community providers to share information on early childhood and family literacy best practices, funding sources and policy development
- Resources provided through the Leading Ladies for School Readiness Initiative for faith-based communities to promote school readiness activities
- Book distribution to encourage literacy activities through family support services, community grantees, early care and education settings and pediatric sites
- School readiness activities such as classes in English and Spanish that included art, movement, music, and science activities provided by community grantees
- Technical assistance to community partners and schools to promote effective school transition practices and parent support
- County-wide outreach and support to families around kindergarten registration and transition in multiple languages
- Supporting parents to become advocates and allies in their children's transition to kindergarten

After one of the parent trainings, a parent explained that she had been feeling frustrated with her child and was concerned that she might lose her patience. The workshop helped her understand the development level of her 4 year old and she felt she could now be more understanding.

School District Report

A teacher reported, “I always learn a lot from the child about what I can address in teaching Kindergarten students. I was reminded ... to be more empathetic and have time to really practice it with [the children] this year.”

SPK Teacher Survey

Results/Impact

Over 1,500 children and 2,900 parents participated in Kindergarten transition activities and workshops hosted by schools.

8,270 families received “Let’s Go to Kindergarten” brochures on helping parents prepare their children for Kindergarten in 6 different languages.

330 children without formal preschool experience participated in Summer Pre-Kindergarten (SPK) programs at 16 schools (23 classrooms) in 6 school districts. An evaluation by Applied Survey Research using the Kindergarten Observation Form (KOF) demonstrated that participating in the SPK program was a significant predictor of enhanced self-care and motor skills as well as stronger self-regulation skills. (For the full report, see www.first5ecc.org/sr/srreports.htm).

- Summer Pre-K students had higher readiness scores than students with no pre-K experience.
- Self-Care and Motor Skills, Self-Regulation, and Social Expression are primary components of the Summer Pre-K program. SPK children performed nearly at the levels of children who had attended full preschool.
- On Kindergarten Academics (which are a secondary component of the Summer Pre-K), SPK children were still significantly below students with preschool experience.

Story Behind the Results

School-based programs not only offer children without formal preschool experience an opportunity to become familiar with their future schools, they also offer parents and teachers learning opportunities to give children their best start in school from day one.

Initial results from a study of children entering Kindergarten in a sample of schools in Alameda County (School Readiness in Alameda County, Applied Survey Research, 2009) demonstrated that short term, school-based interventions prior to starting Kindergarten can lead to significant gains in a child’s readiness for school. As F5AC continues to monitor the profiles of Kindergartners throughout the county, it will highlight effective and appropriate investments that support school readiness.



Results/Impact

The expansion of a weekly parent-child school readiness program allowed isolated parents to meet other families. 86% reported doing more art and science related activities at home with their child as a result of their participation in the program.

4,278 books were distributed by the Community Grants Initiative; 6,460 by Family Support agencies; and 54,000 books by pediatric clinics.

Story Behind the Results

Many children, particularly those in low-income neighborhoods, have limited access to school readiness activities. The Community Grants Initiative greatly expanded and enhanced the availability and quality of these activities by funding programs that support literacy and school readiness through parent education, parent-child and child-only classes, parent advocacy and family support. Some grantees integrated art and science activities into family literacy programs. Now literacy programs can be found in preschools, early care and education settings and museums.

[The themed art and music program] has made an amazing difference in one family's life. The father often traveled or worked late and the older kids [often were not] home for dinner. The family started using the program's theme of the week as a focal point for family discussion at the dinner table every Thursday night. It allowed the 4 year old child to share what he had learned in class and the older siblings to share their research on the internet. The program has brought the family together.

Grantee Report

Systems Impact

Several school districts and community groups have embraced and integrated kindergarten transition programs. Non-First 5 funds now support additional readiness activities that were first piloted by F5AC.

- The Casey Foundation's "Making Connections" funded 2 SPK programs in East Oakland.
- 3 large school districts have each committed matching funds to hire Transition Coordinators to oversee School Readiness programming including Summer Pre-K, year round Kindergarten transition programs and coordination of networking opportunities between Kindergarten and ECE providers.

69 schools, compared to 29 schools last year, now have institutionalized transition to Kindergarten activities at school sites prior to the start of the school year for children and families.

3 school districts expanded their year round school readiness activities district-wide instead of focusing only on low-API schools.

A mom, Maria, proudly reported how she was using the home extension materials including different strategies she learned in class for engaging [her daughter], Rosa, in reading books, storytelling and singing. At home, Maria created a place for Rosa with a table and books and a tub labeled "Science" where Rosa keeps all her animal projects and take-home materials. Maria learned how important it is to take time with her daughter to play, read, observe and investigate.

Grantee Report



goal 3

IMPROVE THE OVERALL HEALTH OF YOUNG CHILDREN



Outcome 3A: Increased support for breastfeeding mothers

What is the need?

In addition to the well known health benefits of breast milk, breastfeeding promotes early attachment between mother and child and helps to prevent obesity in young children.

In 2006, 76% of Alameda County mothers report breastfeeding exclusively at the time of hospital discharge; however, there is significant variation among hospitals in the percent of new mothers who exclusively breastfeed. Alameda County Medical Center has the lowest rate (40%) and serves the most at-risk population for poor health outcomes (California WIC Association and the UC Davis Human Lactation Center. A Fair Start for Better Health, 2007).

Only 36% of Alameda County new mothers exclusively breastfed their infants for more than 8 weeks (Alameda County Public Health Department, Maternal, Paternal, Adolescent and Child Health, MCAH Indicators 2007). The county WIC programs reported that in 2006, only 41% of WIC recipients were still breastfeeding 6 months postpartum.

Strategies

Lactation Specialist consultation for providers and breastfeeding mothers

Hospital-based lactation consultation and support to postpartum mothers prior to discharge

Pediatric Clinic drop-in lactation support and breastfeeding support groups

Training for providers on breastfeeding and the premature infant

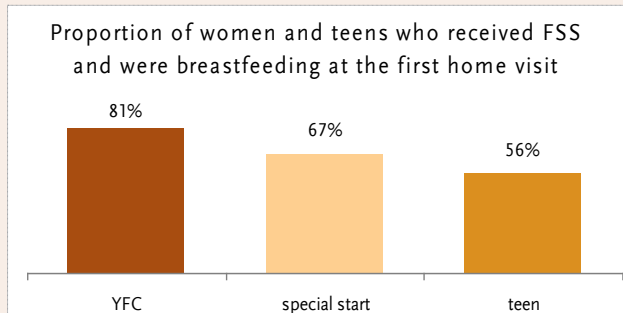
Prenatal workshops on breastfeeding

Expanded breast pump loan program

Results/Impact

Lactation consultants provided services for 136 mothers including 209 home visits and 444 telephone consultations.

