



ensure that every child



**2001 – 2002  
annual report**





# from birth to age five reaches his or her developmental potential

## mission

Develop and implement a high-quality, community-based, county-wide system of continuous prevention and early intervention services to improve environments critical to the health and well-being of young children and their families.





# every child counts

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# 2001-2002 Alameda County Children & Families Commission

Another year of innovative work on behalf of children and families in Alameda County has been completed. In the following pages, we are proud to share our successes and important results. Our new name – Every Child Counts, First Five Alameda County – shows our connection to the California Children and Families Commission's new name – First Five California, and aligns us with the statewide media campaign featuring the Kit for New Parents and other vital parenting resources.

Highlights detailed on pages 12 thru 15 provide a snapshot of the exciting work completed over the past year. In addition to our on-going services, several new programs began this year. Among them are Hand in Hand, a school readiness program; the Enhanced Mentor Program, that links experienced teachers with entry level staff for professional development opportunities; Another Road to Safety, a prevention/early intervention program for children and families at risk for child abuse; and ECChange, our integrated web-based system that was instrumental in gathering much of the data in this report.

Our annual report is organized around 13 outcomes that we have identified as crucial to the health and wellness of children and families. Every day, we witness the benefits of our services through a child's healthy smile, the sense of fulfillment a new mother feels when she successfully breastfeeds her newborn, or the pride of a monolingual child care professional who completes community college course work taught in her native tongue.

The data, anecdotes, and stories presented throughout this annual report are what motivates and inspires all of us engaged in this work.

Comments and questions regarding the report are always welcome and we invite you to visit our website: [www.ackids.org](http://www.ackids.org).

Sincerely,



Mark Friedman  
Executive Director



Helen Mendel  
Chair

October 16, 2002

# 2001-2002 First Five Alameda County

## COMMISSIONERS

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

## COUNTY COUNSEL

**Jason Lauren**

## STAFF

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

**Amalia Alcalá**, Hospital Outreach Coordinator  
**June Allen**, ECChange Program Coordinator  
**Areda Boyd**, Hand in Hand Community/Family Advocate  
**Iris Bradford**, Enhanced Mentor Program Associate  
**Lisa Bradford**, Child Care Fund Program Associate  
**Deborah Bremond, PhD**, Director, Family Support Services  
**Kathleen Brooks**, Administrative Coordinator  
**John Campos**, Network Specialist  
**Jennifer Chan**, Administrative Coordinator  
**Charles Chen**, Administrative Services Assistant  
**Ann Chun**, Cultural Access Specialist  
**Michelle Coccari**, Administrative Aide  
**Fritz Concepcion**, Administrative Aide  
**Janene Conner**, Hand in Hand Community/Family Advocate  
**Rory Darrah**, Director, Early Care & Education  
**Jennifer Driscoll**, Child Development Specialist  
**Rebecca Gebhart**, Director, Finance, Grants and Administration  
**Anna Gruver**, Program Services Administrator  
**Erin Hill**, School Readiness Coordinator  
**Christine Hom**, Grants Coordinator  
**Chris Hwang**, Research Analyst  
**Carla Keener**, Another Road to Safety Coordinator  
**Judy Landers**, Hospital Outreach Coordinator  
**Melissa Martin**, Intern  
**Teddy Milder**, Director, Evaluation and Technology  
**Tina Mui**, Administrative Services Assistant  
**Phyllis Navarre**, Administrative Services Assistant  
**Mitzi Onizuka**, Child Development Corps Coordinator  
**Lupe Ortiz-Barattino**, Hand in Hand Community/  
Family Advocate

**Kathy Padro**, Outreach and Communications Manager  
**Shamar Parsad**, Hospital Outreach Coordinator  
**George Philipp**, Program Services Administrator  
**Maria Raff**, Child Care Fund Coordinator  
**Rachel Rivera**, Hand in Hand Community/Family Advocate  
**Beatriz Rodriguez**, Hand in Hand Community/  
Family Advocate  
**Jackie Schalit**, Mental Health Specialist  
**Carly Strouse**, Lactation Consultant/Hospital Outreach  
Coordinator  
**Noemi Toscano-Gutierrez**, Hospital Outreach Coordinator  
**Y. C. (Jennie) Wong**, Hospital Outreach Coordinator  
**Jane Wellenkamp, PhD**, Evaluation Specialist  
**Patricia Zapanta**, Accounting and Fiscal Leveraging  
Specialist

## CONTRACTORS

4 C's of Alameda County  
Alameda County Public Health Department  
Public Health Nursing, Special Start, Tobacco Control  
Program, and Asthma Start  
Alameda County Social Services, DCFS  
Almassi Interpreting Service  
Alta Bates Hospital  
American Lung Association  
BANANAS, Inc.  
Chabot Community College  
Child Care Links  
Children's Hospital Oakland, Special Start  
City of Berkeley, Public Health Nursing  
Deloitte Consulting  
Leslie Derbin, Freeman Sullivan and Company  
Families First and Haight Ashbury Free Clinic-Ujima House  
Todd Hill, Community Grants Initiative Consultant  
Interpreters Unlimited  
JMPT Consulting  
La Familia Counseling Service  
Oakland Ready to Learn  
Ohlone College  
Ozone Advertising  
Pacific Interpreters  
Barbara Riley, Fiscal Leveraging Consultant  
Greg Robison, Freeman Sullivan and Company  
Saint Rose Hospital  
San Francisco Community College District  
Charles Smith, High/Scope Educational Research  
Foundation  
Eileen Storer, High/Scope Educational Research Foundation  
Summit Hospital  
The Perinatal Council  
Tiburcio Vasquez Health Center, Inc.  
Francesca Wright, The Foundation Consortium  
Xanthos

COMMUNITY GRANTS INITIATIVE 2001-02  
GRANTEES – COMMUNITY BASED  
ORGANIZATIONS

Alameda Health Consortium  
Alameda Point Collaborative  
Alta Bates-Summit Infant Follow-Up Clinic  
Asian Community Mental Health Services  
Asian Health Services  
Association of Children's Services  
BANANAS, Inc.  
Black Adoption Placement and Research Center  
Blind Babies Foundation  
Building Futures with Women & Children  
Calico Center  
CAPE, Inc.  
Center for the Education of the Infant Deaf  
Child Care Links  
Children's Hospital Oakland - Breastfeeding Support Center  
Community Drug Council  
Davis Street Community Center  
East Bay Agency for Children  
East Bay Community Recovery Project/Project Pride  
Family Builders By Adoption  
Family Resource Network  
Family Support Services of the Bay Area  
Family Violence Law Center  
Friends of Hayward Library  
Habitot Children's Museum  
Indigenous Nations: Child & Family Agency  
Infant Toddler Consortium  
Jewish Family and Children's Services  
Lao Family Community Development, Inc.  
Lifelong Medical Care  
Luna Kids Dance  
Museum of Children's Art  
Native American Health Center  
Planned Parenthood Golden Gate  
Seneca Center  
Shelter Against Violent Environments  
St. Vincent's Day Home  
Tennyson Parent Nursery School  
The Link to Children  
Through the Looking Glass  
Tri-City Health Center  
Tri-City Homeless Coalition  
West Oakland Health Council, Inc.  
Women's Daytime Drop In Center  
Xanthos

COMMUNITY GRANTS INITIATIVE 2001-02  
GRANTEES – PUBLIC AGENCIES

Alameda County Office of Education  
Alameda County Behavioral Health Care Services  
Alameda County Department of Children and Family Services  
Alameda County Library Bookmobile

Alameda County Public Health Department  
Alameda County Sheriff's Office  
Alameda Unified School District  
City of Alameda, Community Development Division  
City of Fremont, Youth and Family Services  
Chabot College Children's Center  
Oakland Police Department  
Pleasanton Unified School District

PARENT ADVISORY COMMITTEE

Thomas Donovan  
LaToya Dubose  
Mary Frankel  
Dru Howard  
Lisa Jones  
Carlos Londono  
Suzanne McCallin  
Michelle McMillian-Wilson  
Cosie Robinson  
Linnette Robinson  
Lara Weber

PARTNERS

Alameda Alliance for Health  
Alameda County Breastfeeding Task Force  
Alameda County Child Abuse Prevention Council  
Alameda County Child Care Planning Council  
Alameda County Health Care Services Agency  
Administration  
Alameda County Fetal Infant Mortality Review/  
Community Action Team  
Black Infant Health  
California Children and Families Association  
California Early Intervention Technical Assistance  
Network-WestEd  
Child Care Fund Advisory Committee  
Child Development Corps Technical Advisory Committee  
First Five California  
Hayward Unified School District  
Interagency Children's Policy Council  
La Clinica de la Raza  
Native American Health Center  
Oakland Unified School District  
Operation Dignity/Henry Robinson Multiservice Center  
Pediatric Advisory Committee  
Safe Passages  
School County Partnership  
State Department of Mental Health - Infant Preschool &  
Family Mental Health Initiative  
U S Coast Guard - Child Development Center  
WIC programs





# introduction

**IN 1998, THE CALIFORNIA VOTERS PASSED THE CALIFORNIA CHILDREN AND FAMILIES FIRST ACT (PROPOSITION 10) CREATING A TREMENDOUS OPPORTUNITY FOR IMPROVING THE HEALTH AND WELL-BEING OF CHILDREN 0 TO 5 YEARS OF AGE AND THEIR FAMILIES. IN DECEMBER 1999, FIRST FIVE ALAMEDA COUNTY BECAME THE FIRST COMMISSION IN THE STATE TO APPROVE ITS STRATEGIC PLAN, EVERY CHILD COUNTS (ECC).**

- . . . over 5,000 books were distributed to families in the county . . .
- . . . a family whose child is not in preschool receives in-home support on school readiness . . .
- . . . an interpreter is available for the 1-3 home visits with an Arabic speaking family . . .
- . . . a Spanish speaking mom with a special needs child attends a Spanish language support group . . .
- . . . a mom with severe depression is identified on a home visit and linked with support services . . .
- . . . a new mom returning to work gets support to continue breast feeding . . .

These are a few examples of how our work over the past two and a half years is beginning to reach many families in our community. The tangible and intangible benefits of our programs are beginning to emerge.

We are proud to present our second annual report that highlights, through the accountability framework, the accomplishments we have achieved in our second year of operation. This annual report presents both quantitative and qualitative data collected from July 1, 2001 to June 30, 2002 to measure our effectiveness as defined in our accountability framework. This year, we were able to utilize ECChange, our web-based, cross-agency information system, as well as other data sources, to reflect a full year of Every Child Counts programs. We continue to learn about the challenges of documenting results across many programs and agencies. Along with our partners, we are expanding our capacity to demonstrate measurable differences in the lives of children and their families.

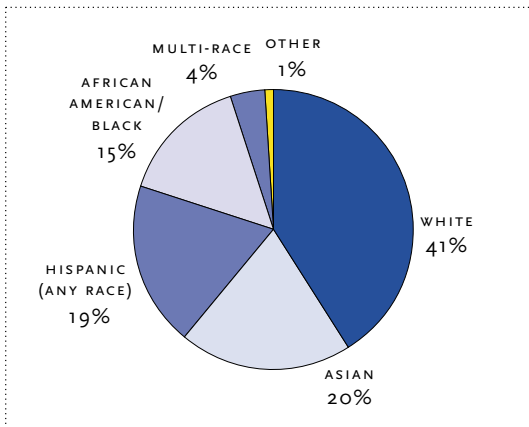




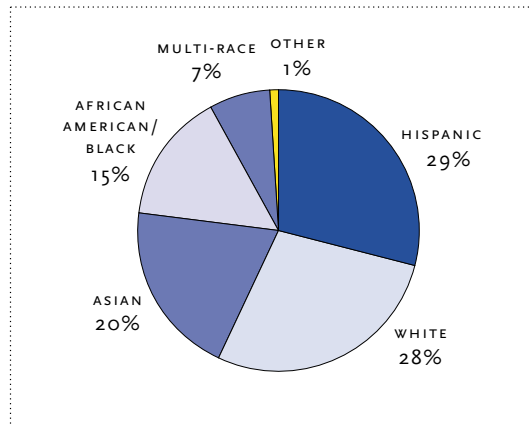
# setting

BORDERING SAN FRANCISCO BAY, ALAMEDA COUNTY EXTENDS FROM THE URBAN NORTHERN REGION OF ALBANY, BERKELEY, EMERYVILLE AND OAKLAND, SOUTH TO HAYWARD AND FREMONT AND EAST TO THE COMMUNITIES IN THE LIVERMORE VALLEY. OUR COUNTY HAS A VARIED GEOGRAPHY THAT INCLUDES COASTAL BAY WETLANDS, WOODED HILLS, VINEYARDS, STREAMS AND LAKES. WE ARE A HIGHLY INDUSTRIALIZED COUNTY WITH AN OVERWHELMING MAJORITY (98%) OF RESIDENTS LIVING IN URBAN OR SUBURBAN AREAS. WE HAVE A WEALTH OF ETHNIC, CULTURAL, LINGUISTIC, ECONOMIC, AND GEOGRAPHIC DIVERSITY. ALAMEDA COUNTY IS THE SEVENTH MOST POPULOUS COUNTY IN CALIFORNIA AND ONE OF THE MOST ETHNICALLY DIVERSE REGIONS IN THE UNITED STATES.

