



First 5 Alameda County
Every Child Counts
2005-06 annual report



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November 1, 2006

Dear Friends,

Once again we are proud to present you with our latest annual report, covering the period July 2005 through June 2006.

The report reflects a tremendous amount of work by literally thousands of partners working directly or indirectly with young children in every corner of our county. The stories of children and their families dramatically illustrate the difference First 5 Alameda County makes in their lives on a daily basis. Additionally, the data provides an excellent snapshot of the cumulative impact of our collective work.

This year's report shows the maturation of many of our programs and the ongoing commitment we have to systems change and innovation. Every year First 5 Alameda County has a better grasp on where we succeed and where we face challenges.

Among the challenges, are the continual efforts to reach families who have a multitude of needs and are subject to many stresses including: economic pressure, the high cost of housing, the difficulty of finding affordable quality child care and disparities in our health delivery system. Other challenges include effecting change in long established systems and nurturing ongoing collaborative efforts.

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

Sincerely,

Mark Friedman
Chief Executive Officer

Chet P. Hewitt
Chair

2005-2006 First 5 Alameda County Every Child Counts

COMMISSIONERS

Chet Hewitt, Chair, Director, Alameda County Social Services Agency
Helen Mendel, past Chair, current Vice-Chair, President, All Pro Promotions Company
Keith Carson, Alameda County Board of Supervisors, District 5
David Kears, Agency Director, Alameda County Health Care Services Agency
Linda Olivenbaum, Director, California Early Childhood Mentor Program
Pamela Simms-Mackey, MD, Pediatrician, Children's Hospital Oakland
Mildred Thompson, Senior Policy Fellow, PolicyLink
Albert Wang, MD, Palo Alto Medical Clinic, Fremont Center
Gail Ward, Director of Child Care Services, University of California, Berkeley

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Suzanne I. Price, Wiley Price & Radulovich

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Jane Wellenkamp, PhD, Evaluation Specialist
Domonique Wilson, Hospital Outreach Coordinator
Lauren Witten, Child Development Corps Manager
Amy Wong, Child Development Specialist
Y. C. (Jennie) Wong, Child Development Specialist
Patricia Zapanta, Controller

CONTRACTORS

Alameda Alliance for Health
Alameda County Behavioral Health Care Services, Early
Childhood Consultation and Treatment Program (ECCTP)
Alameda County Public Health Department,
Asthma Start Program
Alameda County Public Health Department,
Office of Dental Health
Alameda County Public Health Department,
Public Health Nursing
Alameda County Public Health Department,
Special Start Program
Alameda County Public Health Department,
Tobacco Control Program
Alameda County Social Services Agency
Alameda Family Services – New Parent Support (Xanthos,
Smart Healthy Babies)
Michelle Bunker Alberts, Consultant
American Lung Association of the East Bay
Asian Health Services Language Cooperative
Association of Children’s Services
BANANAS, Inc.
Margie Bartelt, QII Consultant
Chabot Community College
Laura Cheng, QII Consultant
California Early Childhood Mentor Program
Center for the Education of the Infant Deaf
The Center to Promote HealthCare Access, Inc.
Child Care Links
Children’s Hospital and Research Center Oakland (CHRCO)
City College of San Francisco
City of Berkeley Department of Public Health Nursing
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Elena Featherston, Consultant
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Hands on Sign Language Services
Kevin Harper, CPA Finance Consultant
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Healthy Oakland
Infant Toddler Consortium
International Contact
Interpreters Unlimited
Kidango, Inc.
La Familia Counseling Service

Las Positas Community College
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Debbie Lingnell, QII Consultant
Lucile Packard Children’s Hospital Medical Home Project
Peggy Martin, Consultant
Melinda Martin, Consultant
Laurin Mayeno, Consultant
Merritt Community College
Peyton Nattinger, Consultant
Oakland Unified School District
Ohlone College
Pacific Interpreters
The Perinatal Council
David Robbins, MIP Accounting Consultant
San Francisco Community College District
San Lorenzo Unified School District
Mike Smith, Social Entrepreneurs, Inc.
Through the Looking Glass
Tiburcio Vasquez Health Center, Inc.
Shiree Tang, Consultant
Rebecca Tracy, QII Consultant
Ahn Tran, Translation Reviewer
Marcia Walsh, QII Consultant
Kate Warren, Special Needs Consultant
WestEd, Program for Infant Toddler Caregivers