A lactation specialist at Alameda County Medical Center provided 342 brief lactation consultations for new mothers and loaned breast pumps to mothers who were separated from their infants or had difficulties breastfeeding.



A community agency serving primarily Asian and Pacific Islander families in low income neighborhoods held breastfeeding classes, loaned breast pumps and advised new moms over the phone.

- 113 women participated in 32 breastfeeding workshops
- 212 of 252 women reported that they were breastfeeding at the time of a 2-3 week post delivery follow-up call, including 97 who attended breastfeeding workshops. Of the mothers who reported breastfeeding soon after delivery, 44% continued to breastfeed 6 months to a year.
- Loans of 14 breast pumps to 54 mothers helped mothers who had difficulties breastfeeding or who needed to return to work early.

Story Behind the Results

F5AC breastfeeding rates and length of feeding are much higher than county rates. Positive breastfeeding results are contingent on the accessibility of supports and resources during the initial postpartum time period. F5AC programs reach new mothers prenatally, immediately after the birth of their babies at the hospital, and as soon as the first home visit occurs postpartum. For teen mothers, mothers of newborns discharged from the NICU and mothers of certain cultural backgrounds, family support providers have shown success by tailoring their support to the mothers' specific needs. One grantee's diligent breastfeeding follow-up support activities played a significant role in encouraging mothers having difficulty breastfeeding to continue with their efforts.

Ms. X attended all prenatal workshops and appointments with her husband...Although she understood the importance of breastfeeding, she admitted, "My friends and family members felt that I should bottle feed my baby. They said it will be more convenient for me and this way, they all can help out with the feeding. [They say] my baby will cling less to me and be less spoiled. But I remember that a nurse in the orientation session talked about breastfeeding. I came to the first counseling session with lots of puzzles in my mind: why it is so important to breastfeed? why everybody in the clinic talks about breastfeeding, but not bottle feeding? I was... tired but I got all the answers that I need to know. When my baby was born, I started to breastfeed on the first day. My mother-in-law did not like that, but my husband and I didn't give up. Without receiving the valuable information from this program, I would probably [have] given up... because of pressure from my family."

Grantee Report





Systems Impact

Prior to F5AC implementing lactation support and consultation services, there were no in-home breastfeeding services available for low income/Medi-Cal families in Alameda County. Resources were scarce for mothers experiencing complex lactation problems. F5AC is making a difference by using a multi-pronged approach including county-wide and individual provider training, provider and family technical assistance and stationing a lactation consultant at the county hospital serving the highest risk clients. Despite risk status, families receiving F5AC services have consistently had higher breastfeeding rates compared to county rates.

When hospitals improve their newborn feeding policies and practices, they can dramatically increase their breastfeeding rates (California WIC Association and the UC Davis Human Lactation Center. A Fair Start for Better Health, 2007). With continued training and support to providers caring for mothers and newborns in the postpartum period, F5AC is working to increase infant nutrition knowledge and services across a broad system by:

- A hospital-based lactation specialist participates in Alameda County Medical Center's efforts to gain a World Health Organization "Baby-Friendly" designation; collaborates with hospital staff on patient care and infant feeding follow-up plans; co-chairs the Alameda County Breastfeeding Coalition which encourages collaboration between hospitals, clinics and WIC offices; and promotes exclusive breastfeeding through training of physicians, midwives, nurses and other medical staff on breastfeeding and lactation management.
- Integrating lactation support into postpartum and pediatric units of Alameda County Medical Center.
- Development of an Alameda County Breastfeeding Support Guide for new parents.
- Offering a 2-part training for 30 Special Start providers who serve families with infants discharged from the Neonatal Intensive Care Unit on "Breastfeeding the Premature Infant". By building direct service providers capacity, we hope to increase rate of breastmilk feeding for premature infants which has proven to improve outcomes for these fragile newborns.





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

What is the need?

Alameda County includes communities where children and families experience significant disparities in health and/or educational outcomes. These communities also have low performing schools (as defined by very low [1-3] Academic Performance Index [API] scores). Low API scores overlay almost directly over regions of high poverty, lower life expectancy and poor birth outcomes. Health status is a major contributor to children's school readiness and Alameda County children have many health-related risk factors.

In 2006, the percent of Alameda County children who were fully immunized by age 2 was 70.4%, compared to the Healthy People 2010 objective of 90% or higher (Alameda County Public Health Department, Maternal, Paternal, Adolescent and Child Health, 2007).

Alameda County has the second highest asthma hospitalization rate per 1000 (4.6 %) in California for children 0 to 5 years and is 2 to 3 times higher than rates in neighboring bay area counties (California Breathing, 2007).

Dental disease is the most common chronic disease of childhood. 40% of Alameda County children 2-4 years of age have never been to a dentist (CA Health Interview Survey, 2001) and 46% of kindergarteners at low-income schools had untreated decay (Alameda County Public Health Department Office of Dental Health, 2006). Only 50% of CA children 0-5 had ever visited a dentist and only 28% of children with Medi-Cal had a dental visit in 2005 (CA Healthcare Foundation; US Dept of HHS, Center for Medicare and Medicaid Services, 2008 National Dental Summary). In addition, there is a lack of dental providers in Alameda County who will see young children and low-income families.

Nationwide, the percent of children ages 2 to 5 who are overweight has increased in the last several years (National Center for Health Statistics, 2006). In Alameda County, 31% of 7th graders were overweight in 2005-06; the Healthy People 2010 objective is 5% or less (Alameda County Public Health Department, Maternal, Paternal, Adolescent and Child Health).

Strategies

Hospital-based completion of newborn referral forms for families with Medi-Cal to ensure continuous health insurance coverage of their newborns

Regular monitoring of health insurance status, medical home, immunizations and well-child visits by home-based family support services, grants and school readiness programs

Consultation on substance abuse for Family Support Services providers and trainings on substance abuse and tobacco prevention/treatment for contractors/grantees

Community grants for nutrition and fitness education and for health education (e.g., nutrition, car seat safety, smoking cessation) incorporated into parenting classes

Asthma Start individual patient education (hospital and clinic based) and case management services (home based)

Assessment of child care sites for presence of asthma triggers

Parent workshops on oral health and case management services

WIC Dental Days pilot in South Hayward including parent workshops, dental screening

Healthy Kids Healthy Teeth (HKHT) oral health workshops and case management services



A mother and one year old daughter participated in the dental education class at her WIC appointment.