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

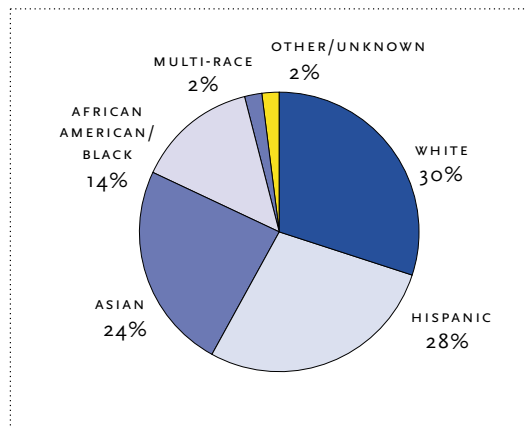


**TOTAL POPULATION OF CHILDREN 0 - 5**  
98,378\*



23.5% are Women of Childbearing Age (15-44 years)\*\*  
6.8% are Children less than 5 years\*\*

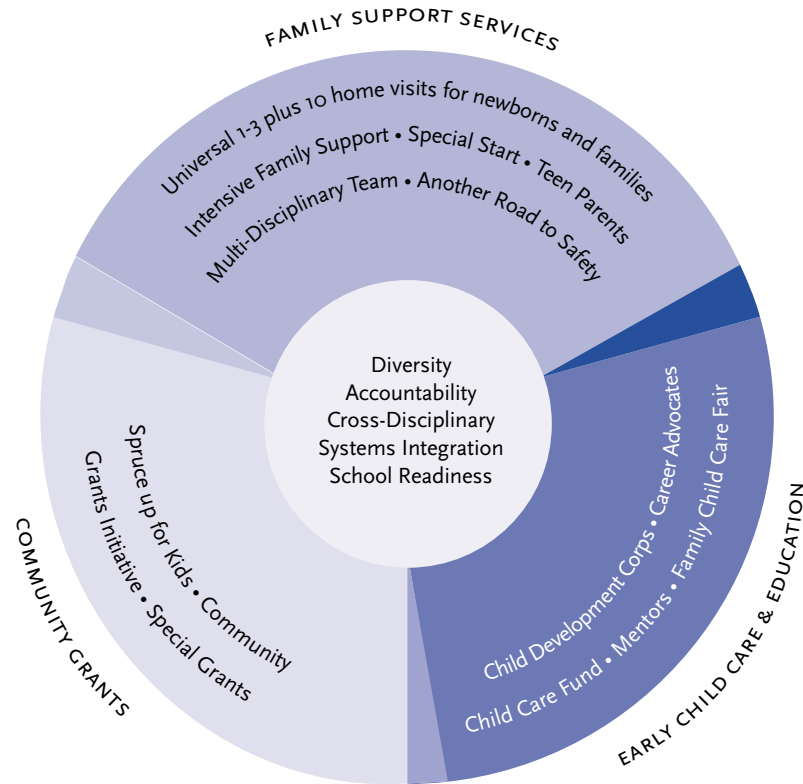
**2000 BIRTHS**  
22,164\*\*



\* 2000 Census  
\*\* California Department of Health Services, Vital Statistics

# program overview

EVERY CHILD COUNTS PROVIDES SERVICES IN THE THREE ENVIRONMENTS WHERE CHILDREN'S LIVES ARE MOST DIRECTLY AND SIGNIFICANTLY IMPACTED: AT HOME, IN CHILD CARE AND IN THE COMMUNITY. THE DIAGRAM BELOW PROVIDES AN OVERVIEW OF THE PROGRAMS IN EACH ENVIRONMENT. IN OUR WORK WITH FAMILIES, WE ARE CONSTANTLY REMINDED THAT THESE DOMAINS ARE NOT ISOLATED FROM EACH OTHER.



## guiding principles

OUR WORK IS GUIDED BY SEVERAL PRINCIPLES:

**Cross Disciplinary Approaches** – The needs of young children and their families are complex and require multiple disciplines working together to support positive outcomes.

**Service Integration and Systems Reform** – Every Child Counts is a catalyst for systems reform and service integration in order to build a strong prevention and early intervention system for family support and early care and education.

**Diversity** – Alameda County has a wealth of ethnic, cultural, linguistic, economic, and geographic diversity that we honor and celebrate. We seek to reflect and address that diversity in program design, service delivery, hiring, training, contracting and grant making. Responding to diversity also includes addressing the needs of children and families with special needs.

## organizing results

EVERY CHILD COUNTS FOCUSES ON IMPROVING CHILDREN'S ENVIRONMENTS: HOME, CHILD CARE AND THE COMMUNITY. IT WOULD BE SIMPLE TO ORGANIZE OUR REPORT AROUND PROGRAMMATIC ACCOMPLISHMENTS IN THESE THREE ENVIRONMENTS. HOWEVER, CONSISTENT WITH THE RESULTS-BASED ACCOUNTABILITY APPROACH THAT IS AN INTEGRAL PART OF EVERY CHILD COUNTS, THIS REPORT IS ORGANIZED AROUND OUR GOALS AND OUTCOMES. THE ACCOUNTABILITY AND EVALUATION DESIGN IS BASED ON THE STRATEGIES, SERVICES AND PROGRAMS DEVELOPED TO ACHIEVE OUR FOUR GOALS. THROUGH THE ACCOUNTABILITY FRAMEWORK ONE CAN SEE THE INTER-DEPENDENT NATURE OF ALL OF OUR STRATEGIES.



## goals

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

Outcomes and indicators for each goal were developed and updated by a collaborative workgroup that included representatives from public, private and community-based organizations and experts in the field.

## measuring results

WE HAVE A RICH STORY TO TELL BECAUSE WE MEASURE THE IMPACT OF OUR PROGRAMS IN MANY DIFFERENT WAYS. WE COLLECTED DETAILED INFORMATION ABOUT OUR PROGRAMS IN THREE DATABASES; ECCHANGE, THE WEB-BASED CROSS-AGENCY SYSTEM FOR FAMILY SUPPORT SERVICES (FSS), A DATABASE FOR OUR CHILD DEVELOPMENT CORPS PROGRAM, AND A DATABASE THAT TRACKS BOTH OUR GRANTS PROGRAM AND THE CHILD CARE FUND. SURVEYS AND FOCUS GROUPS WERE CONDUCTED WITH PARENTS, EARLY CHILDHOOD EDUCATORS, AND COMMUNITY GRANT RECIPIENTS. WE SOLICITED FEEDBACK FROM OUR PARENT ADVISORY AND PEDIATRIC ADVISORY COMMITTEES. WE PARTICIPATED IN THE STATE EVALUATION OF THE CHILD DEVELOPMENT CORPS PROGRAM AND CONTRACTED WITH POPULATION RESEARCH SYSTEMS TO CONDUCT OUR SECOND TELEPHONE CLIENT SATISFACTION SURVEY IN ENGLISH AND SPANISH OF 313 PARENTS WHO RECEIVED HOME VISITS. WE USED A VARIETY OF ASSESSMENT TOOLS INCLUDING THE HARMS CLIFFORD RATING SCALES, HIGH/SCOPE CHILD OBSERVATION RECORD, THE DEVEREUX EARLY CHILDHOOD ASSESSMENT AND AGES AND STAGES DEVELOPMENTAL MONITORING SYSTEM. AND, WE COLLECTED STORIES FROM PARENTS, CHILDREN AND COMMUNITY PARTNERS.

# highlights

SINCE SO MUCH HAS OCCURRED DURING THIS REPORTING PERIOD, WE FACE THE CHALLENGE OF HIGHLIGHTING ONLY A FEW OF THE MAJOR ACCOMPLISHMENTS. WHILE IT IS TOO EARLY TO EXPECT SIGNIFICANT OUTCOMES, WE ARE BEGINNING TO DOCUMENT OUR BASELINE RESULTS AND BUILD THE CAPACITY TO TRACK THE OUTCOME INDICATORS THAT WILL TELL US HOW THE LIVES OF CHILDREN BIRTH TO AGE 5 ARE IMPACTED AS A RESULT OF EVERY CHILD COUNTS. BELOW, WE PRESENT HIGHLIGHTS OF EVERY CHILD COUNTS ACHIEVEMENTS IN FISCAL YEAR 2001-2002 AND INVITE YOU TO TAKE A DEEPER LOOK AT THE DETAILED INFORMATION THAT FOLLOWS IN OUR ACCOUNTABILITY FRAMEWORK.

**Family Support Services (FSS)** — a relationship-based family centered model of home visiting and family support services that uses validated best practices

“Universal” home visits for newborns and families, regardless of income or medical-social risk factors, were offered by Hospital Outreach Coordinators; 3,107 families were enrolled of which 2,371 received an average of 2 home visits

Four Hospital Outreach Coordinators (HOCs) based at three hospitals offered FSS services in Spanish and English. The acceptance rate was 98%.

Intensive Family Support Services (IFSS) were provided for infants discharged from the Neonatal Intensive Care Unit (NICU) and their families; 490 infants received services.

Intensive Family Support was provided for 800 pregnant and parenting teens. Agencies serving teen parents implemented Growing Great Kids, a comprehensive, strength-based approach to nurturing parent-child relationships and supporting healthy child development.

A Multi-Disciplinary Team (MDT) consisting of substance use counselors, a lactation consultant, and mental health and developmental specialists provided consultation and support to all Family Support Service providers

A telephone survey in English and Spanish to assess client satisfaction with home visits found that 84.7% of respondents were “very satisfied” and 13.4% “somewhat satisfied” with Family Support Service home visits

Prenatal outreach at Asian Health Services was conducted to increase the number of Asian mothers enrolled in the ECC Universal Family Support Services program

Another Road to Safety (ARS), a collaborative program that includes partners from La Familia (in South Hayward), Families First Haight Ashbury Free Clinic-Ujima House (in East Oakland) and Alameda County Social Services Agency, was established to implement a prevention/intervention system for families referred from the Social Services Child Abuse Hotline. The first families will be seen in August 2002.

Cross-disciplinary training was provided to 859 public health nurses, social workers, developmental specialists and other professionals. A diversity panel participates in each training to heighten awareness and capacity of participants to serve diverse populations.

Infant and early childhood mental health services were expanded by training 35 mental health clinicians

A Parent Advisory Committee was established with 11 parent members to help ensure that ECC–First Five Alameda County develops and funds programs that respond to the needs of parents and young children

A Pediatric Advisory Committee brought together 20 community pediatricians to provide guidance to Every Child Counts and to act as ambassadors to other physicians

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

The Child Development Corps (Corps) program awarded \$4,179,025 in stipends to 1,835 family child care and center-based infant and preschool child care providers

31 Corps Application Enrollment Specialists provided assistance to applicants. Assistance was offered in Spanish, Mandarin, Cantonese, Tigrinya, Malayalam, Farsi and English

A total of 7 workshops (one in Cantonese/Mandarin) were held to assist returning and potentially new Corps members with the application process for 2002-03; 235 attended including 40 monolingual Chinese speakers.



Five Corps seminars offered orientation for new members, and information on ways to develop and maintain positive parent-teacher and parent-provider relationships. Simultaneous interpretation was provided in Chinese, Vietnamese and Spanish.

1,690 new and returning Corps members attended five Corps seminars and participated in a variety of workshops. 350 attendees were trained on the Harms/Clifford Program Assessment tools.

In partnership with the Alameda County Child Care Planning Council, ECC received a foundation grant to support school age providers who met the same requirements as Corps members. The School Age Recognition Program (SARP) awarded \$300 stipends to 112 recipients.

Contracts were awarded to three Child Care Resource and Referral Agencies (R&Rs) to conduct a total of 32 trainings for 302 participants and to train 75 new Professional Growth Advisors. They also translated and evaluated college transcripts for Corps applicant teachers from other countries.

Contracts were developed with four Community Colleges to provide individual counseling to over 1,700 Early Childhood Education students. Three new off-campus introductory courses were offered to 75 new ECE students in low-income neighborhoods.

The first bilingual (Spanish-English) course in Early Childhood Development was partially funded by ECC; 54 early childhood education professionals completed the course, earned college credit and qualified for the first step on the California Child Development Permit System.

The Child Care Fund implemented the Quality Improvement Grant program that provides resources for program assessment and long-range quality improvement planning and awards grants to implement quality improvement plans

The Child Care Fund increased child care slots by 250 and enhanced the quality of child care environments for more than 2,500 children through loans and grants

The Child Care Fund trained 150 child care professionals on business management and financing

400 family child care providers received \$125 in vouchers for books and materials at the third annual Family Child Care Fair

### **Community Grants**

Community Grants Initiative 2001-02: \$5,022,000 was awarded to 57 community agencies for one and two year grants (25 two year grants). Grants were awarded in the following areas: Parenting, Mental Health, Health Care Services & Linkages, Special Needs and School Readiness.

The 2002-03 Community Grants Review Panels included ethnically, professionally and geographically diverse groups of community members, professionals, parents from the Parent Advisory Committee, child care providers, and community agency administrators.

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

'Spruce Up for Kids Day'—Year Three: \$275,000 awarded to 114 non-profit centers for beautification and small site improvements

### **School Readiness**

A pre-kindergarten (pre-k) 6-week summer camp for children who had no previous pre-school experience was evaluated in partnership with two school districts in the summer of 2001. Children demonstrated significant gains on all measured developmental outcomes.

ECC was awarded a federal grant to implement Hand-in-Hand, a home-based school readiness program, in two communities with low-performing schools. The 6 week pre-k summer camp will be offered again for participating Hand-in-Hand children in the summer of 2002.

First Five California awarded school readiness funds to enhance ECC programs over the next 4 years. Funds will also be used to implement a reading readiness program in collaboration with community pediatric offices.

ECC participated in a school-county partnership that will provide follow-up services to children in school that complement ECC's school readiness efforts

### **Accountability**

An integrated accountability matrix was updated and implemented for all service delivery initiatives, community grants and system reform efforts

The ECC Confidentiality Policy was implemented that included consent forms, a staff confidentiality oath, training curricula and materials; multiple confidentiality trainings were held for all service providers.