2005-2007 COMMUNITY GRANTS INITIATIVE

Mental Health Partnership Grant Recipients

Jewish Family & Children’s Services of the East Bay
Kidango
FamilyPaths
The Link to Children (TLC)

Parent-Child Developmental Playgroups Partnership Grant Recipients

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

Public Agency Grant Recipients

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

Community Based Organization Grant Recipients

Alameda Point Collaborative

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

PARTNERS

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

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

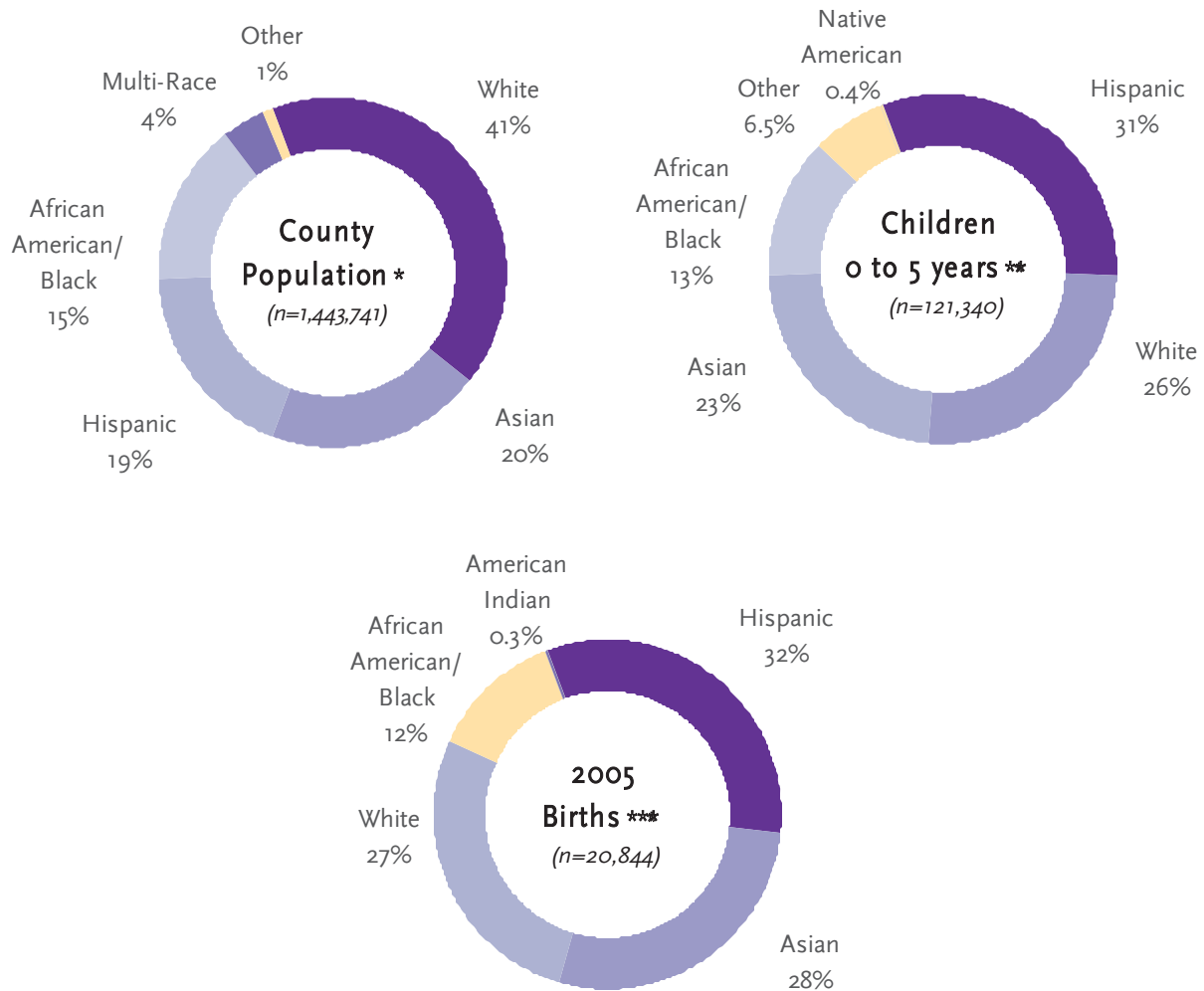
introduction

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

We are proud to present the 2005-06 Every Child Counts annual report. Integrated results across all programs are organized to reflect how they are tied to ECC goals and outcomes. This year, a few programs are highlighted under each outcome, rather than including results on each specific strategy. Our numbers and the wonderful stories from providers and families combine to tell a rich story of Every Child Counts impact. For detailed results and to see the linkages among all of our programs, please see the accountability matrix at www.first5ecc.org.