The child had severe decay with blackened teeth worn down to the gum. The mom mentioned her daughter was a very “picky” eater and small for her age.

The dental staff explained that the condition of her teeth probably made it hard for her to chew properly and it was difficult to eat the food needed for good growth and development.

In the past, the mom attempted to make dental appointments, but was told [the dentist] did not see young children. The HKHT case manager was able to have the girl immediately screened and enrolled in Gateway Medi-Cal while on-site at WIC and the girl was seen at Youthful Tooth, a “just for kids” dental provider.

Grantee Report

Results/Impact

Oral Health education, dental screening and case management

Parent workshops on oral health in Spanish and English were held weekly at a WIC site in Hayward.

65% of 417 children enrolled in Health Kids Healthy Teeth case management services were seen by a dentist compared to 32% of enrolled children last year.

168 children received dental case management services.

89 parents of children attending the Summer Pre-K program attended 8 oral health workshops.

Story Behind the Results

To address limited access to dental care for young children, Healthy Kids Healthy Teeth (HKHT) of Alameda Public Health, Office of Dental Health and Women Infants and Children (WIC) collaborated to pilot weekly Dental Days at a WIC office in Hayward. Parents waiting for WIC appointments participated in oral health workshops in English and Spanish. Their children were then offered a dental screening by a registered dental hygienist that included family dental health tips, fluoride varnish application, referral for dental care and insurance, and enrollment for ongoing dental case management. Interest and participation was high. HKHT was able to provide case management services so that all referred children were seen by dentists. This program will be expanded to additional sites next fiscal year.

Results/Impact

Asthma

170 children hospitalized for asthma at Children’s Hospital & Research Center Oakland (CHRCO) and their families received one-on-one asthma education and an individualized asthma care plan.

108 children received services through the hospital’s asthma clinic.

236 children received home-based patient education and case management services. 85% of the families at exit from the program had engaged in at least one asthma trigger reduction effort (e.g., covering mattresses and pillows, vacuuming weekly with HEPA vacuum cleaner).

Re-hospitalization and ER visits remained consistently low 3-6 months after children received Asthma prevention services over the last 4 years.

In addition, 23 child care sites serving 823 children were assessed for the presence of asthma triggers and were supported to make necessary changes.

Story Behind the Results

Asthma is known as a “preventable hospitalization.” If children have access to appropriate health care, most asthma hospitalizations and ER visits can be avoided. The 3 components of the Asthma Start partnership: home visiting, hospital based clinic services and inpatient hospital services, work together to create a system of care for children with asthma. The home-based program allows community health workers a chance to spend more time with the families, review care plans and the use of medications, assess the home for asthma triggers, and assist families with issues affecting their child’s health (e.g., Medi-Cal coverage, apartment maintenance issues, communication with physicians). Hospitalization and emergency room visits have consistently decreased for children who participated in the program. These clinic, hospital and home-based programs provide a model for a more systematic and focused approach to asthma education and care.

Results/Impact

Nutrition Education and Support

One grantee trained 18 Spanish-speaking peer health educators (“promotoras”) to facilitate 4-week parenting classes in Spanish focused on children’s eating and exercise (offered at Head Start sites)

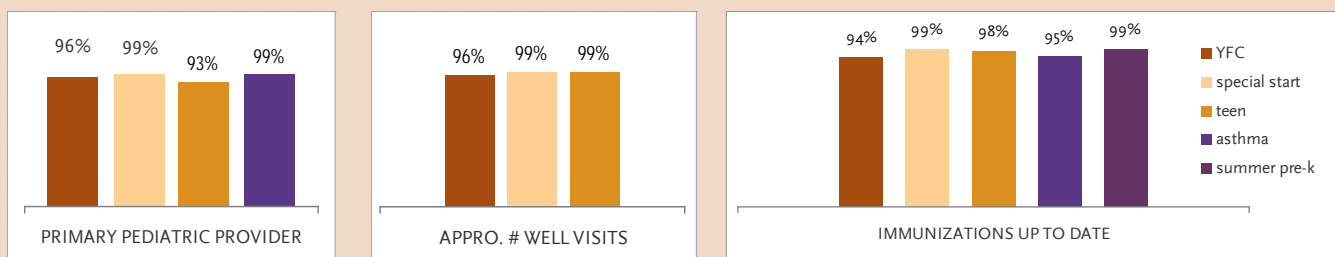
- 201 parents (up from 107 last year) attended classes and 99% report the program had a big impact on their families and themselves.
- 173 parents that completed a pre/post “Feeding Your Child evaluation instrument” with the overall post scores showed a 9% improvement (up from 7% last year) in nutrition beliefs and practices.

Story Behind the Results

Promoting healthy eating and exercise can be challenging. It is exciting to see a community approach to nutrition education that builds provider capacity and makes a difference in families and children.

Results/Impact

Health Indicators for immunization rates, health insurance status, having an identified primary provider and appropriate number of well child visits have been consistently high over the last 8 years for children receiving F5AC services.



Story Behind the Results

Consistently high health indicators demonstrate that when families receive support and case management services, they are able to connect with community resources and improve the health and well being of their children. Immunization rates are notably higher than those for Alameda County as a whole and the State of California. Well-child visits are much higher than the national average.

Systems Impact

Asthma Start has impacted the rate of asthma hospitalization and ER visits for young children and increased provider capacity to provide asthma prevention services.

The success of the WIC Dental Days collaborative was instrumental in facilitating expansion to additional WIC sites this coming year, and will increase access to dental care for young children.

For multiple years, health indicators have remained consistently high for families receiving services from F5AC funded programs.

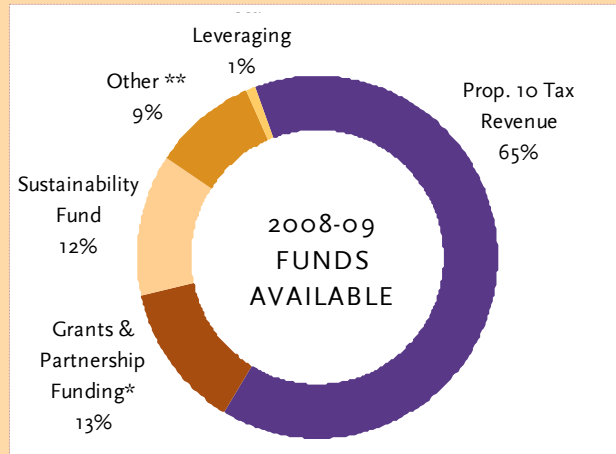
7 trainings were held for 90 pediatric staff on best practices for language interpretation services. The trainings improved pediatric provider capacity to serve non-English speaking families.