AB973 legislation (drafted by ECC) passed the state legislature to ensure state-wide protection of all Proposition 10 data

ECChange, our cross-agency information system, was implemented. ECChange collects data for the accountability framework and assists with case management. Hospital Outreach Coordinators, public health team supervisors and all Alameda County public health nurses providing family support services use ECChange. ARS, School Readiness and Intensive Family Support modules are in development.

Technical Assistance to 53 grant applicants and 57 grantees was provided on evaluation and accountability. 56 grantees attended four trainings on Results-Based Accountability, Surveys and Focus Groups.

An outside evaluator was contracted to conduct an evaluation of ECC impact on systems change in Alameda County

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

### **Advocacy, Education, and Outreach**

Professional presentations were made by Directors and staff to a variety of national, state and local organizations such as the National Center for Children and Poverty, Zero to Three and the U.S. Department of Health and Human Services.

The Kit for New Parents Campaign was officially launched through Father's Day events at Eastmont Mall and the Coast Guard Island. 3,012 kits were distributed throughout the year with help from collaborating community agencies. Over 900 Kits were customized with developmentally appropriate materials by local high school students earning community service units.

A unified look and name, Every Child Counts, was created to foster a family friendly image and to increase visibility across districts, agencies, community groups, organizations and the general public

Six meetings of the Bay Area Media Roundtable, initiated by Every Child Counts, resulted in a collaborative effort with nine Bay Area Commissions to design outreach strategies and messages that support First Five California's initiatives focusing on mental health, asthma, oral health, and informal child care

ECC programs and activities were featured in over 35 newspaper articles, 14 radio interviews, and 6 television news programs. Outreach to ethnic specific media outlets resulted in numerous placements in African American, Asian, and Hispanic publications.



Two community forums were held in south and north county to obtain public comment on recommended changes to the 2001-03 revised strategic plan

Alameda County was the first Commission to host a Legislative Breakfast in Sacramento: 14 representatives from the Senate and the Assembly attended

The first Every Child Counts Annual Report was distributed to over 5,500 key stakeholders and organizations. The Report received two Silver Citations for Excellence in a statewide design competition.

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

Beginning in November 2001, CAS provided over 300 hours of interpretation and translation services for 141 families receiving family support services

An orientation and training was conducted for family support and community service providers on how to use language assistance services

Over 100 pages of outreach and health education materials, brochures, training announcements, Child Development Corps application instructions, newspaper articles on child rearing practices and Child Development Checklists were translated into various languages

Bilingual instructors were assisted in planning for Child Development courses

Simultaneous interpretation in Cantonese, Vietnamese and Spanish for two Child Development Corps Seminars was provided

### ***Administration/Fiscal Leveraging***

The comprehensive fiscal leveraging plan, that has become a state model, was implemented. \$670,000 in revenue was realized from two funding streams. Two additional leveraging sources, Title IV-E and CHDP, were identified for 2002-03.

ECC continued collaboration with Alameda County government agencies to develop infrastructure and processes for personnel, finance, facilities, legal services, technology support, grants and contracts management

ECC received a First Five California matching grant for Child Care Compensation and Retention Initiatives – \$2.4 million for our Child Development Corps for two years

ECC received an Alameda County Child Care Planning Council contract to administer \$1.1 million from the State Department of Education Child Care Compensation and Retention Fund (AB212)

ECC received a First Five California School Readiness start-up and matching grant of \$1,907,125 for targeted school readiness activities in neighborhoods with low-performing schools

ECC received \$743,112 grant from U.S. Department of Health and Human Services for Children, Youth and Families for our Hand-in-Hand School Readiness Program



# results

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

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

Strategies included increased training opportunities for Family Support Service providers on parenting and family support best practices (which includes depression screening), home visits, establishing a Parent Advisory Committee, providing culturally appropriate parenting classes and educational materials (in multiple languages) and distribution of the Kit for New Parents. In addition, the Child Development Corps Seminars emphasized parent-provider relationships.

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

1,620 primary caretakers were screened for depression

“... I’m a **first time mom**. I went through **postpartum depression...** They were really great calling me up every day.”

*FSS Telephone Survey, 2002*

The Parent Advisory Committee was established. A diverse group of 11 members with young children or grandchildren helps ensure that First Five Alameda County develops and funds services that meet the needs of parents and young children. Four members were participants on the 2002-03 community grants review panels.

“We have an opportunity as **‘ordinary parents’** to express our **ideas and suggestions...**”

*Parent Advisory Committee Member*

446 FSS providers attended 12 trainings on parenting and family support best practices

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

- Working with Pregnant and Parenting Adolescents; 84 attended
- Parent/Infant Attachment; 42 attended
- Engaging Fathers in Parenting; 60 attended
- Barriers or Bridges? Communicating Effectively Through an Interpreter; 95 attended

#### *Early Care and Education*

Materials and trainings emphasized the partnership that parents and child care staff must build and retain. Dr. Sandria Jennings, a local child psychologist, presented on this topic at 3 seminars, reaching 1,200 returning Corps members.

Dr. Jennings’ workshops were simultaneously translated into Spanish, Chinese, and Vietnamese

Bilingual community college courses were initiated with support from ECE and served 54 providers in Spanish and English. One topic included the role of child care as a family support, especially within immigrant communities.

#### *Community Grants*

Thirty-three agencies were funded to provide new or expanded parenting education and support programs at various locations throughout the county

“[Every Child Counts funding has] **improved parent-child interaction, reduced caregiver stress, [and] improved family stability.**”

“**Parents...became resources for each other** by being each other’s social support and [by] sharing valuable experience.”

*Survey of Grantees, 2002*

- 2,500 parenting classes, support groups, one-on-one parenting sessions, and parent-child activities were provided to approximately 3,900 parents and caregivers
- Topics included cross-cultural child development and discipline, temperament, children’s self-esteem, positive communication, sibling relationships, separation anxiety and September 11th, learning through play, sleep patterns, nutrition, infant massage, understanding gender differences, choosing child care, fostering artistic development, storytelling and parenting, respectful parenting, parental stress, and relaxation techniques

Parent: “[I learned] the concept of the **‘space-bubble,’** an imaginary bubble that goes around you or the children to create space between each other. My son is always under me and sometimes I just need space! This is a **fun game and sweet way** to tell him to backup a little and give mommy some room.”

Parent: “[I learned] there are other single fathers in the world and I don’t have to have the answers to everything. **It’s okay that I am still learning** and I will always be learning.”

*2001-02 Grantee Report*

- Several classes were offered in languages other than English, including Spanish, Mandarin, Cantonese, Vietnamese, Cambodian, and Bosnian
- Parents at one agency were asked to rate parenting workshops on a scale of 1 to 5 in terms of increasing parents’ understanding of parenting and child development. Of 79 respondents, 53% rated the workshops “5” or “extremely useful” and 35% rated them “4” or “very useful.”
- A diverse population was reached, including teen mothers, developmentally disabled parents, incarcerated mothers, young fathers, gay parents, homeless parents, relative caregivers, parents in recovery, intercultural families, foster and adoptive parents, parents of children with special needs, and parents and caregivers of various ethnic, cultural, and linguistic backgrounds

Lesson Learned: “**Teens...need encouragement** to be playful with their children because they are desperately trying to appear ‘grown-up.’”

*2001-02 Grantee Report*



- Parenting information was distributed on numerous topics in 7 languages through handouts, newsletters, and websites
- Child care services were provided by six agencies so that parents could attend parenting support groups and workshops

Twenty-four **fathers** in a program for teen mothers and young fathers **were present at the birth** of their baby or saw their baby within 48 hours after the birth.

*2001-02 Grantee Report*

- Agencies used peer educators and counselors, including a mentor moms program that matched new mothers with more experienced mothers
- Caregivers with disabilities received adaptive parenting equipment to enable them to care for their infants

Several community grant recipients provided case management services to link families to needed resources

Five agencies, including a pediatric clinic and an agency serving children and families with special needs, provided mental health services to families

“[When a preschool teacher died unexpectedly] we created a workshop for parents and children about **copng with the loss** of their beloved teacher. ...the therapist modeled for...parents **how to speak with young children** about death. The children created drawings... [which] were read at the teacher’s memorial service.”

*2001-02 Grantee Report*

#### **Cultural Access Services**

Parenting materials and newspaper articles were translated into Chinese and Spanish. Topics included: child development, language and safety checklists, infant brain development, daily routines and rules for survival.

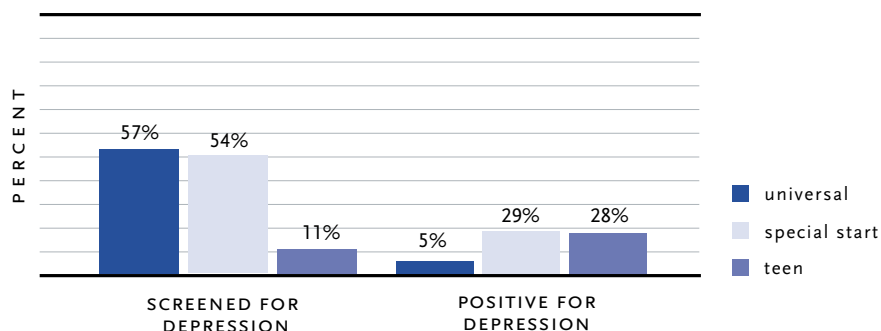
#### **Kit For New Parents**

*The Kit for New Parents Campaign* was officially launched through Father’s Day events at Eastmont Mall and the Coast Guard Island

3,012 kits were distributed in English and Spanish throughout the year with help from 24 collaborating community agencies

Over 900 Kits were customized with additional developmentally-appropriate items by local high school students earning community service units

### DEPRESSION SCREENS & POSITIVE DEPRESSION SCREENS AMONG INTENSIVE FAMILY SUPPORT SERVICE CLIENTS



INDICATORS			
Proportion of agencies receiving community grants provided parenting education or support groups	58% (n=57)		
	Universal	Special Start	Pregnant/Parenting Teens
Proportion of primary caretakers receiving family support services who were screened for depression	57% (n=2242)	54% (n=474)	11% (n=723)
Proportion of primary caretakers receiving family support services who screened positive	5% (n=1271)	29% (n=251)	28% (n=78)

\*Not all teen program staff were trained to do depression screens.

### Outcome 1B: Reduced child abuse and neglect in families receiving ECC Services

Strategies focused on prevention: Family Support Service providers offered family support and parent education during home visits; planning for the implementation of the community collaborative, Another Road to Safety (ARS), occurred; and community agencies received funding to provide respite programs for at-risk and special needs families, crisis intervention services and parenting programs.

#### Family Support Services

A Multi-Disciplinary Team, including mental health, substance abuse, lactation and developmental specialists, provided consultation and direct services to support Family Support Service providers serving at risk families

A Family Support Services Specialty Topic Seminar was held for social workers, case managers and public health nurses on Child Abuse and Neglect – 101 attended

Planning for implementation of Another Road to Safety began with La Familia in South Hayward, Families First-Haight Ashbury Free Clinic-Ujima House in East Oakland and the Social Services Agency. ARS serves low to moderate risk families who are diverted from child protective service investigations to a community-based, intensive family support service delivery program. (See detailed description in Goal 4, Indicator 8.)

- ECC and SSA assigned staff to work with four planning workgroups: accountability framework and evaluation, program contracts, community resources and personnel
- Due to the complex nature of the collaboration, a three tiered governance structure was developed including an oversight committee, an operations group and a service team
- Family advocates from each community collaborative will have a caseload of 13 families to meet weekly for nine months
- An accountability matrix was developed

- Initial design was developed for the ARS ECChange module including enrollment and consent forms
- First visits will begin in August 2002

### Community Grants

Over 40 grandparents and relatives raising children separated from their parents received 1,528 hours of respite child care from a community grant recipient. 100% of the families remained intact over the course of contact with the program.

Mr. and Mrs. D are caring for their three young grandchildren. When Mrs. D was hospitalized for heart problems, daily respite care was provided until she was released. “We were able to keep the children **out of foster care and in the home** with their primary caregiver.”

*2001-02 Grantee Report*

A city police department, a family violence service agency, and a shelter for victims of domestic violence were funded to reduce family violence and to lessen the negative impact on young children who witness violence

- A family violence advocate accompanied police officers and later followed up on 257 calls made to the police for domestic violence incidents involving families with 330 children less than 5 years of age. Families were provided 325 referrals for support services and 111 restraining orders were issued. Eighteen families were referred to Child Protective Services.
- 94 English and Spanish speaking mothers attended counseling groups on the effects of family violence on children, and 101 parents received assistance in obtaining custody orders
- 50 mothers living at a shelter and a transitional housing program attended “Conscious Parenting” classes

An agency that conducts interviews to gather legal evidence from children suspected of being abused received funding to make “child-friendly” facility improvements and to train their child interviewers on early childhood development

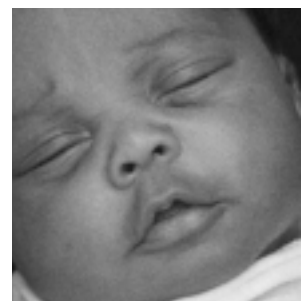
A public agency received continued funding for a collaborative program pairing child welfare workers with child clinicians to support the permanent placement of children in foster care. Over the past two years, 50 of the 62 (82%) children in the program were permanently placed. More children were permanently placed and fewer changed foster care homes than a comparison group of children.