setting

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



* 2000 Census

** 2004-05 First 5 CA Annual Report

*** Alameda County Public Health Department Vital Statistics

guiding principles

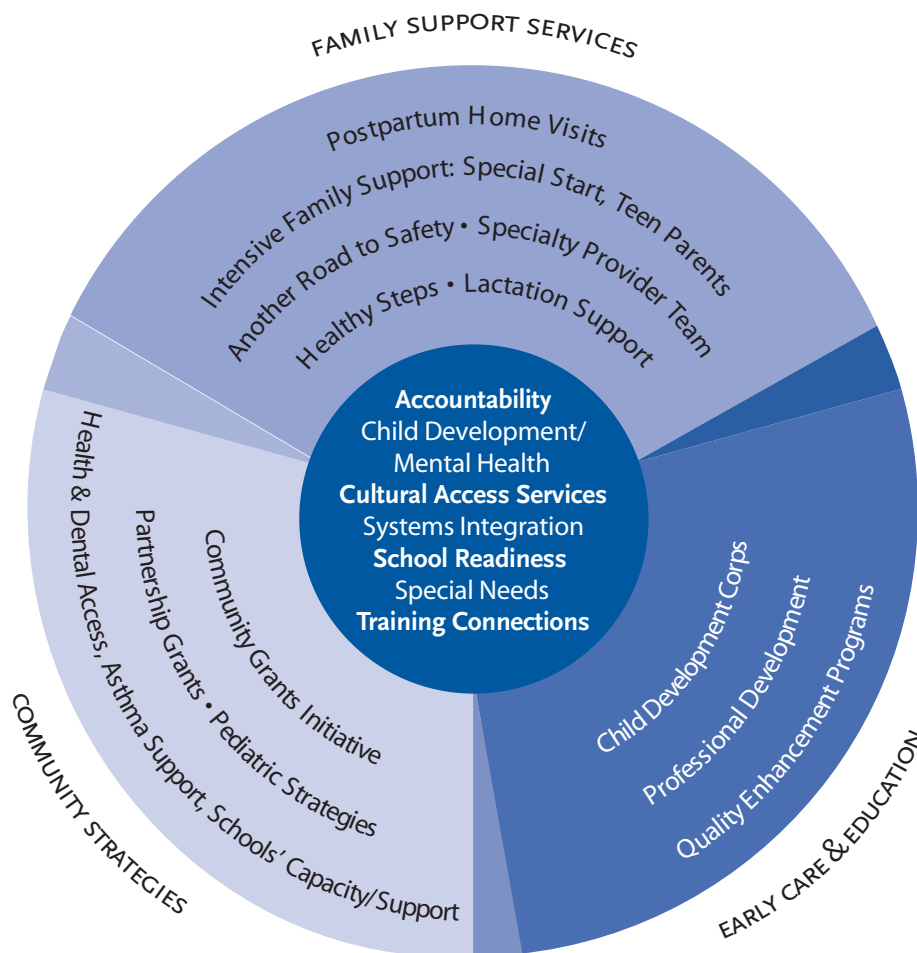
Use Best Practices

Promote Systems Change

Respect Diversity

program overview

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



INTRODUCTION & OVERVIEW

goals

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

measuring results

We measure the impact of our programs in many different ways to reflect the richness in the stories of the families and providers we serve. We collected detailed information about our programs in three databases: ECChange, a web-based cross-agency system; ECC online, a web-based data system for Community Grants, Quality Improvement Programs and Training registration and the Child Development Corps database. Given the broad scope of who First 5 AC funds, some results include data from large samples; other results (e.g. from community grantees) include data on smaller numbers of families or providers. We also include information from surveys and focus groups conducted with parents, early childhood educators, community grant recipients and contractors. We used a variety of screening and assessment tools including the Environmental Rating Scales, the Devereux Early Childhood Assessment, Ages & Stages Questionnaires, Drug and Alcohol Screening Test and 4Ps. We developed and piloted a Parent - Child Observation Tool. And, we collected stories, photos and artwork from parents, children and community partners.