Multi-disciplinary trainings open to providers county-wide were held on many health-related topics including: “Nutrition and Young Children: Feeding the Whole Family” and “Working with Clients on Substance Abuse Issues.”

financial report

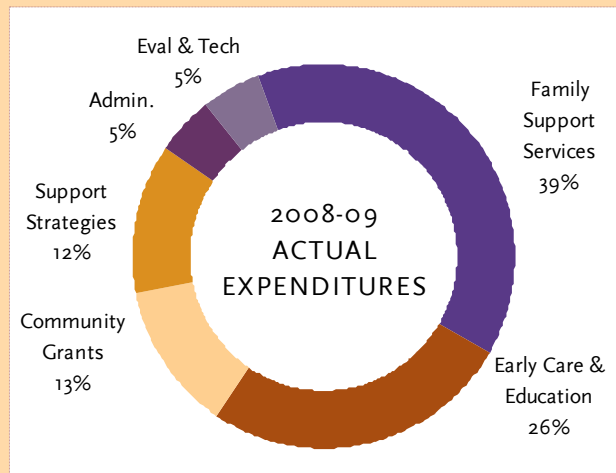
FUNDS AVAILABLE

Prop. 10 Tax Revenue	\$ 15,938,842
Grants and Partnership Funding *	\$ 3,300,875
Sustainability Fund	\$ 3,082,983
Other **	\$ 2,342,378
Fiscal Leveraging	\$ 225,000
TOTAL FUNDS AVAILABLE	\$ 24,890,078



EXPENDITURES

Family Support Services	\$ 9,673,366
Early Care and Education	\$ 6,504,050
Community Grants	\$ 3,125,642
Support Strategies (includes: School Readiness, Training, Cultural Access Services, Child Development and SART)	\$ 3,090,410
Administration	\$ 1,269,421
Evaluation and Technology	\$ 1,227,189
TOTAL EXPENDITURES	\$ 24,890,078



Time Period

The Financial Report reflects the financial activities undertaken from July 1, 2008 through June 30, 2009.

Service Integration

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

* Funding from: Alameda County General Services Agency Child Care Planning Council for AB 212 Compensation/Retention funds; First 5 California School Readiness grant for expanded services in neighborhoods with schools with low API scores; First 5 California Comprehensive Approaches to Raising Educational Standards (CARES) grant to improve child care quality through professional development opportunities; Alameda County Public Health for shared costs of an interagency data system; Alameda County Behavioral Health Care Services for the Children's SART (Screening, Assessment, Referral and Treatment) Pathways referral system; First 5 Contra Costa County for providing Hospital Outreach services at Alta Bates, referring Families to home visiting services in Contra Costa County; and a new federal earmark for development of cohort model at a community college for Early Care and Education.

** Funding from Investments (\$ 2,326,967) and miscellaneous revenue (\$ 15,411).

thanks

The combined efforts of many individuals led to the accomplishments highlighted here, including the First 5 Alameda County Commissioners and staff, the staff of many community partners and, most importantly, thousands of health and social service providers, child care providers and parents who improve children's lives on a daily basis.

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

Special Thanks to:

Applied Survey Research for the School Readiness Evaluation
Center for the Study of Childcare Employment at UC Berkeley
Janet Bran and Mat Beyers of CAPE Unit, Public Health
Prabhu Karthic, Bobbie Wilbur and the development team at The Center to Promote HealthCare Access, Inc.
Sally Brown and Jill Shinkle at Philliber Research Associates for the Training Coalition Evaluation
Social Entrepreneurs, Inc. for the Strategic Plan
Families and children for photos that appear in our reports

Design: Nicole Vasgerdsian, JPD Communications LLC; Teddy Milder and Melanie Toledo
Photographers: Melissa Campos, Captured Photography; Community Grantees and ECC Staff



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appendix a: diversity, access and program reach data

The children and families of Alameda County represent a wealth of ethnic, cultural, linguistic, economic and geographic diversity. F5AC adopted a diversity guiding principle to acknowledge these needs and assure that the principle is imbedded in all of our work. F5AC honors and respects the diversity of families we serve through:

- Training and promotion on issues of diversity for all providers
- Linguistic, cultural and disability supports to enhance access to services
- Coordination of services for linguistic and disability needs within our community

The demographics of Alameda County are in a state of change. Births to Hispanic/Latinos families and Asian families have increased; births to White families have remained stable; and births to African Americans have decreased slightly. A May 2008 report on language access needs in Alameda County identified newly emerging or underserved populations including: Afghani, Arab, Eritrean, Ethiopian, Liberian, Iraqi, Somali, Filipino, Samoan, Tongan, Burmese, Cambodian, Korean, Lao, Mien, Mongolian and Nepali. Lack of language services impact families' access to health, education and social services.

The majority of F5AC services target children and families at greatest risk for not reaching their developmental potential. These families live in neighborhoods with low API schools which also represent the highest levels of poverty, health disparities, non-English speakers and violence.

Cultural Access Services (CAS) works with all F5AC programs to support all families who have access to F5AC services. CAS provides outreach, interpretation, translation services, training and technical assistance to F5AC staff and community providers to provide culturally competent services.

Specific strategies included:

- Language assistance and translation services: 854 interpretation services were provided for 140 families in 16 languages.
- Individualized case consultation support for 14 agencies and 23 providers working with diverse families from specific ethnic groups. Consultation provided historical/cultural perspectives to help providers understand cultural practices and beliefs that may impact service delivery.

A child care center teacher wanted help with talking to Asian families about overdressing their children which made them too hot and limited their movement. The bicultural/bilingual experts discussed cultural beliefs about “chi” and how cold air may enter the body to cause illness. [As a result,] the teacher finally understood why the parents bundled their children.

Consultant report

- 7 trainings for 90 pediatric office staff on Best Practices for Enhancing Cross Cultural Communication through an Interpreter in accordance with the Office of Minority Health's National Standards for Culturally and Linguistically Appropriate Services.
- Partnering for Change (PfC), a pilot program, convened 7 selected organizational leaders to share experiences with developing culturally responsive services. Agencies identified technical assistance needs and goals and worked with a cultural competency consultant (see Beyond Training Highlight page 10).