A therapeutic nursery school provided crisis intervention services to 16 families to prevent potential reporting to Child Protective Services

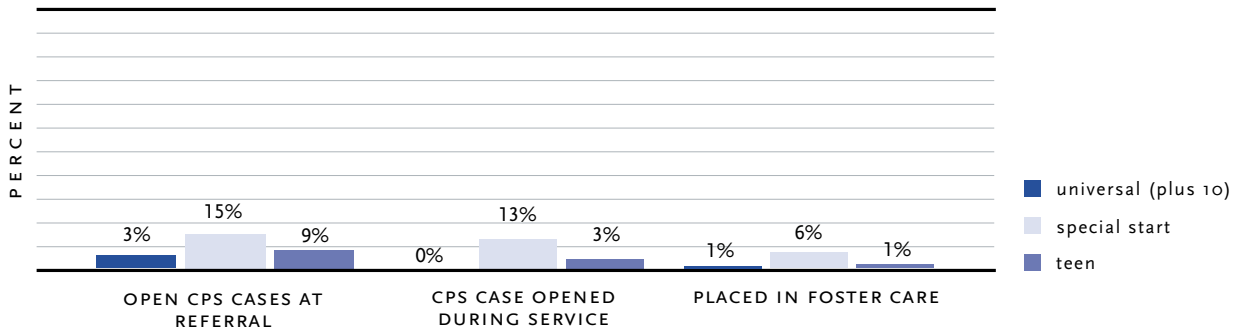
Parenting classes provided by one agency included a session on emotional abuse

Parent: “[I learned] I don’t have to be mean to be respected or to discipline my children. Expressing my feelings in a **calm and sensitive manner** can be just as effective.”

*2001-02 Grantee Report*



## CHILD PROTECTIVE SERVICE INVOLVEMENT & FOSTER CARE PLACEMENT RATES AMONG INTENSIVE FAMILY SUPPORT SERVICE CLIENTS



INDICATORS	universal	special start	pregnant/parenting teens and infants
Proportion of children receiving FSS with intentional injuries	0.1% (n=1921)	0.4% (n=462)	0.3% (n=712)
Proportion of children receiving FSS that are in foster care at time of referral	0.2% (n=2315)	4.6% (n=196)	1.5% (n=545)
Proportion of children receiving plus 10 visits or IFSS* who had a Child Protective Service case opened during the reporting period	3.0%** (n=202)	14.5% (n=455)	8.7% (n=654)
Proportion of children receiving plus 10 visits or IFSS who had a Child Protective Service case opened during the reporting period	0.0% (n=127)	12.9% (n=481)	3.4% (n=764)
Proportion of children receiving plus 10 visits or IFSS that were placed in foster care	1.0% (n=206)	6.3% (n=478)	1.3% (n=767)

\*Intensive Family Support Services  
 \*\*Plus Ten

RESULTS GOAL 1

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

Strategies included increasing access to quality child care for mothers returning to work, expanding capacity and scope of services of existing parenting and pregnant teen programs, increasing available quality child care slots in the community and funding community agencies to help families become economically self-sufficient.

#### Family Support Services

19 new Family Support Service (FSS) providers were oriented to ECC and received packets that included information on educating parents on selecting quality child care

Family Support Services Specialty Topic Seminars were held for social workers, case managers and public health nurses on Housing Issues – 24 attended

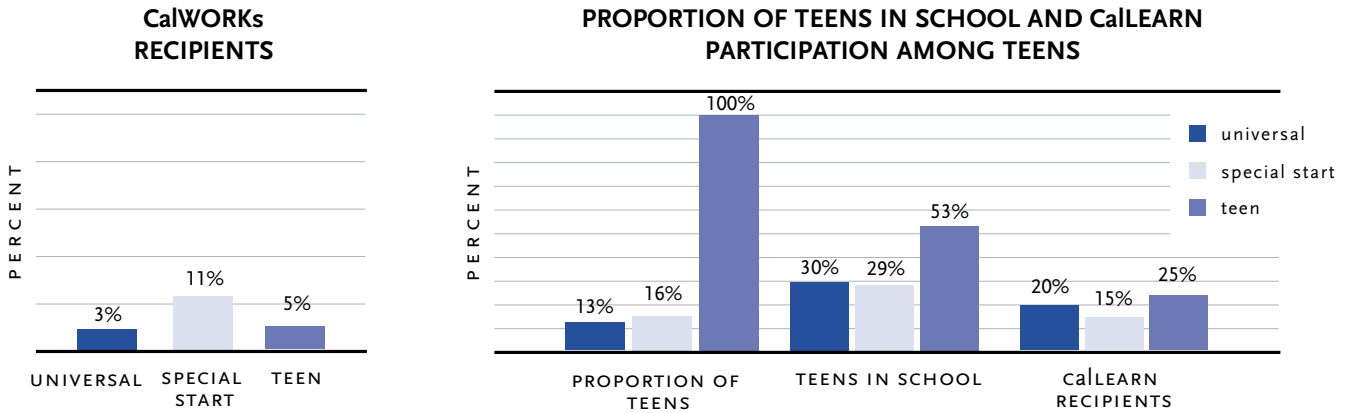
800 pregnant and parenting teens received Intensive Family Support Services through contracts with two Pregnant and Parenting Teen Programs in the county, Tiburcio Vasquez Health Center and The Perinatal Council, who work to keep pregnant/parenting teens in school

### Early Care and Education

The Child Care Fund (CCF) awarded 63 loans and grants for facility enhancements to serve working families  
 160 child care programs received training and technical assistance for business and facility enhancement

### Community Grants

Nine community grant recipients supported families' efforts to become economically self-sufficient by helping them to apply for public benefits, find affordable housing, obtain child support orders, attend employment and training classes, learn how to cook nutritionally on a limited budget, obtain transportation to food banks, attend literacy classes, and start saving some of their income.



A teen stated, **“Before I got pregnant, I never intended to keep going to school – I hated it.”** She enrolled in a special school for teen mothers **“...[my case manager at Perinatal Council]...helped me to set goals...to save money, to stay in school and to always look forward.”**

### Teen Parenting Program

INDICATORS	universal	special start	pregnant/parenting teens and infants
Proportion of families receiving FSS services who are CalWORKs recipients	3% (n=2066)	11% (n=457)	5% (n=749)
Proportion of teens receiving FSS services	13.4% (n=1905)	16.5% (n=243)	100% (n=800)
Proportion of teen families receiving FSS services who are Cal LEARN recipients	20% (n=200)	15% (n=33)	25% (n=717)
Proportion of pregnant/parenting teens who remain in school during the reporting period*	30% (n=202)	29% (n=21)	53% (n=625)
* Proportion of teens who graduated from high school	6% (n=215)	38% (n=29)	19% (n=746)

Notes: Proportion of families who are CalWORKs or CalLEARN recipients is a proxy for poverty.





## GOAL 2: IMPROVE THE DEVELOPMENT, BEHAVIORAL HEALTH AND SCHOOL READINESS OF YOUNG CHILDREN FROM BIRTH TO AGE FIVE

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

Strategies focused on training providers to perform behavioral health and developmental screenings and assessments, increasing availability and quality of developmental support services, developing cultural access services and funding community agencies to provide infant/early childhood behavioral health consultation and treatment.

#### *Family Support Services and Early Care and Education*

Mental Health Specialists on the FSS Multi-Disciplinary Team provided 104 home visits, 21 case conferences/consultations and 3 trainings

A community-wide seminar with Dr. Jack Shonkoff, author of "From Neurons to Neighborhoods", brought together 327 policy makers and professionals

- 120 participants attended a session for county department heads, policymakers and researchers to discuss best practices in child development and to look at how we currently work with families and young children in Alameda County
- A multi-disciplinary panel of experts discussed best practices with direct service providers in the community during the afternoon session; 207 attended.

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

- Meeting the Social-Emotional Needs of Young Children; 323 attended
- Barriers or Bridges? Communicating Effectively Through an Interpreter; 95 attended

Developmental screening and monitoring was included in all Intensive Family Support Services. 324 children one year or older were screened for developmental delays: 39 scored "of concern" in one or more domains.

2 trainings on "Your Role in the Emotional Health of Children" were attended by 375 early childhood educators

Planning occurred for a training on the Devereux Early Childhood Assessment for family support providers, early childhood professionals and staff from a community agency. The training will be held in the fall of 2002.

#### *Community Grants*

Seven grantees provided infant and early childhood mental health consultation to over 80 child care providers and 120 parents. 203 individual child consultations were conducted. One agency completed 193 screenings using the Devereux Early Childhood Assessment.

Child care provider: "Mental health consultation has helped me to define the problem... as being **much more than the 'child's problem.'**"

*2001-02 Grantee Report*



Eight agencies provided mental health services to 181 children

- A residential program for low-income mothers recovering from substance abuse provided 35 art and music group therapy sessions for 20 mothers and 25 children
- Fifty-one children with attachment problems, posttraumatic stress and other issues at 4 child care centers received play therapy, with an average of 10 sessions per child
- Forty-three families received 352 home visits from an agency providing in-home parenting support to families with children experiencing behavioral problems at their child care centers

“[Every Child Counts] enabled us to see clients with young children who were not previously served by our agency. We anticipate this **early intervention will prevent** some of the... difficulties we treat with our families of adolescents.”

*Survey of Grantees, 2002*

- Two adoption agencies seeking permanent homes for African American and special needs children in foster care were funded to conduct outreach to prospective parents. One agency was able to increase by 25% the number of inquiries received. 195 potential parents attended orientations at the two agencies. One successful outreach strategy involved handing out information after church services.
- Four agencies serving homeless families, incarcerated mothers, and Native American families helped parents to reunify with their children. Another agency provided parent-child dance classes to strengthen parent-child relationships among families seeking reunification.

## Outcome 2B: Improved access to high quality child care

Strategies focused on improving retention, increasing education and providing professional guidance to early childhood educators in order to improve the quality of child care. The Enhanced Mentor Program, a collaboration between the California Early Childhood Mentor Program and ECC began. The Child Care Fund was expanded to train child care professionals on business management and financing, increase child care slots through grants and loans for facility development and to initiate the Quality Improvement Grant program.

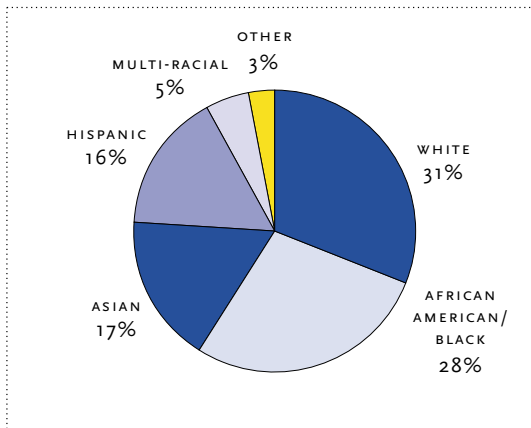
### *Early Care and Education – Child Development Corps*

During its second year of operation, the Child Development Corps, the largest county-based professional growth incentive program in the nation, enrolled 1,835 licensed center-based and family early childhood educators to improve retention and increase education of workers in the early childhood education field. A total of \$4,177,650 was awarded in stipends. About \$600,000 from AB212 contributed to the total amount and allowed stipends to be awarded to early childhood educators who serve older children. Outreach efforts focused on increasing the number of Spanish speaking and Asian applicants to reflect Alameda County's population.

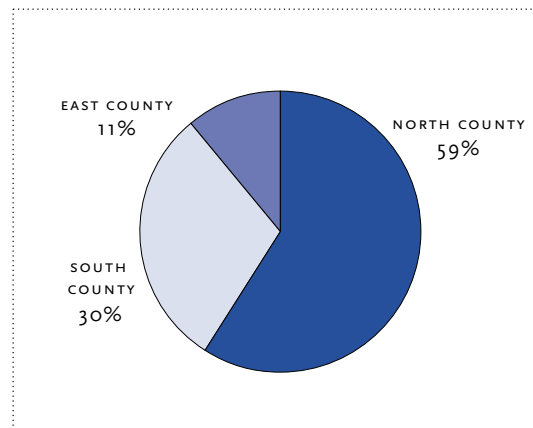
1,691 stipends (\$3,909,425) were awarded to center-based Corps members (includes stipends for bilingual providers and graduate students)

144 stipends (\$268,225) were awarded to family child care Corps members

**ETHNICITY OF 1,835 CORPS MEMBERS  
2001-02**



**GEOGRAPHIC DISTRIBUTION OF CORPS MEMBERS  
2001-02**



**CITY WHERE CORPS MEMBERS WORK  
2001-02**

Oakland	38.5%	Castro Valley	3.4%	Other Data	1.4%
Berkeley	13.2%	Pleasanton	2.1%	Union City	1.3%
Fremont	11.6%	San Leandro	2.8%	Emeryville	0.9%
Hayward	8.6%	Newark	1.6%	Piedmont	0.2%
Livermore	7.2%	Albany	1.5%	San Lorenzo	0.2%
Alameda	4.1%	Dublin	1.4%		

“One of my classes is a sign-language class, which allows us to take in more special needs children. And **that was such a plus,** because **now I am able to sign** with two of ...[the] kids in my home now...”

“Then I thought, if I can do 12 [units,] then I can do another 12. Okay, I gotta go for the AA now...Now, I am working on the BA, **the AA has not satisfied me.**”

*Focus Group with Family Child Care Corps Members, 2002*

Six Seminars for 1,293 Corps members were held that offered 15 training sessions on topics such as: Building Positive Relationships with Parents, Assisting Families Who Have Children with Special Needs, Building a Culturally Sensitive Program, Your Role in the Emotional Health of Children, Child Care Advocacy and Director Training: Linking to Community Resources. Several of these trainings were offered in Cantonese, Mandarin, and Spanish.

26 Harms/Clifford Rating Scale Trainings (to assess quality) for 350 Corps members were held. Simultaneous translation was offered in Cantonese, Mandarin, and Spanish.