results goal 1

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

Outcome 1A: Enhanced parenting and stronger families

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

Community Grants Initiative – Parenting and Innovative Grants

The Community Grants Initiative (CGI) awarded the largest number of grants in the area of parenting education and support. One grantee provided one-hour weekly radio programs on parenting in English (Childhood Matters) and Spanish (Nuestros Niños). Each week, guests with expertise in various fields joined the program hosts to talk about parenting issues and answer questions from listeners. Topics discussed during the programs included the social, emotional and cultural needs of preschoolers, telling stories and instilling values, talking about race and diversity, parent engagement in our schools and preparing your family for a natural disaster.

What was our impact?

Over 200 on-air guests contributed to the programs, reaching approximately 5,290 Alameda County residents with young children each week. The programs' website, where past broadcasts can be downloaded, received over 240,000 visits.

Alameda County listeners surveyed by the program reported using information they learned from the shows in their own parenting.

"There is a **wealth of information** and knowledge that is generated through the program...that... helps me think **outside the box** about my parenting skills."

2005-06 Grantee Report

"[The radio program host] talked at one point about having to spend time with the older sibling because they might be acting out because they feel jealous of the little one. I said to myself, 'You know what? I have to do that more with Peter.' So today, he has **mommy all to himself.**"

2005-06 Grantee Report

13 other grantees provided parenting education and support at various locations throughout the county. Services were offered in English, Spanish, Cantonese, Farsi and other languages. Parenting topics included developmental stages, sleep patterns, temperament, positive parenting, stress reduction, cultural diversity and parenting, listening and talking to your child, managing difficult behaviors, routines and rituals, helping children cooperate and time management.

What was our impact?

The overall impact of parenting programs is followed by examples from specific types of programs.

726 parenting classes, support groups and one-on-one parenting sessions were attended by approximately 2,600 parents and caregivers.

This year, for the first time, parenting grantees used a common client survey to solicit parent feedback about the parenting services they received. See Outcome 1A Indicators on page 11.

“I learned to **inspire creativity and imagination** in my son. I learned how to get down to my son’s level. I learned how to empathize with my son. I learned how to give my son the time he needs... I gained **confidence as a parent.**”

2005-06 Grantee Report

“I am able to be more patient and to **think** of our challenging moments **from a developmental perspective.**”

2005-06 Grantee Report

One mother reported that she was having difficulty with her 2 year old daughter... Every time she dressed her, [her daughter] would undress herself.... The mother...[felt] like she was **at the end of her rope**. She had tried “time out” and “taking away favorite toys” as a method of discipline but with no results.... We discussed discipline that makes sense.... The mother has **developed a playful strategy** for dressing her daughter. Her daughter is enjoying the attention that she’s getting and dress time has become her favorite time of the day.

2005-06 Grantee Report

Among those attending parenting services were single parents, new immigrants, teen mothers, foster and adoptive parents, gay and lesbian parents, grandparents and parents and caregivers of various ethnic, cultural and linguistic backgrounds.

Removing barriers for families to attend the parenting classes **definitely works**. Providing dinner, transportation and child care and scheduling classes in the evening are what **helped families attend** the classes.

2005-06 Grantee Report

Three grantees provided parenting services for fathers in North Oakland, Livermore and Pleasanton. Two other grantees serving Spanish and Chinese speaking parents in Alameda and Hayward have succeeded in attracting many fathers to their programs.

What was our impact?

“I liked **talking with other fathers**, hearing their perspectives.”

2005-06 Grantee Report

One day after the...class, the instructor asked if anyone had any questions or comments... A father ...stood up and thanked the program for helping to save his marriage and bringing him closer to his family. He said, “It has taught me how to be a **better father** and a **good husband.**”

2005-06 Grantee Report



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

What was our impact?

62 homeless or formerly homeless parents participated in parenting groups.

“The other day, I saw a man...looking for his child. Well, in the past, I would have just gone into my house and said to myself, ‘I don’t want to get into anyone’s business and don’t want them in mine.’ But...I called out and helped him find his son... I wouldn’t have done that before, but I feel like I am **in more of a community now.**”

2005-06 Grantee Report

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

What was our impact?

25 out of 30 parents in one program reported that they dealt more effectively with daily issues and 23 reported that they are better able to deal with crisis.