“[Group meetings were] a place to try out ideas with people doing similar work... It helped me appreciate that this is a process, a progression, a journey, [and] not a destination...”

PfC participant interview

Selecting organizations already doing cultural competency work allowed the project to have an impact with limited resources. The program supported existing efforts rather than trying to catalyze efforts where none existed.

PfC consultant report

- Diversity panels at trainings that include parents and providers from varying cultural backgrounds.
- Loaning simultaneous translation equipment to organizations for community meetings, workshops and trainings.
- Training for grantees and contractors on federal mandates for providing language accessible services in accordance with the National Standards for Culturally and Linguistically Appropriate Services.

All F5AC funded programs are required to collect race/ethnicity, languages and special needs of the populations they serve. The following charts demonstrate the reach of F5AC programs to different geographic areas, family and center-based ECE providers and diverse families (language, culture, parental age, risk status, special needs, etc.).

FAMILY SUPPORT SERVICES

Percent of Families Receiving Family Support Services by City (includes Your Family Counts (YFC), Special Start and Teens)
Total Number of Families Served = 1,241

CITY	FREQUENCY	PERCENT	CITY	FREQUENCY	PERCENT	CITY	FREQUENCY	PERCENT
Alameda	23	2%	Fremont	68	5%	Pleasanton	10	1%
Albany	7	1%	Hayward	281	23%	San Leandro	89	7%
Berkeley	26	2%	Livermore	22	2%	San Lorenzo	22	2%
Castro Valley	15	1%	Newark	36	3%	Sunol	0	0%
Dublin	10	1%	Oakland	575	46%	Union City	47	4%
Emeryville	6	0.5%	Piedmont	4	0.3%	Unknown	0	0%

NUMBER OF CHILDREN WITH IDENTIFIED SPECIAL NEEDS	313
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FAMILY SUPPORT SERVICES

Your Family Counts

Total Number of Families Served = 189

RACE/ETHNICITY			
Hispanic		99	53%
North Am / Mexican/Mexican Am	78		
Central American	18		
South American	2		
Other Spanish/Hispanic	1		
African American / Black		48	25%
Asian		19	10%
Chinese	13		
Vietnamese	3		
Cambodian	1		
Filipino	1		
Korean	1		
Indian	1		
Multi-Race		7	4%
White		6	3%
Alaska Native / American Indian		2	1%
Other		6	3%
Unknown/Refused		2	1%

MOTHER'S PRIMARY LANGUAGE		
English	103	54%
Spanish	67	35%
Cantonese	8	4%
Mandarin	2	1%
Arabic	1	1%
Cambodian	1	1%
Hindi	1	1%
Vietnamese	1	1%
Other	4	2%
Unknown/Refused	1	1%

NUMBER OF CHILDREN WITH IDENTIFIED SPECIAL NEEDS	20
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appendix a: diversity, access and program reach data

FAMILY SUPPORT SERVICES

Intensive Family Support Services (includes Special Start and Teens)

Total Number of Families Served = 1,110

RACE/ETHNICITY			
Hispanic		553	50%
North Am/Mexican/Mexican Am	430		
Central American	56		
Puerto Rican	8		
South American	5		
Cuban	1		
Other Spanish / Hispanic	53		
Refused to State / Unknown	17		
African American / Black		248	22%
Asian		78	
Filipino	29		
Chinese	21		
Indian	14		
Specified Asian	9		
Unspecified Asian	5		
Cambodian	5		
Vietnamese	4		
Laotian	4		
Thai	3		
Japanese	3		
Korean	2		
White		83	7%
Multi-Race		39	4%
Native Hawaiian or Pacific Islander		8	1%
Other		34	3%
Unknown/Refused		67	6%

MOTHER'S PRIMARY LANGUAGE		
English	785	71%
Spanish	280	25%
Cantonese	10	1%
Arabic	9	1%
Tagalog (Filipino)	5	0.5%
Mandarin	3	0.3%
Vietnamese	2	0.2%
Punjabi	2	0.2%
Farsi-Dari	2	0.2%
Korean	2	0.2%
French	1	0.1%
Urdu	1	0.1%
Other	2	0.2%
Unknown/Refused	6	0.5%

NUMBER OF CHILDREN WITH IDENTIFIED SPECIAL NEEDS	
	293

FAMILY SUPPORT SERVICES

Intensive Family Support Services (includes YFC, Special Start and Teens)

	YFC	SPECIAL START	TEENS
Number of pregnant women and teens receiving FSS by program	8% (n=165)	13% (n=671)	100% (n=351)
Number of pregnant women & teens less than 15 yrs old receiving FSS by program	0% (n=165)	3% (n=669)	5% (n=351)

appendix a: diversity, access and program reach data

FAMILY SUPPORT SERVICES

Specialty Provider Team (includes SPT Child Development, SPT Lactation, SPT Mental Health and SPT Healthy Steps)

Total Number of Families Served = 734

RACE/ETHNICITY			
Hispanic		439	60%
North Am/Mexican/Mexican Am	337		
Central American	75		
South American	8		
Other Spanish/Hispanic	7		
Asian		161	22%
Chinese	124		
Vietnamese	13		
Indian	5		
Filipino	4		
Cambodian	3		
Korean	3		
Other Specified Asian	3		
African American/Black		65	9%
Multi-Race		20	3%
White		19	3%
Alaska Native/American Indian		5	1%
Other		23	3%
Unknown/Refused		2	0.3%

MOTHER'S PRIMARY LANGUAGE		
Spanish	353	48%
English	218	30%
Cantonese	123	17%
Vietnamese	8	1%
Punjabi	4	0.5%
Hindi	3	0.4%
Mandarin	3	0.4%
Arabic	2	0.3%
Cambodian	2	0.3%
Korean	2	0.3%
Farsi-Dari	1	0.1%
Urdu	1	0.1%
Other	10	1%
Unknown/Refused	1	0.1%



appendix a: diversity, access and program reach data

EARLY CARE AND EDUCATION

Child Development Corps AA Degree Program (2006-2009)
Total Number of Participants = 809

RACE/ETHNICITY		
Latino	230	28%
Asian	210	26%
White	168	21%
African American/Black	133	16%
Multi-Race	23	3%
Alaska Native/American Indian	6	0.7%
Pacific Islander	2	0.2%
Other	19	2%
Unknown	18	2%

PRIMARY LANGUAGE USED IN ECE SETTING		
English	391	48%
Spanish	162	20%
Cantonese	39	5%
Chinese (no specific dialect)	32	4%
Vietnamese	21	3%
Farsi	20	2%
Hindi	19	2%
Punjabi	19	2%
Tagalog	13	2%
Urdu	13	2%
Mandarin	11	1%
Arabic	8	1%
Cambodian	3	0.4%
Other Asian Language	22	3%
Other Non-Asian Language	24	3%
Unknown	15	2%