Contracts were awarded to three Child Care Resource and Referral agencies to translate and evaluate college transcripts of teachers from other countries and to provide the following trainings for child care staff involved in professional growth activities:

- 12 trainings on Using Harms/Clifford Environmental Rating Scales: 150 attended
- 10 trainings on Completing the Child Development Corps Application: 152 attended
- 10 trainings on becoming a Professional Growth Advisor to assist colleagues in applying for the California Child Development Permit; 75 attended

The first bilingual (Spanish-English) course in Early Childhood Development was partially funded by ECC. 54 early childhood professionals completed the course, earned college credit and qualified for the first step in obtaining the California Child Development Permit.

Contracts were awarded to four Community Colleges to:

Conduct individual counseling to over 1,700 Early Childhood Education students

Expand and diversify course offerings

Offer 3 new off-campus classes introductory courses for 75 new ECE students in low-income neighborhoods

A total of 7 workshops (one in Cantonese/Mandarin) were held to assist returning and potentially new Corps members with the application process for 2002-03; 235 attended including 40 monolingual Chinese speakers

31 Corps Enrollment Specialists provided application assistance for 2002-03 applicants. Assistance was offered in English, Spanish, Mandarin, Cantonese, Tigrinya, Malayalam and Farsi.

“Participants stated that they believed the **language stipend was a good idea...**[one Corps member noted] **how helpful it was in her classroom to have someone who is able to speak three Chinese languages...**”

*Focus Group with Returning Corps members, 2002*

The Child Development Corps brochure was translated into Vietnamese, Chinese, Farsi, and Spanish and distributed throughout the county

The Enhanced Mentor Program(EMP) engaged community-based mentors to conduct recruitment and outreach activities to attract a more diverse workforce and provide short term one-on-one mentoring to providers. Topics included: curriculum design and implementation, environment, administration, program management and cultivating leadership skills.

- Over 40 mentors were recruited
- 2 specialized trainings for mentors were conducted on “Applying for the California Child Development Permit” and “How to Utilize the Harms Clifford Rating Scales to Drive Professional Development”

### ***Early Care and Education – Child Care Fund***

The innovative Quality Improvement Grant program was implemented by The Child Care Fund as a two-phase grant program. Phase One provides resources for child care sites to receive an assessment and long-range quality improvement plan. Phase Two provides grants to help implement quality improvements in the long-range plans.

- Professionals using the Harms/Clifford (H/C) tool assessed 47 child development sites. (H/C is scored in several domains using a scale of 1 to 7. Domains scoring below 4 are considered areas needing improvement.)
  - Of the 47 sites assessed, all had some domains that scored under 4 and some above 4
  - Long-range improvement plans were developed for all 47 sites and are in the process of being reviewed
- Child care slots were increased by 250 through development loans and quality improvement grants
- The quality of child care environments was enhanced for over 2,500 children through development loans and improvement grants

The Child Care Fund trained 160 child care professionals on business management and financing

63 additional sites received development loans, playground grants, emergency grants, and technical assistance from the Child Care Fund and all improved or enhanced their physical environments

18 sites received loans, grants, training or technical assistance to improve accessibility for children and families with special needs

### Community Grants

5 community agencies provided training and support to child care providers, including respite providers. Training topics included nurturing resiliency, creating smooth transitions, providing developmentally appropriate and stimulating activities, problem-solving and conflict resolution, understanding children’s friendships, capturing children’s stories, choosing multi-cultural books, relationship-based teaching, managing childhood illness and contagious disease, drug-exposed infants and toddlers, and children who have been abused or neglected.

INDICATORS	
Proportion of credentialed Child Development Corps members (Child Development Permit)	55%
Proportion of Child Development Corps members who applied for a Child Development Permit	43%
Proportion of Child Development Corps members who complete professional growth requirements during the reporting year	70%
Proportion of Child Development Corps members using a quality assessment tool*	100%
Number of child care sites with improved or enhanced physical environments	63

Note: All 1,117 Returning Child Development Corps members who attended trainings last year on the Harms/Clifford Rating Scale performed self-assessments

### Outcome 2C: Improved Kindergarten Performance (School Readiness)

Strategies focused on enhancing developmental support services in the county, on piloting (in partnership with two school districts) a pre-kindergarten (pre-k) summer camp for children who had no previous pre-school experience, and providing books and materials to early childhood educators and parents. In addition, grants were awarded to community agencies to provide school readiness activities and to train parents on school readiness, and a federal grant was secured to implement Hand-in-Hand, a home-based school readiness program, in two areas with low-performing schools.

#### Family Support Services

3.5 (FTE) developmental specialists were funded, one on the multi-disciplinary team, two for Special Start and .5 for teen family support services

- 16 trainings were held by the ECC developmental specialist

“Many parents comment[ed] that the **respectful and friendly multi-ethnic environment**...made them feel very welcome. They delighted seeing their children dressing up in **saris, turbans, and African shawls** while munching on pretend **sushi, matzo, and burritos.**”

2001-02 Grantee Report



- Monthly collaboration meetings were attended by specialists from all Family Support Services providers to assure quality and promote best practices

ECC developmental specialists are available for individual and joint home visiting with case managers and public health nurses; 65 visits were completed; 36 case conferences were held.

### ***Pre-k Summer Camp***

A 6 week summer program was developed and implemented in partnership with Hayward and Oakland Unified School Districts to help parents and teachers prepare children for entering kindergarten

ECC designed and implemented a mixed method evaluation which utilized quantitative data, results from focus groups with parents and teachers, and the High Scope Child Observation Record to assess school readiness of participating children

- Children demonstrated statistically significant gains on all measured developmental outcomes
- 95% of the children met state medical requirements for entering kindergarten
- Many parents expressed strong satisfaction with the program and gave examples of how their children's behavior had changed

### ***Early Care and Education***

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

400 providers each received \$125 vouchers to purchase materials and equipment, which impacted 2,164 children (1,446 from low-income families)

- 40 family child care providers attended workshops on: Reading to Children, Professional Development Planning for Family Child Care Providers and Accessing Health Insurance for Family Child Care Providers
- Hundreds of books were distributed to early childhood educators who participated in a Child Care Business and Facilities Needs Assessment
- 97 child care providers signed up to distribute information on the Kit for New Parents

### ***Community Grants***

'Spruce Up for Kids Day' – Year 3: Grants totaling \$275,000 were awarded to 114 non-profit centers for beautification and small site improvements

13 community agencies received grants to increase access to culturally-appropriate and age-appropriate books and materials. Over 5,000 books were purchased in 8 languages including English, Spanish, Chinese, Vietnamese, Farsi, and Hindi. The books were used by children's programs or were distributed to families during home visits, family events, family read nights, or through libraries. Multicultural items for dramatic play were purchased by a parent cooperative nursery school.

12 agencies conducted school readiness activities and 7 agencies trained approximately 275 parents on school readiness

- Nine parenting workshops on choosing books and reading to children were attended by 173 parents and child care providers. Another agency held 39 Family Read Nights in English and Spanish.



- A county library program received continued funding to provide monthly librarian visits to center and family child care sites, and to provide story times in English and Spanish. A city library purchased equipment and materials for new space used for story times and family literacy activities.
- Two Even Start Family Literacy programs increased cultural and linguistic access to their programs; one hired Chinese and Spanish speaking staff and the other brought in workshop presenters who shared the cultural backgrounds of their families, including a Mien presenter who spoke about domestic violence. In the summer of 2001, one of the programs also provided a summer school readiness program for children entering kindergarten in the Fall. All of the children who participated in the program are reading at grade level and will be attending first grade.
- Four agencies serving homeless families and parents recovering from substance abuse provided children's enrichment activities attended by 328 children

“Many of our children enter the program with **severe speech and language delays** as a result of neglect and other environmental factors. We have seen **significant improvement** in the children who receive speech therapy.”

*2001-02 Grantee Report*

- Outreach efforts by a children's museum brought in 5,150 low-income visitors
- A children's art studio received funding for facility enhancements, outreach activities, and artist-facilitators. It received 3,752 visits from children 18 months to 5 years.
- A school readiness program received continued funding to provide interactive parent-child music workshops, parenting classes, and children's enrichment activities to 89 children and 74 adults. In response to parental requests, “each child received a bound songbook...of [multilingual] songs sung by the musicians through the year.... This was a follow-up to all the work we did with families in...early literacy and kindergarten readiness with speakers from local libraries and kindergarten teachers.” 85% of the children demonstrated increased social interactions as observed by staff.

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

- Over 200 child care providers were trained on eligibility criteria for entitlement services for children with developmental and special needs
- 167 child care staff and other providers at over 20 sites were trained on detecting hearing loss in young children, and 30 auditory screening kits were distributed. Ten children failed screening tests and were referred for further assessment.
- A therapeutic nursery school and a preschool both received funding for speech therapists
- An agency serving Chinese, Vietnamese, and Cambodian families conducted 54 classroom observations of Head Start children, 50 child health and mental health screenings, and 243 home visits. Thirty-one children were referred for additional services to address speech/language issues, motor delays, and other needs.
- Home visits, parent support groups, play groups, and educational workshops were provided to families with blind or visually impaired children
- A therapeutic nursery school helped 6 children transition into kindergarten





“There is very little information for providers on including children with ANY sort of **disability** into their centers. Previously many **children** were **turned away** because the staff felt ill equipped.”  
 2001-02 Grantee Report

**Hand-in-Hand**

Hand-in-Hand school readiness pilot program was implemented in low-performing schools (3 schools in Oakland and 2 in Hayward) with federal funds

6 family advocates were hired and trained to do outreach and provide school-readiness home visits and activities with families in the identified school districts

43 families were enrolled as of June 30, 2002 and receive bi-weekly visits

Five 6-week pre-k summer camps were planned, based on the previous summer’s pilot

In collaboration with Oakland Ready to Learn, Hand-in-Hand planned 18 parent/caregiver workshops for 2002-03, focusing on literacy, music and school readiness

INDICATORS	universal	special start	pregnant/parenting teens and infants
Proportion of children one year and older receiving IFSS who were screened for developmental delay	NA	96% (n=199)	28% (n=417)
Proportion of children screened for developmental delays who scored "of concern" per the assessment	NA	16% (n=190)	6% (n=116)

“A child care provider was so enchanted by what she learned [at a workshop on capturing children’s stories] that she incorporated the techniques into her program ...with great success and invited the presenter to...**teach storytelling to her Mien and Vietnamese** speaking staff and children. ...‘**Capturing Children’s Stories**’ became...a way to preserve and reinforce for young children the **disappearing heritage of the Mien culture**, which has no written language.”

2001-02 Grantee Report

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

### Outcome 3A: Increased access to early and comprehensive perinatal care to pregnant women and teens

Strategies focused on collaborating with ECC partners to expand outreach, coordinate prenatal activities and provide enhanced prenatal services to pregnant teens by contracting with the county's Adolescent Family Life/CalLEARN Programs: Tiburcio Vasquez Health Center and The Perinatal Council. A Hospital Outreach Coordinator expanded prenatal outreach to the Asian community by enrolling pregnant clients at Asian Health Services into ECChange. In addition, community agencies were funded to provide prenatal outreach and services.

#### **Family Support Services**

Hospital Outreach Coordinators (HOCs) ensure continuity of care for Alameda Alliance members who receive prenatal public health nurse home visits by assuring that the same public health nurse provides newborn home visits

The Multi-Disciplinary Team began to provide lactation support services in December 2001; 168 new mothers received support through 129 telephone consultations and 39 home visits

ECC participated in a county-wide prenatal planning group to implement the Chasnoff model of prenatal substance use screening at two obstetrical offices

ECC participated in the work of a county collaboration, Improved Pregnancy Outcomes Program (IPOP)

A telephone survey respondent said  
about her home visit, "I probably wouldn't have kept breastfeeding.  
She **encouraged me to breastfeed.**"

*FSS Telephone Survey 2002*

#### **Community Grants**

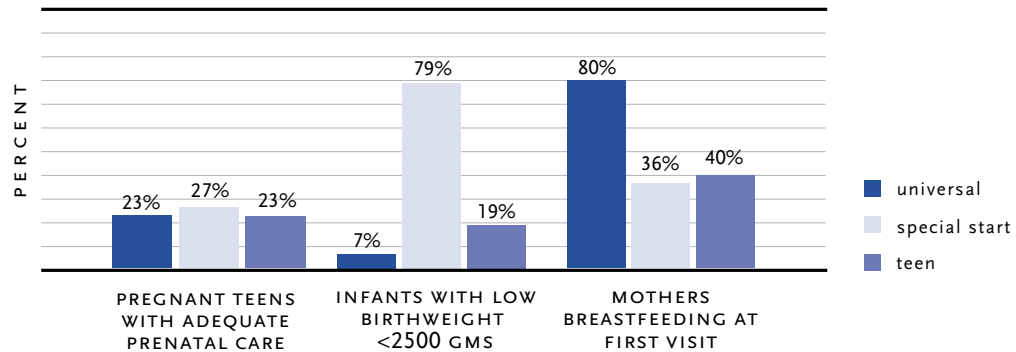
4 community grantees provided prenatal outreach, education and support. At one agency, 233 prenatal patients were referred to WIC services, 27 to social workers, and 16 to dental services.

A health agency recruited and trained 37 Cantonese, Mandarin, Korean and Vietnamese speaking volunteer labor coaches. The coaches provided support to 92 limited English speaking women during their labor and delivery.