PROVIDER TYPE		
Child Care Center	639	79%
Family Child Care	127	16%
School Age	30	4%
License Exempt	13	2%

WORK CITY		
South County	384	47%
North County	287	35%
East County	136	17%
Unknown	2	0.2%

EDUCATION			
No College-Level Degree		527	65%
Some High School	4		
High School Grad/GED	22		
Some College	501		
AA Degree or Higher		269	33%
AA Degree	116		
BA Degree	116		
Some Grad School	12		
Graduate Degree	25		
Unknown		13	2%

appendix a: diversity, access and program reach data

EARLY CARE AND EDUCATION

Quality Improvement Initiative (2006-2009)

Total Number of Children at QII Sites = 344

RACE/ETHNICITY		
African American / Black	94	27%
Multi-Race	74	22%
White	41	12%
Hispanic	41	12%
Asian	19	6%
Pacific Islander	4	1%
Other	14	4%
Unknown	57	17%

PRIMARY LANGUAGE		
English	232	67%
Spanish	45	13%
Mandarin	3	1%
Cantonese	3	1%
Vietnamese	2	1%
Farsi	1	0.3%
Other	4	1%
Unknown	54	16%

PROVIDER TYPE	NUMBER OF CLASSROOMS	TOTAL CHILDREN	CHILDREN 0-3 YEARS OLD	CHILDREN 3-5 YEARS OLD	CHILDREN ENGLISH AS A SECOND LANGUAGE	CHILDREN SUBSIDIZED	CHILDREN WITH SPECIAL NEEDS
Family Child Care	12	98	55	43	18	51	11
Child Care Center	10	249	130	116	70	145	48
TOTAL	22	344	185	159	88	196	59

EARLY CARE AND EDUCATION

Emerging Teachers Program (2006-2009)

Total Number of Participants = 50

PRIMARY LANGUAGES	1ST COHORT	2ND COHORT
Spanish	22	14
Cantonese	0	4
Other	3	7



appendix a: diversity, access and program reach data

COMMUNITY GRANTS

	CHILDREN SERVED	PARENTS/CAREGIVERS SERVED	PROVIDERS SERVED
Community Support Grants	2,151	1,593	222
Targeted Grants	8,189	6,802	1,185
Parenting Partnership Grants	370	490	42
TOTAL	10,710	8,885	1,449

Number of grants of Parenting classes or supports in languages other than English	7
Number of grants of Classes / supports focused on special populations: LGBT, fathers, homeless, etc.	13
Number of special needs grants	5

HEALTH CONTRACTS

Asthma

Total Number of Families Served = 451

RACE/ETHNICITY		
African American / Black	208	46%
Hispanic	130	29%
White	42	9%
Asian	29	6%
Multi-Race	14	3%
Hawaiian or Pacific Islander	10	2%
Other	18	4%

HEALTH CONTRACTS

Healthy Kids Healthy Teeth

Total Number of Families Served = 417

RACE/ETHNICITY		
Hispanic	354	85%
African American / Black	16	4%
White	13	3%
Hawaiian or Pacific Islander	3	1%
Other	27	6%
Unknown / Refused	4	1%

EARLY CHILDHOOD MENTAL HEALTH

ECE Providers receiving Mental Health Consultation

Total Number of Participants Served = 193

RACE/ETHNICITY OF CLASSROOM TEACHERS RECEIVING CONSULTATION		
African American / Black	24	12%
Asian	9	5%
White	8	4%
Hispanic	2	1%
Other	3	2%
Unknown*	147	76%

*data was not reported by one agency

LANGUAGES SPOKEN BY CLASSROOM TEACHER		
English	121	63%
Spanish	33	17%
Cambodian	10	5%
Chinese	4	2%
Vietnamese	3	2%
Hindu	1	1%
Other	19	10%
Unknown	2	1%

EARLY CHILDHOOD MENTAL HEALTH

Harris Training

Total Number of Participants Served = 35

RACE/ETHNICITY		
White	14	40%
African American / Black	7	20%
Asian	6	17%
Hispanic	6	17%
Multi-Race	2	6%

appendix a: diversity, access and program reach data

SCHOOL READINESS

Summer Pre-K

Total Number of Participants = 330

RACE/ETHNICITY			
Hispanic		219	66%
North Am / Mexican / Mexican Am	186		
Central American	19		
Puerto Rican	3		
South American	1		
Other Spanish / Hispanic	10		
Asian		29	9%
Filipino	12		
Chinese	7		
Indian	4		
Vietnamese	3		
Japanese	3		
Cambodian	1		
Unspecified - Asian	1		
African American / Black		25	8%
White		15	5%
Multi-Race		7	2%
Native Hawaiian or Pacific Islander		5	2%
Samoan	1		
Pacific Islander	4		
Other		8	2%
Unknown / Refused		22	7%

LOCATION NAME		
Hillside Elementary	43	13%
Hesperian Elementary	37	11%
Harder Elementary	36	11%
Marylin Avenue Elementary	35	11%
Cherryland Elementary	33	10%
Azevada Elementary	21	6%
Palma Ceia Elementary	21	6%
Royal Sunset Elementary	17	5%
Ruus Elementary	17	5%
Horace Mann Elementary	16	5%
Bridges Elementary	14	4%
Allendale Elementary	13	4%
Fruitvale Elementary	12	4%
Rosa Parks Elementary	12	4%
Melrose Elementary	3	1%

LOW API SCHOOLS AND DISTRICTS	
Number of School Districts (Berkeley, Fremont, Hayward, Livermore, Oakland and San Lorenzo)	6
Number of Schools	16
Number of Classrooms	23
Number of Children	330



appendix b: outcome indicators

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

OUTCOME 1A: ENHANCED PARENTING AND STRONGER FAMILIES	
Proportion of agencies receiving community grants that provided parenting education/support groups or parent-child activities	25 out of 46
Proportion of parents attending parenting education or support programs who report they used what they learned	95% (n=1,015)
Proportion of parents attending parenting education or support programs who report that the program had a large ("a lot of") impact on their family	72% (n=908)

OUTCOME 1A: ENHANCED PARENTING AND STRONGER FAMILIES				
INDICATORS	YFC	SPECIAL START	TEEN SERVICES	GRANTS
Proportion of primary caretakers receiving ECC services who were screened for depression	77% (n=161)	81% (n=644)	73% (n=414)	n/a
Proportion of primary caretakers who screened positive for depression	33% (n=119)	23% (n=523)	20% (n=300)	55% (n=462)

OUTCOME 1B: CHILDREN ARE FREE FROM ABUSE AND NEGLECT			
INDICATORS	YFC	SPECIAL START	TEEN SERVICES
Proportion of children receiving FSS that are in foster care at time of referral	0% (n=57)	28% (n=46)	2% (n=257)
Proportion of families receiving FSS with open Child Protective Services (CPS) cases at time of referral	0% (n=59)	8% (n=36)	0% (n=251)
Proportion of children receiving Plus 10 or Intensive Family Support Services (IFSS) who were placed in foster care	5% (n=157)	7% (n=632)	3% (n=392)
Proportion of families receiving Plus 10 or Intensive Family Support Services (IFSS) who have a CPS case opened during the reporting period	2% (n=165)	4% (n=642)	2% (n=411)

OUTCOME 1C: ENHANCED ECONOMIC SELF-SUFFICIENCY AMONG FAMILIES			
INDICATORS	YFC	SPECIAL START	TEEN SERVICES
Proportion of eligible families receiving FSS who are receiving CalWORKs or CalLEARN assistance	34% (n=137)	21% (n=446)	31% (n=362)
Proportion of teens receiving family support services	8% (n=165)	13% (n=671)	100% (n=351)
Proportion of teen families receiving FSS who are CalLEARN recipients	n/a	13% (n=52)	18% (n=279)
Proportion of pregnant / parenting teens who remain in school or who have graduated from high school during the reporting period	n/a	51% (n=53)	57% (n=286)
Proportion of families with at least one employed caretaker, or one who is on leave	54% (n=149)	70% (n=622)	45% (n=369)

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

OUTCOME 2A INDICATORS: IMPROVED CHILD SOCIAL, DEVELOPMENTAL AND EMOTIONAL WELL-BEING						
INDICATORS	YFC	SPECIAL START	TEEN SERVICES	HEALTHY STEPS	ABCD	GRANTS
Proportion of children screened for developmental delays who scored "of concern" per the assessment	22% (n=49)	66% (n=498)	12% (n=152)	55% (n=434)	27% (n=514)	45% (n=519)

OUTCOME 2E: CHILDREN ENTER KINDERGARTEN READY FOR SCHOOL					
INDICATORS	YFC	SPECIAL START	TEEN SERVICES	GRANTS	REACH OUT & READ
Proportion of families receiving intensive ECC services who report reading, storytelling or singing to their children at least 3 times a week	55% (n=116)	90% (n=476)	89% (n=267)	83% (n=383)	n/a
Proportion of ECC families who received books	82% (n=159)	94% (n=558)	83% (n=386)	4,278 books distributed	54,000 books distributed

appendix b: outcome indicators

Goal 3: Improve the overall health of young children

OUTCOME 3A: INCREASED SUPPORT FOR BREASTFEEDING MOTHERS

INDICATORS	YFC	SPECIAL START				TEEN SERVICES			
Proportion of women and teens who received FSS & were breastfeeding at the first home visit	81% (n=159)	67% (n=638)				56% (n=381)			
Proportion of women and teens who received FSS and breastfed <=1 month, <=6 months, <=12 months, >1 year*	n/a	<=1 mo 12%	<=6 mos 47%	<=12 mos 19%	>1 yr 23%	<=1 mo 26%	<=6 mos 37%	<=12 mos 12%	>1 yr 25%

* Includes only clients > 1 year old

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

INDICATORS	SPECIAL START	TEEN SERVICES	SUMMER PRE K
Proportion of children 1 year and older who received an annual dental exam	43% (n=269)	41% (n=124)	83% (n=250)

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

INDICATORS	YFC	SPECIAL START	TEEN SERVICES
Proportion of children receiving FSS who have no health insurance or whose health insurance is Healthy Families or Medi-Cal	93% (n=188)	77% (n=670)	91% (n=429)
Proportion of children with health insurance by program at time of enrollment	99% (n=186)	100% (n=625)	99% (n=418)
Proportion of children still insured by the last visit by program	100% (n=188)	100% (n=666)	100% (n=428)

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

INDICATORS	YFC	SPECIAL START	TEEN SERVICES	SUMMER PRE K	ASTHMA
Proportion of children who have an identified primary pediatric provider	96% (n=160)	99% (n=639)	93% (n=368)	n/a	99% (n=451)
Proportion of children with appropriate number of well-child visit per age	96% (n=133)	99% (n=561)	99% (n=309)	n/a	n/a
Proportion of children whose immunizations are up-to-date for age	94% (n=129)	99% (n=549)	98% (n=303)	99% (n=248)	95% (n=162)

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

INDICATORS	YFC	SPECIAL START	TEEN SERVICES
Proportion of FSS children hospitalized or who made ER visits for asthma	0% (n=189)	1% (n=676)	0% (n=434)
Proportion of FSS children hospitalized or who made ER visits for preventable ACS* diagnoses (other than asthma)	2% (n=189)	12% (n=676)	1% (n=434)
Proportion of infants and children receiving FSS exposed to secondhand smoke	4% (n=134)	7% (n=582)	5% (n=316)
Proportion of parenting women and teens receiving FSS who smoke	4% (n=166)	6% (n=646)	3% (n=408)
Number of pregnant and primary caretakers receiving FSS who are referred to smoking cessation programs	3	45	2
Number of pregnant women and primary caretakers who are referred to alcohol and drug treatment programs or consultation services	15	23	0

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

appendix c: contribution list

COMMISSIONERS

Pamela Simms-Mackey, MD, Chair,
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President, All Pro Promotions
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Alex Briscoe, Deputy Director of
Alameda County Health Care
Services Agency
Keith Carson, Alameda County
Supervisor, District 5 and President,
Alameda County Board of
Supervisors
Gilda Gonzales, Chief Executive
Officer of The Unity Council
Rosemary Obeid, Director, Resource
and Referral for Community Child
Care Coordinating Council of
Alameda County (4Cs)
Deborah Roderick Stark, national
expert in child and family policy
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Medicine, Palo Alto Medical Clinic,
Fremont Center

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Counsel
James C. Harrison, Remcho, Johansen
and Purcell
Suzanne I. Price, Wiley Price and
Radulovich