5 community agencies were funded to provide breastfeeding education and support

- A hospital program received continued funding to provide breastfeeding support to approximately 180 mothers with infants in the intensive care nursery. A survey of 39 of the mothers found that 25 (64%) were still breastfeeding at one month post-discharge. After several initial difficulties, the mothers of a pre-term baby, a baby with Down Syndrome, and an infant with neurological impairments were able to successfully breastfeed.
- The same program partnered with 2 WIC offices to offer breastfeeding support groups in Spanish and Cantonese. WIC vouchers were used as an incentive for participation.
- Peer counselors provided 636 women breastfeeding support through a health center serving Native American families

### LOW BIRTH WEIGHT/BREASTFEEDING AT FIRST VISIT/ ADEQUATE PRENATAL CARE BY FSS PROGRAM



INDICATOR	universal	special start	pregnant/parenting teens and infants
Proportion of pregnant teens who received adequate prenatal care	23% (n=216)	27% (n=33)	23% (n=342)
Proportion of pregnant women and teens who received FSS who delivered babies with a birth weight <2500 gms during the reporting year	7% (n=2291)	79% (n=454)	19% (n=547)
Proportion of women and teens who delivered during the reporting year who received FSS and are breastfeeding at the first home visit	80% (n=2320)	36% (n=474)	40% (n=694)
Proportion of women and teens who delivered during the reporting year who received FSS who breastfeed <=1month, <=6months,<=12months	NA	NA	NA
Proportion of mothers receiving IFSS services with pregnancy intervals of 2 years or more	NA	NA	NA
Proportion of improved outcomes for subsequent pregnancies of mothers receiving IFSS	NA	NA	NA

Notes:

1. Low birth weight indicator will serve as a baseline since ECC did not implement prenatal services for pregnant women this year.
2. Report of breastfeeding at time of first visit is high for all three programs. Of note is that mothers of infants who are in the Neonatal Intensive Care Unit (NICU) and receiving Special Start services have a high rate of breastfeeding given the medical and social risks of their infants.
3. Number of infants who breastfeed <=1month, <=6months,<=12months is measured for infants followed 1 year or more. Very few infants are followed for more than 1 year at this point, so that numbers are too small to report.

“My **labor coach** was a great support to me. She stayed with me...and **helped explain** to me **[in my language]** what the doctor was saying...I immediately felt so much more at ease with her at my side.”

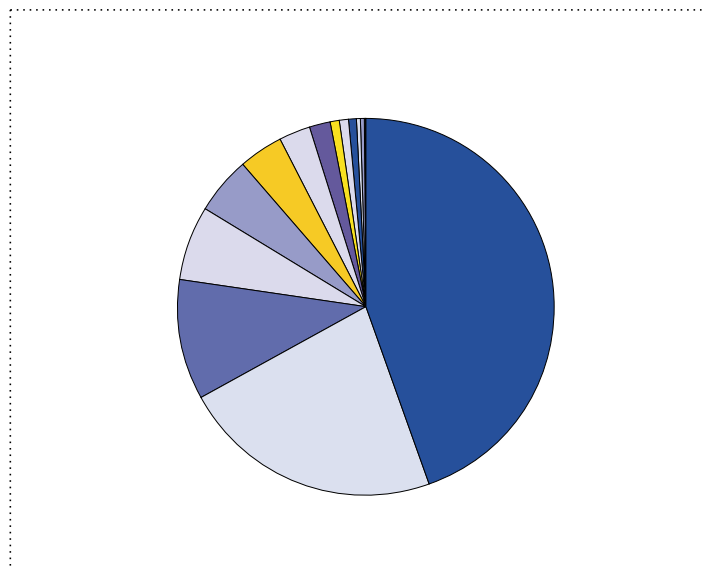
2001-02 Grantee Report

## Outcome 3B: Increase the proportion of children who receive well child and dental care from a primary provider

Strategies included providing Family Support Services, increasing the number of children and families with health insurance and funding community agencies to screen and refer families to health services. The Family Support Services (FSS) Program is a relationship-based, family centered model of home visiting that employs validated best practices. FSS includes:

“Universal” 1-3 home visits - Hospital Outreach Coordinators stationed at 3 birthing hospitals in the county offer new mothers, families and newborns 1-3 home visits regardless of income or medical-social risk. An additional ten visits are available to those families meeting risk criteria or who have additional needs.

**FAMILIES RECEIVING  
SUPPORT SERVICES BY CITY  
2001-02**



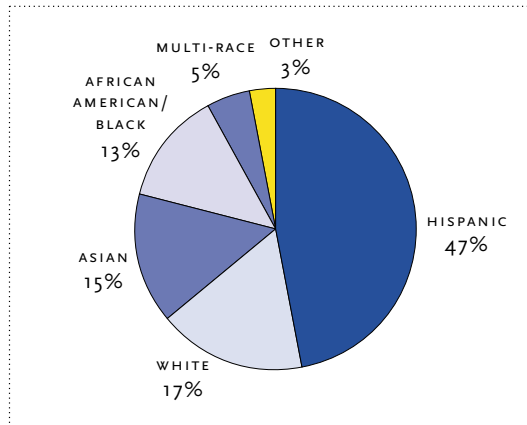
■ Oakland 39.7%	■ Hayward 20%	■ Alameda 10.9%	■ Berkeley 9.2%
■ San Leandro 5.7%	■ Fremont 4.4%	■ Union City 3.4%	■ Newark 2.4%
■ San Lorenzo 1.6%	■ Livermore .7%	■ Castro Valley .7%	■ Albany .6%
■ Emeryville .3%	■ Pleasanton .3%	■ Piedmont .08%	■ Dublin .04%

4 Hospital Outreach Coordinators offered family support services to newborn families at three hospitals: St. Rose, Summit and Alta Bates. 98% (3107) of families accepted 1-3 home visits

99% of those accepting visits, signed consents to share information

Hospital Outreach Coordinators facilitated newborn Medi-Cal enrollment by completing 782 newborn referral forms

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

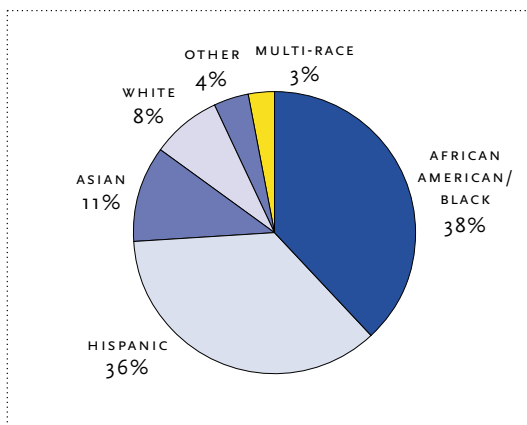


- 3,107 families enrolled for Universal 1-3 visits
- 2,371 families received visits; the mean number of visits = 2 per client
- Families receiving Universal 1-3 and plus 10 services spoke 18 different languages including: English, Spanish, Cantonese, Vietnamese, Arabic, Korean, Mandarin, Farsi-Dari, Tagalog, Punjabi, Phashto, Cambodian, Urdu, Russian, American Sign Language, French
- Primary language of families: 60.5% English, 32% Spanish, 2.4% Cantonese, 1.6% Vietnamese, .7% Arabic, 2.8% All Other
- Immunization status was collected on 1,829 families. Of these, 93.4% were up to date for age

Intensive Family Support component for infants discharged from the Neonatal Intensive Care Unit and their families. Special Start infants who have high levels of medical and social risk receive multi-disciplinary services from Children’s Hospital Oakland (CHO) Special Start. A specially trained multi-disciplinary team from the Alameda County Public Health Department (PHD) Family Health Services Division provides Special Start services for infants who have fewer medical risks but high levels of social risk. On-going home visits and support services are available until age 5 if needed.

- 178 infants were served by CHO Special Start; 1-54 visits per client

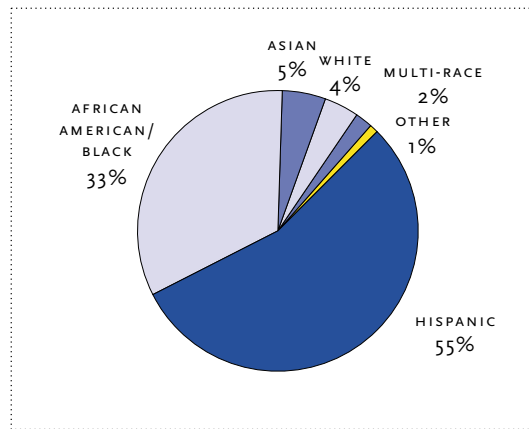
**RACE/ETHNICITY OF INFANTS RECEIVING SPECIAL START SERVICES 2001-02**





- 312 infants were served by PHD Special Start; 1-35 visits per client
- Families spoke 9 different languages including: English, Spanish, Cantonese, Vietnamese, Arabic, Farsi-Dari, Tagalog, Russian, and Hindi
- Primary language of families served by Special Start: 75% English, 19% Spanish, 2%Arabic, .8% Vietnamese, 3.2% All Other

**RACE/ETHNICITY OF INFANTS RECEIVING  
PREGNANT/PARENTING TEEN SERVICES  
2001-2002**



Intensive Family Support component for teen parents and their infants through contracts with two teen service providers, Tiburcio Vasquez Health Center and The Perinatal Council

- 800 families received visits; range of visits, 1- 64 per client
- Teens spoke 6 different languages: 71.5% English; 26.7% Spanish; 0.8% Vietnamese, 0.5% Cantonese, 0.3% Cambodian, and 0.2% Farsi-Darsi
- 53% of teens were in school
- The teen programs implemented “Growing Great Kids,” a comprehensive strength-based curriculum for nurturing parent-child relationships and supporting healthy child development

“A teen that received services said,  
**“They taught me patience...and that you can’t treat children all the same  
because kids have different personalities and different needs.”**

*Teen Parenting Program*

### Telephone Survey of families receiving Family Support Services

A telephone client satisfaction survey was conducted with 313 clients who received Family Support Services (236 were conducted in English and 77 in Spanish)

- 84.7% of all respondents were “very satisfied” and 13.4% “somewhat satisfied” with Family Support Service home visits
  - 87.7% of clients receiving Universal 1-3 visits were “very satisfied”
  - 93.5% of clients receiving Special Start visits were “very satisfied”
  - 73.9% of clients receiving Teen visits were “very satisfied”; 20.5% were “somewhat satisfied”
- 92.0% felt that the nurse treated them with courtesy and respect

When asked, “How can the family support program be improved?” respondents said: **“I am totally satisfied...I really appreciate it.”**  
**“It was ...[my] first time... I wouldn’t know what to do. It’s a great start.”**  
**The interpreter made me feel very comfortable.”**

*FSS Telephone Survey 2002*

- 44.4% of respondents used services that they were informed about by the nurse. Some of the services accessed by the families include: WIC, child care referrals, finding a pediatrician, health insurance information, the Regional Center, transportation, mothers’ support groups, and breastfeeding support.
- Suggestions for improvement include: offer more visits, offer parenting classes, do more advertising or promotion, offer more timely and flexible scheduling of visits and have a nurse who speaks the family’s primary language

**“I don’t know that you could improve because my nurse was fabulous.”**  
**“Just make the visit sooner.” “Have more bilingual nurses.”**

*FSS Telephone Survey 2002*

### Early Care and Education

Facilitated a mailing on health insurance to 900 Corps members and participated in events to sign up parents and children for health insurance

Held discussions with the Alameda County Work-Family Coalition, a United Way funded group to promote health coverage, about possible joint activities to encourage child care professionals and their families to enroll in existing health insurance programs

### Community Grants

2 health clinics received funding to increase the number of mothers receiving health care after delivery. At one of the clinics, two weeks after delivery, 87 mothers had an appointment with their provider and 60 had an appointment with the prenatal health educator.

196 visits were made to a hospital clinic serving babies with special needs who were discharged from neonatal intensive care. Transportation vouchers helped 19 families attend the clinic. Eighty-one infants were referred for further assessment and services including hearing evaluations, nutritional assessments, occupational or physical therapy, developmental programs, infant mental health programs, respite care, and Early Head Start.

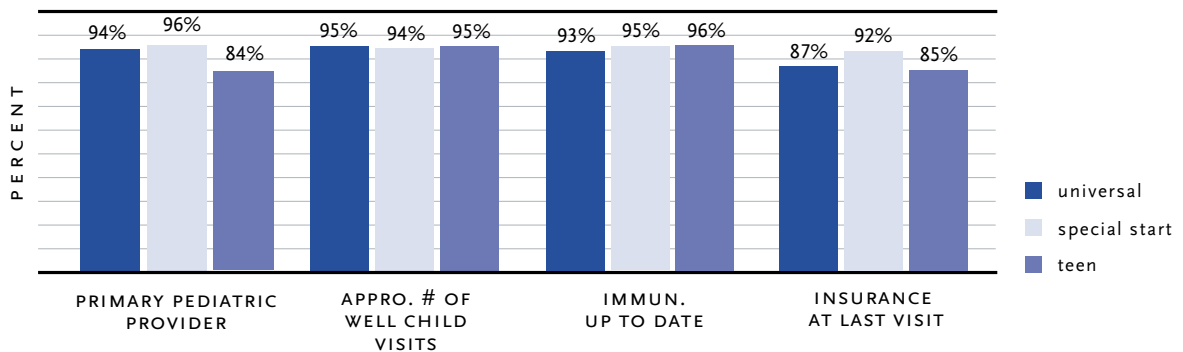
3 families attending a school readiness program obtained health insurance for their children

9 community agencies conducted activities to increase immunization rates

- Two agencies were funded to establish an immunization registry. About 7,000 children from 5 community clinics and 500 children in a private medical practice were enrolled in the registry. Immunization rates for 2 year olds have increased at the community clinics that have implemented the registry.
- Another medical clinic implemented a pediatric database that tracks immunization schedules and appointments. 523 immunization reminder calls were made in English and Spanish.
- Four agencies provided parenting classes that included information on child immunizations. One of the agencies reported that 81% of the children served by their program for teen parents were fully immunized.

2 agencies serving homeless women and children assessed 219 children on a variety of health measures. Upon exit from one program, most of the children had primary pediatric providers and health insurance, and were current on well-child visits and dental exams.

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



INDICATORS	universal	special start	pregnant/parenting teens and infants
Proportion of children with health insurance	87% (n=2363)	92% (n=486)	85% (n=798)
Proportion of children who have an identified primary pediatric provider	94% (n=1476)	96% (n=459)	84% (n=703)
Children with appropriate number of well child visits per age	95% (n=2166)	94% (n=458)	95% (n=647)
Proportion of children whose immunizations are up to date for age	93% (n=1829)	95% (n=440)	96% (n=568)



## Outcome 3C: Reduce the proportion of children with selected unintentional injuries

Strategies focused on injury prevention.

### Family Support Services

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

3,012 Kits for New Parents were disseminated which include safety awareness and injury prevention materials

### Early Care and Education

The Harms/Clifford Rating Scales (ECERS, FDCRS and ITERS) include an assessment of the safety of child care sites

1,117 Corps members were trained and conducted self assessments on their work environments

- Formal assessments were completed on 47 child care sites
- 47 developed plans for safety improvement (to be implemented next fiscal year)

The Child Care Fund awarded 63 grants and loans to assist child care providers to renovate playgrounds to ensure they are safe and meet new cost-prohibitive playground safety regulations

### Community Grants

11 community agencies provided parenting education classes that included injury prevention

A children's museum received continued funding for child safety activities

- An annual early childhood safety campaign was attended by 700 people
- 8 Child Safety Days were held, with car seat checks by police officers, choke-saving demonstrations, child-proofing demonstrations, and fingerprint checks
- 255 toddler helmets, over 60 smoke detectors, choke-testing tubes, poison control magnets, and handouts on safety topics were distributed for free or at cost
- 75 toddler helmets were distributed to 6 low-income or subsidized preschools, and 6 preschool teachers attended child safety classes

INDICATORS	universal	special start	pregnant/parenting teens and infants
Proportion of children receiving FSS with selected unintentional injuries	.3% (n=1905)	2.4% (n=461)	3.3% (n=704)

“I was so surprised to learn that the **car seat** I was using was not right for my child.... Thank you for providing these **safety checks.**”

*2001-02 Grantee Report*

## Outcome 3D: Reduce prenatal and early childhood exposure to alcohol, tobacco and other harmful substances

Strategies focused on training and support regarding tobacco and substance use prevention and providing substance use specialist consultation services to Family Support Service providers.

### **Family Support Services**

The FSS Multi-Disciplinary Team substance use counselors provide consultation for the Universal 1-3 plus 10 and Special Start providers. They provided 34 home visits, 13 case conferences and 11 trainings.

A Specialty Topic Seminar trained 37 FSS providers on substance abuse

An additional 30 providers were trained on smoking cessation and prevention

78 primary caretakers were referred to smoking cessation programs

59 primary caretakers were referred for substance use consultation or treatment programs

### **Community Grants**

2 agencies received funding to support healthy pregnancies. At one agency, only one teen out of 16 continued to smoke during pregnancy.

Parents received second-hand smoke prevention information from a program for young fathers, a school readiness program, and a health agency serving prenatal and postnatal Asian clients. Twenty-six of the postnatal clients had a second-hand smoker in the family.

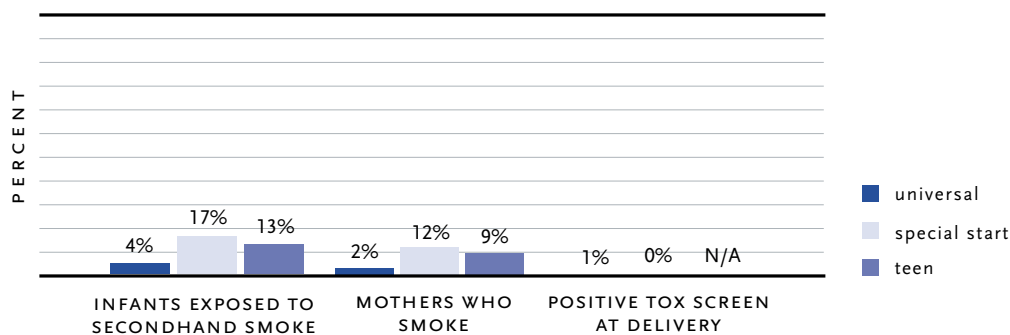
“[One mother] feels...her husband’s attitude has changed since attending the **secondhand smoke workshop**. He has acknowledged the risk factors...[and] has **made steps to lessen his son’s exposure to secondhand smoke.**”

*2001-02 Grantee Report*

The American Lung Association (ALA) was funded to provide tobacco prevention education to child care providers and parents

- 8 “Fresh Air for Little Noses” trainings on second hand smoke prevention and asthma education were held; 181 child care providers attended
- 3 eight hour trainings on “Tobacco 101 and Cessation Motivation” were held for 55 Child Development Corps members
- Prevention materials were distributed at 9 health fairs
- 4 presentations for 125 high-risk teens parents were made
- Corps seminars distributed 15,750 materials on the Dangers of Cigarette Smoke and How to Quit Smoking for child care providers to hand out to staff and parents; materials were in English, Spanish, Chinese, Vietnamese and Korean
- Secondhand smoke curriculum was translated into Chinese and Vietnamese
- 36 grantees implemented a tobacco prevention policy as required by the community grants program

## SUBSTANCE EXPOSURE



INDICATORS	universal	special start	pregnant/parenting teens and infants
Proportion of infants and children receiving Family Support Services (FSS) exposed to second hand smoke	4% (n=2160)	17% (n=428)	13% (n=674)
Proportion of parenting women and teens receiving FSS who smoke	2% (n=1498)	12% (n=441)	9% (n=791)
Proportion of women and teens who had a positive screen for alcohol or drugs at delivery	.5% (n=2315)	3.1% (n=292)	NA

### Outcome 3E: Reduce preventable hospitalizations to children

Strategies included providing in-home support services for medically fragile babies, asthma education and prevention and ensuring infants have access to health care and a primary pediatric provider.

#### Family Support Services

Hospitalizations and emergency room visits for asthma and other preventable illnesses for children receiving Family Support Services were low – even for children receiving Special Start services. These children would be expected to have more hospitalizations due to their high-risk medical conditions.

#### Special Grant - Asthma Start Collaboration

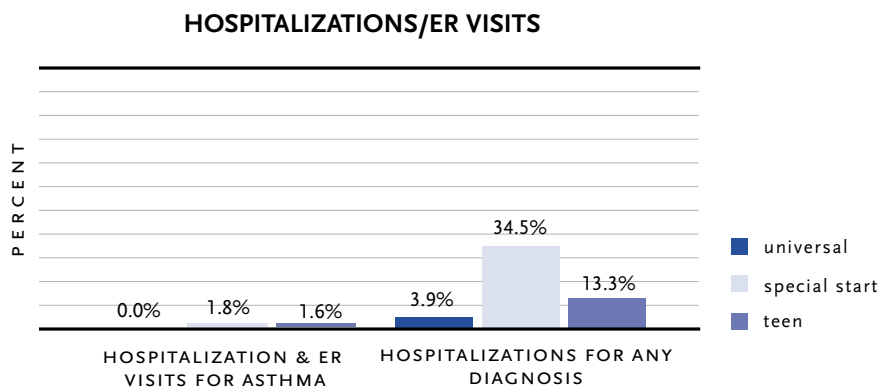
ECC is a partner in the Alameda County Asthma Initiative funded by First Five California. The Initiative includes asthma treatment and prevention education for health care providers and parents in targeted areas of the county that have high asthma hospitalization rates for children less than 5 years.

At the time of discharge, 96% of 109 clients reported a decrease in the frequency of daytime asthma symptoms or remained at the lowest level of symptom frequency. 94% reported improvement or remained at the lowest level of frequencies in nighttime asthma symptoms.

In a phone survey at least 3 months after completion of the program, 29 of 33 respondents reported that the child's condition improved since finishing the program; no one reported a worsening of the child's condition. All parents interviewed indicated that Asthma Start helped them better manage their child's asthma.

American Lung Association

- Collaborated with Asthma Start by distributing asthma remediation materials
- 154 classroom assessments were conducted for asthma triggers at 41 child care centers
- 291 instructors/aides were trained on asthma triggers



INDICATORS	universal	special start	pregnant/parenting teens and infants
Proportion of emergency rooms or hospitalizations for children receiving FSS with the diagnosis of asthma	0% (n=2370)	1.8% (n=490)	1.6% (n=800)
Percent of children receiving FSS who have hospitalizations during the reporting period	3.9% (n=2370)	34.5% (n=490)	13.3% (n=800)

### Outcome 3F: Reduce post neonatal and child mortality

Strategies focused on prevention of Sudden Infant Death Syndrome (SIDS), promoting child safety and increasing access to pediatric care.

Information on safe sleep positions for infants was included in the Kit for New Parents and at all home visits

FSS staff participated in quarterly Fetal Infant Mortality Review Community Action Team meetings that address fetal mortality in Alameda County

INDICATORS	universal	special start	pregnant/parenting teens and infants
Number of known post neo-natal and child deaths	2	NA	1

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

Outcome 4A: Comprehensive integrated system of prevention services for families

### INDICATORS

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

The 2001-02 accountability framework represents the integration of a common set of results, indicators and performance measures across all agencies contracting with and providing services for ECC. A customized matrix was included in each service provider contract. Community grantees received training on results-based accountability and developed individual accountability matrices. Technical assistance was provided on ways to assure quality data collection.

Community Grants: Ten agencies reported on the 2002 Survey of Grantees that Every Child Counts funding and training had helped them strengthen accountability and improve the tracking of data and outcomes

“[Every Child Counts funding has] improved our **ability to collect and track data 100%.**”

*Survey of Grantees, 2002*

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

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

- Over \$671,920 from government claims was documented in 2001-02 from two funding sources, Medi-Cal Administrative Activities (MAA), and Targeted Case Management (TCM)
- Procedures were established for an additional two funding sources, Title IV-E and CHDP, for 2002-2003 Early Care and Education
- ECC participated in the design of First Five California’s matching grant program for Child Care Compensation and Retention Initiatives that generated \$1.2 million for the Child Development Corps
- ECC received an Alameda County Child Care Planning Council contract to administer \$1.1 million from the State Department of Education Child Care Compensation and Retention Fund (AB212)
- United Way contributed \$30,000 to the Child Care Fund

#### School Readiness

- ECC received \$2,107,125 from First Five California’s School Readiness Initiative
- ECC received \$743,112 from an 18 month federal grant to implement Hand-in-Hand, a home based school readiness pilot program in two communities with low-performing schools



### Community Grants

- Four community grant recipients were able to leverage additional funding from other sources, including State Farm Insurance, the San Francisco Foundation and the state legislature
- Other funding sources were secured to sustain three community programs initially funded by Every Child Counts including an innovative play group for toddlers and parents that will be offered by a city park and recreation department and the Alameda County Department of Children and Families Services' SEED II program which will receive EPSDT funding.
- One agency collaborated with an Early Head Start program to write a grant to start a father's program
- ECC facilitated TCM reimbursement for City of Fremont early childhood mental health case management services by using Grants funding as a match

“ECC funds have been used to significantly increase resources in the community for children ages 0-5 years old and their families, and to **foster collaboration** between community agencies.”

*Survey of Grantees, 2002*

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

ECChange Phase One was launched in October 2001 with the Hospital Outreach module. Phase one modules allow the HOCs to enroll new families at the hospital into ECChange and electronically submit a referral to the appropriate agency. The Public Health Nursing and supervisor modules were launched in November 2001 and five public health regional teams were using ECChange by March 2002.

Customized user trainings were held as each component was launched

Supervisors of the Alameda County Public Health Teams can manage all referrals, assign a case to a nurse, monitor PHN caseloads, assure quality and approve case closures

Public Health nurses download cases onto their mini laptops and can complete all documentation for a case in ECChange

Provider feedback forms, completed in ECChange by the nurses, are electronically faxed to pediatric and obstetric providers, which facilitates communication and coordination with the medical community

User support is provided by a Help Desk, monthly ECChange newsletters and tip sheets for quick reference

The ECC Research Analyst is able to analyze ECChange data and generate reports from a secure ECChange data server at the ECC offices. All Family Support Services data for this report were generated in this manner.

Phase Two is underway with the design and ECChange modules for Hand-in-Hand and ARS. ECChange Hand-in-Hand will go live in October 2002.

Phase Three will include a web-based report writer for ECC and contract managers, intensive family support modules for all service providers, integration of the Child Development Corps database, CARES, and ARS



ECC facilitated the Public Health Department's development of a Uniform Time Card for time studies and claiming by integrating the module into ECChange

A web-based demo of ECChange is available on the ECC website at <http://www.ackids.org/whatsnew.htm/ECChange>

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

Training Connections offers cross-agency trainings, seminars and workshops and is a key strategy for implementing our systems integration agenda. In 2001-02, trainings and seminars were offered based on input from participants and topics linked with best practices. 859 nurses, case managers, substance use counselors, students, nutritionists, health educators, developmental specialists, lactation consultants, social workers, social work interns, dietitians, therapists, child care providers, parents, program administrators, outreach workers, school teachers and administrative assistants attended Training Connections.