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Officer
Janis Burger, MPH, Deputy Director
Deborrah Bremond, PhD, MPH,
Director, Family Support Services
Rebecca Gebhart, Director, Finance
and Administration
Nancy Lee, Director, Early Care and
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Teddy Milder, PNP, PHN, Director,
Evaluation and Technology
Patricia Zapanta, Controller and
Acting Director, Finance and
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Coordinator
June Allen, MBA, Information Systems
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Cindy Allmon, Finance Associate
Carolyn Arroyo, Hospital Outreach
Coordinator
Neva Bandelow, Child Development
Corps Program Manager

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Associate, School Readiness
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Tina Benitez, IBCLC, Lactation
Specialist II
Jane Bernzweig, PhD, Evaluation
Specialist
Kevin Bremond, Administrative
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SART
John Campos, Network Support
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Specialist I
Ann Chun, MPA, Cultural Access
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Emily Cole, Administrative Associate,
Early Care and Education
Fritz Concepcion, Administrative
Associate, Finance and Admin
Beatriz Dominguez, Pediatric Child
Development Specialist I
Kelly Dotson, MA, School Readiness
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Janice Edwards, Community Grants
Manager
Lisa Erickson, Early Care and
Education Administrator
Yvette Escobar, Hospital Outreach
Coordinator
Loren Farrar, Children's SART
Coordinator
Erin Hill Freschi, MA, School
Readiness Program Administrator
Elen Fuentes, Payroll Manager
Ayumi Furusawa, Administrative
Associate, Child Development Corps
Sonia Gonzalez-Garcia, Administrative
Associate, Quality Enhancement
Anna Gruver, LCSW, Family Support
Services Program Administrator
Jasmyne Herbert, Administrative
Associate, Finance and Admin
Virve Hernandez, Administrative
Associate, Family Support Services
Beth Hoch, LCSW, Specialty Provider
Team Administrator
Christine Hom, Contracts and Grants
Administrator
Josue Huerta, Network Support and
Help Desk Manager
Chris Hwang, Research and Evaluation
Administrator
Judy Jones, Hospital Outreach
Manager
Eli Kanat, Database Manager
Carla Keener, Family Support Services
Program Administrator

STAFF (continued...)

Rita Lang, MFT, Mental Health
Specialist II
Denice Lara, Quality Improvement
Specialist
Wendy Lo, Quality Improvement
Specialist
Laura Otero, MA, Early Childhood
Specialist II
ZeeLaura Page, Office Manager
George Philipp, Professional
Development Programs
Administrator
Maria Pilecki, Mental Health Specialist I
Yolanda Pulido-Lopez, Pediatric Child
Development Specialist I
Malia Ramler, Community Grants
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Veronica Sanchez, Pediatric Strategies
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Kimberly Sato, Quality Enhancement
Programs Manager
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Associate, Human Resources
Tanya Smith, Senior Quality
Improvement Specialist
Nadirah Stills, MFT, Mental Health
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Specialist II
Rose Stubberfield, Administrative
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Susan Sullivan, Training Specialist
Melanie Toledo, Administrative
Associate, Evaluation and Technology
Noemi Toscano-Gutierrez, MSW,
Healthy Steps Manager
Lisa Wade, MFT, Specialty Provider
Team Administrator
Jane Wellenkamp, PhD, Evaluation
Specialist
Domonique Wilson, Hospital Outreach
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Lauren Witten, Professional
Development Programs Manager
Y.C. Jennie Wong, Pediatric Child
Development Specialist I
Sandra Zavala, Pediatric Strategies
Associate
TEMP STAFF
Eliana Elias, Quality Improvement
Specialist
Grace Karr, School Readiness Specialist
Sylvia La, Administrative Assistant,
Evaluation & Technology
Paola LaTorre-Rey, Child Development
Specialist I
Maria McLaughlin, Quality
Enhancement Programs Associate
Juliana Sanchez, Administrative
Assistant, Finance and Administration
Deborah Turner, Early Childhood Mental
Health Specialist

appendix c: contribution list

2007-09 COMMUNITY GRANTS INITIATIVE

Community Support Grant Recipients

ArtsChange
Bay Area Parent Leadership Action Network (PLAN)
CRECE
Herald Family Ministry Northern California Branch
Housing with Heart
Lincoln Child Center
Low-Income Families' Empowerment through Education (LIFETIME)
Lucile Packard Children's Hospital
Marcus A. Foster Educational Institute
Oakland Parents Together
Oakland Ready to Learn
Oakland Zoo
Our Family Coalition
Superior Court of California, County of Alameda, Families and Children's Service Bureau

Parenting Partnership Grant Recipients

4C's of Alameda County
Alameda United School District, Alameda Family Literacy Program
Asian Community Mental Health Services
Berkeley-Albany YMCA
Brighter Beginnings
Family Support Services of the Bay Area

Targeted Grant Recipients

Alameda Point Collaborative
Asian Health Services
BANANAS, Inc.
Bay Area Children First
Bay Area Hispano Institute for Advancement, Inc. (BAHIA)
CALICO Center (Child Abuse, Listening, Interviewing and Coordination Center)
Center for Early Intervention on Deafness (CEID)
Children's Hospital & Research Center Oakland, Parent-Infant Program
City of Fremont, Youth and Family Services, Infant Toddler Program
Davis Street Family Resource Center
Emergency Shelter Program, Inc.
Family Resource Network
Friends of Children with Special Needs
Habitot Children's Museum
Junior Center of Art and Science
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(administered by the American Lung Association with First 5 contract funds)
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Alameda County Public Health Department, MCAH/WIC Program (Hayward, Telegraph, Eastmont and Native American Health Center sites)
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appendix c: contribution list

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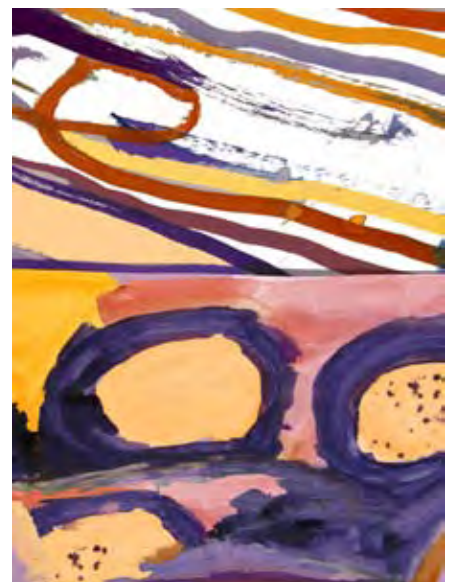
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Preschool & Family Mental Health
Initiative
U.S. Department of Health and Human
Services
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