Core competency trainings

- Trainings were offered quarterly for ECC Family Support Service providers. Continuing Education Units (CEUs) are available for public health nurses and licensed mental health professionals.
- Trainings were held on Maternal Depression, Substance Use, Family Focused Relationship-Based Developmental Intervention, and Ages and Stages

Specialty Topic Seminars are intended to reinforce best practices for social workers, case managers, and public health nurses

- Seminars are offered monthly and are open to community providers. CEUs are also available.
- 727 providers attended seminars on: Meeting the Social-Emotional Needs of Young Children; Child Abuse and Neglect; Barriers or Bridges? Communicating Effectively Through an Interpreter; Working with Pregnant and Parenting Adolescents; Engaging Fathers in Parenting; Parent/Infant Attachment; and Housing Issues
- Each seminar includes a diversity panel comprised of members from community agencies who represent the diversity of cultures, ethnic backgrounds and disabilities in our county. The panel is dedicated to speaking on issues of race and culture in relation to the seminar topic.

Policy Seminars: ECC co-hosted with Children's Hospital a symposium for policy leaders with Dr. Jack Shonkoff, the author of "Neurons to Neighborhoods." The focus was to identify policy implications for supporting early childhood development across all service sectors.

Early Childhood Mental Health: To build countywide capacity to provide infant-parent psychotherapy, 35 mental health clinicians from community based organizations received weekly training and supervision on infant mental health. These providers can now take referrals for families in need of more intensive intervention.



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

The 2001-02 Community Grants Initiative awarded \$5,022,000 to 57 community agencies for one and two year grants (25 two year grants). The 2002-03 Grant Initiative awarded \$2.9 million to 25 continuing grantees and 20 new grantees.

The Community Grants Initiative continued to build capacity for results-based accountability. This included use of a community grant accountability worksheet for reporting purposes, and four in-depth trainings, including one on developing surveys. One-on-one technical assistance was also provided for accountability, programmatic issues and contract compliance.

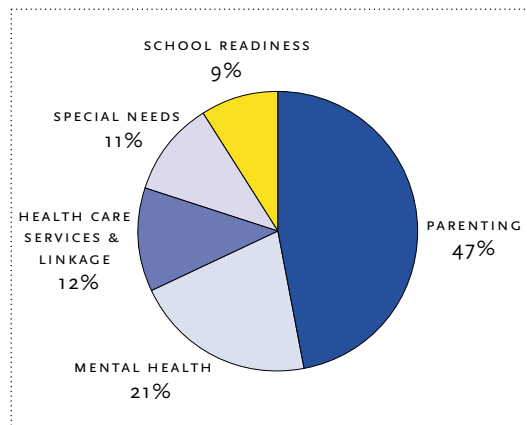
**“By reading the grants, I became aware of what needs are out there and what struggles people have with parenting.”**

*Parent Advisory Committee Member*

The Community Grants Review Panels convened for the selection of 2002-03 grantees were composed of an ethnically, professionally and geographically diverse group of community members including professionals, parents from the Parent Advisory Committee (including a parent of children with special needs), child care providers and community agency administrators. Grants were awarded to programs in the following areas:

‘Spruce Up for Kids Day’ provides grants of up to \$3000 to non-profit facilities serving children 0 to 5 for site improvements. With participation from child care staff, ECC commissioners and staff and community residents, Spruce Up for Kids grantees planted gardens, painted murals, installed new playground equipment and made other site enhancements. Grants totaling \$275,000 were awarded to 114 non-profit centers.

**PERCENT OF TOTAL GRANT DOLLARS FOR 2001-02 GRANTEEES BY PROGRAM AREA**





## 6. A plan for coordinated county services

Family Support Services developed Memoranda Of Understanding or contracts with Alameda County Public Health Nursing, City of Berkeley Public Health Nursing, Children's Hospital Oakland Special Start, Alameda County Public Health Department Special Start Services, The Perinatal Council, Tiburcio Vasquez Health Center and Xanthos to provide a relationship-based, family-centered model of family support and home visiting services. All contractors were required to follow the same quality assurance protocols, use standard data collection forms and meet reporting requirements for the universal or intensive family support program. A standardized consent form for sharing information across agencies was used by all agencies and 99% of families signed consents to share information.

FSS established the Multi-Disciplinary Team (MDT) that includes mental health consultants, developmental specialists, lactation support, and substance use consultants. The MDT provides consultation to FSS providers who do not have internal expertise in these areas. They also offer trainings for family support providers, provide direct services to clients and facilitate case conferences.

A partnership with Alameda County Behavioral Health Care Services and Children's Hospital Oakland expanded access for early childhood mental health services:

- Trainings on infant mental health screening for child care workers and public health nurses were planned
- The Early Childhood Mental Health System workgroup continued monthly meetings
- Medi-Cal reimbursement for infant/ early childhood mental health consultation services contributed to the sustainability of early childhood mental health services in the county

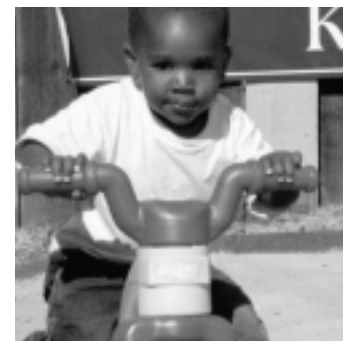
Early Care and Education (ECE) contracted with four community colleges and three child care Resource and Referral agencies to assess countywide professional development needs of early childhood educators and began to initiate change within the community college system. ECE participates in quarterly meetings with the Child Care Planning Council and monthly meetings and co-sponsorship of programs with the Early Childhood Mental Health Committee. The Child Care Planning Council was granted funds to develop the automated Centralized Eligibility List.

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

The Pediatric Advisory Committee was established with 16 community pediatricians and 4 community partners to link pediatric practices with ECC goals and strategies. In the first year the committee:

- Designed a pilot for an early literacy program in pediatric practices (book distribution & provider training)
- Designed a model to link the Multi-Disciplinary Team (MDT) with pediatric offices in school readiness neighborhoods
- Reviewed content of the universal 1-3 home visit services
- Hosted community resource presentations
- Explored enhancing linkages for children with special needs
- Became ambassadors for ECC in the pediatric community

The Parent Advisory Committee was established with 11 parent members to help ensure that ECC strategies meet the needs of parents and young children in Alameda County





FSS meets monthly with all contractors to collaboratively problem solve, share information and address system issues

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

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

ECE collaborated with several individuals and agencies including: three local public school districts, the California Commission on Teacher Credentialing, the California Child Development Training Consortium, the Center for the Child Care Work Force, UC Berkeley Department of Education, First Five California, and numerous child care centers, family child care providers, and other early childhood programs

The Child Care Fund (Fund) worked with a number of agencies to provide coordination and consultation to ensure safe and high quality child care sites:

- Community Development Financial Institutions – Low Income Housing Fund, Local Initiative Support Corporation and the East Bay Asian Local Development Corporation
- Small Business Financing and Development Organizations – Oakland Business Development Corporation, Nor Cal Financial, YWCA, Women's Initiative for Self Employment
- Child Care Resource and Referral Agencies – BANANAS, Inc., 4C's of Alameda County, Child Care Links
- Community Colleges – the Fund secured 1 unit in Early Childhood Education for the Fund's Professional Business Practices course
- Other Agencies – Child care policy, advocacy and information groups; Child Care Transportation Committee; Family Child Care Associations, Community Development Agencies, Design/development consultants and other child care facilities development initiatives
- State and Regional agencies – San Francisco Child Care Facility Fund to develop a Bay Area Child Care Facility Development group that meets quarterly to share resources and best practices

ECC coordinates the Inter-Agency Fiscal Partnership Group. The ECC Alameda County Social Services Agency, Public Health, Behavioral Health Care and community agencies meet to maximize fiscal leveraging opportunities.

ECC's Community Grants Initiative collaborates with the Alameda County Tobacco Control Department to implement the community grants tobacco policy

ECC participates in the Alameda County School-County Partnership which is working to ensure all children in the county have health insurance, access to dental care and other county services



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

A comprehensive, collaborative planning process has occurred for the implementation of Another Road to Safety, a child abuse early intervention/prevention program for families referred from Social Services Child Abuse Hot Line. This unique collaboration includes: La Familia in South Hayward and Families First-Haight Ashbury Free Clinic - Ujima House in East Oakland, the Alameda County Social Services Agency and Every Child Counts. The planning process set up four workgroups: accountability and evaluation, program and contracts, community resources and personnel. ARS will serve low to moderate risk families who live in catchment areas. They will be diverted from child protective service investigations to a community-based, intensive family support service delivery program. These families would normally not be seen by Social Service staff, due to the high volume of calls and the triage system in place which targets resources to the most severe and high risk cases. Contracts with the community agencies were executed in April of 2002 and the first families will be seen in August 2002.

## Future strategies linked to annual report findings

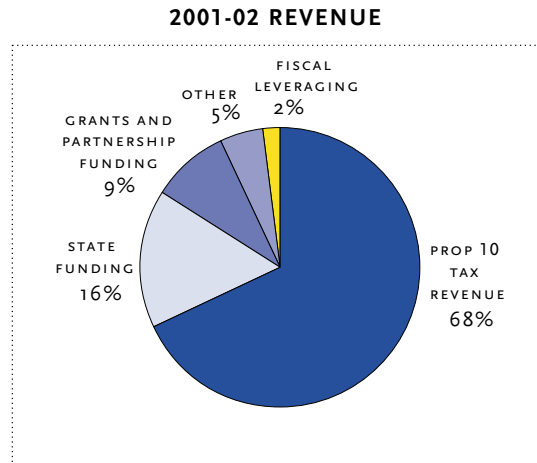
The 2001-2003 strategic plan continues the work documented in this first annual report and begins to address some of the needs identified. Additional strategies to be pursued in the coming year include:

- Increase recruitment of linguistically and culturally diverse providers
- Expand breastfeeding support past the first few weeks after delivery
- Continue quality assurance to improve services and data collection
- Implement a school-readiness program funded by First Five California
- Expand training, screening and treatment for mental health and child development
- Continue to explore fiscal leveraging options

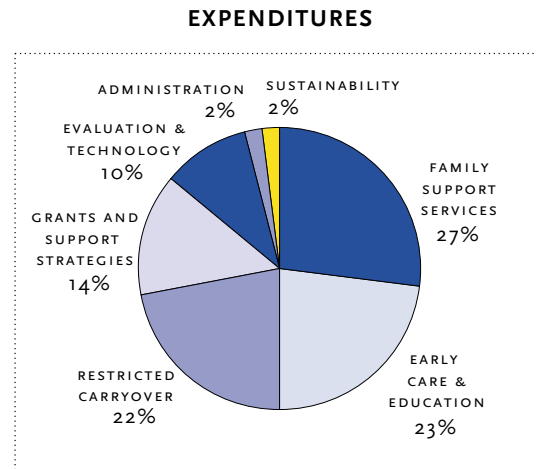
# financial report

January 1, 2001 – June 30, 2002

REVENUE	
Proposition 10 Tax Revenue	\$19,445,448
State Funding*	4,591,425
Grants and Partnership Funding**	2,718,779
Other***	1,487,507
Fiscal Leveraging	671,920
<b>TOTAL REVENUE</b>	<b>\$28,915,079</b>



EXPENDITURES	
Family Support Services	\$7,859,506
Early Care and Education	6,757,357
Grants and Support Strategies	4,106,106
Evaluation and Technology	2,857,924
Administration	557,761
Restricted Carryover	6,280,867
Sustainability	495,558
<b>TOTAL EXPENDITURES</b>	<b>\$28,915,079</b>



**Time Period** The Financial Report reflects the financial activities undertaken from July 1, 2001 through June 30, 2002.

**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.

**Restricted Carryover** The Every Child Counts Program received various grants and funding (see note \*\* below) which include commitments beyond FY 2001-02. The unexpended portion of these grants and funding have been set aside for program implementation in FY 2002-03.

\*State funding refers to Early Care and Education Compensation/Retention Matching and School Readiness Funds allocated by the California Children and Families Commission.

\*\*Funding from: Federal Grant to implement the Hand-in-Hand Program; Alameda County General Services Agency Child Care Planning Council for AB 212 Compensation/Retention matching funds; Alameda County Public Health Department for AB 1259 Uniform Individual Time Card implementation; Providian Financial Corporation and United Way for the Child Care Fund.

\*\*\*Primarily from interest income (\$1,338,481)

## thanks

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

We would like to thank all of our partners, contractors and staff who contributed to developing this report and acknowledge the efforts of the following people who helped to correct, report and analyze the data:

Alameda County Public Health Community Health Teams, especially Team 3  
(for being the first PHNs on ECChange)  
Tiburcio Vasquez Health Center  
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City of Berkeley Department of Public Health Nursing  
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Elaine Conley, Alameda County Public Health  
Linda Cosgrove, Alameda County Public Health Information Systems  
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Edward Belardo, Jovan Radulovich, Brandy Walker

## data sources

Alameda County Birth Records  
Alameda County Maternal Child Health Needs Assessment and Five Year Plan  
Alameda County Public Health Referral System, CHARTS  
California Department of Health Services, Vital Statistics  
Census Data, 2000  
Child Development Corps database, CARES  
Child Development Corps Survey  
Community Grant recipient reports  
Community Grantee Survey  
ECChange  
Home Visit Client Satisfaction Telephone Survey  
Hospital Outreach Coordinator Statistics

## additional information

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

## acknowledgements

Every Child Counts would like to thank the children and parents whose beautiful faces adorn these pages. Special thanks to JPD Communications for their support with the revised design and production of this year's report.





every  
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counts



1850 Fairway Drive San Leandro, CA 94577  
510.667.3960 [www.ackids.org](http://www.ackids.org)