Two grantees communicate regularly with one another to provide support to single parents.

“As far as we can tell...only two organizations in Northern Alameda County offer **free, on-going, single parent support groups** with free on-site child care. We are in constant communication with each other and continue to refer parents to the single parent support groups, parenting nights and activities that both organizations offer.”

2005-06 Grantee Report

A priority of the Community Grant Initiative (CGI) for this year was increasing the availability of parent-child activities in the community. Nine grantees offered parent-child activities.

A therapeutic nursery school held a series of family events at the school to facilitate positive parent-child interaction. The events included storytelling, dance, soup-making, a harvest festival and a Latin American cultural festival.

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



What was our impact?

All 31 families served by the therapeutic nursery school attended one or more of the events. Parents were pleased with the events and relationships between staff and families have grown stronger. All but one family attended parent-teacher conferences in the spring.

“Now maybe I will take [my child]...to **storytelling in the community!**”

2005-06 Grantee Report

Over 100 parents and 124 children participated in one or more of 96 parent-child dance classes.

“**Excellent interaction**—because it [dancing] is physical, interacting [with your child] more than anything else [other interactions]. When you are pushing your child on the swing it is not the same, you do not have **eye-to-eye contact.**”

2005-06 Grantee Report

Other grantees provided music, art, yoga, literacy and other types of parent-child activities. Fieldtrips were made to the Lawrence Hall of Science, the Oakland Zoo, Bay Area Discovery Museum and other places.

What was our impact?

“**Singing [re-directs the children]...from negative activity** [like] fussing or bickering with each other to having fun.”

2005-06 Grantee Report

After participating in a parent-child activity, creating a ballet costume for her daughter and then attending the...family trip to the Dance-Along Nutcracker performance, [one mother commented that]...this was the **happiest she has been in years.**

2005-06 Grantee Report

OUTCOME 1A INDICATORS	
Proportion of agencies receiving community grants that provided parenting education or support groups	14 out of 28
Proportion of parents attending parenting education or support programs who report they used what they learned	85% (n=252)
Proportion of parents attending parenting education or support programs who report that the program had a large (“a lot of”) impact on their family	56% (n=248)

Family Support Services (FSS)

To promote early identification of maternal depression and promote positive parenting, ECC initiated a multi-pronged strategy for maternal depression screening. Through trainings, automating the Edinburgh Depression Screening Tool and working with our family support service contractors and grantees, ECC increased awareness of and capacity to screen for maternal depression.

Hospital Outreach Coordinators (HOCs) who enroll new mothers for postpartum home visits are able to identify mothers who have a past history of, or appear to be at risk for, depression. These mothers are referred immediately to the ECC Specialty Provider team (SPT) who can provide direct services, consultation to the home visiting PHN or refer the mother for appropriate treatment. This year, the SPT attempted to reach all mothers referred by HOCs with psychosocial concerns enabling intervention at the earliest opportunity.



A HOC referred a 33 year old new mother from Honduras who was suffering from postpartum depression and lacked economic support. The newborn's father died two months previously and her four other children live in Honduras with their grandmother. The Spanish-speaking mental health provider discussed the stages of grief and normalized the mother's appropriate feelings of anger and guilt, offered support and treatment at home visits as well as promoted positive parenting skills... While the home visits have ended, the mother continues to connect with community resources and her church. This **brief encounter provided** an experience of **therapy in a non-traditional format** laid the foundation for a healthier relationship between this challenged mother and her baby.

SPT report

What was our impact?

"We began our New Parent Group on a Wednesday (February 15th), the same day my husband was sent to Iraq and I was relieved and thankful to have a place where I could share my first motherhood experiences...We each **shared our 'highs and lows'** for the week..."

Contractor report

A new **monolingual immigrant woman** from China, who had an arranged marriage in the US, discovered during her pregnancy that her husband was involved with another woman. With little support and the emotional upset of her husband's infidelity, she **became depressed**. A social worker saw her at the clinic and the HOC enrolled her prenatally at the clinic for the postpartum home visit...This new mother was extremely tearful, especially when she found out her baby needed phototherapy due to jaundice. With all of these issues compounded, the **HOC knew she needed support** and a collaborative plan of action. The HOC was able to contact the Cantonese speaking PHN who provided several home visits and give feedback to the AHS social worker.

HOC report

Alameda Family Services provides mental health services and facilitates support groups for new parents.



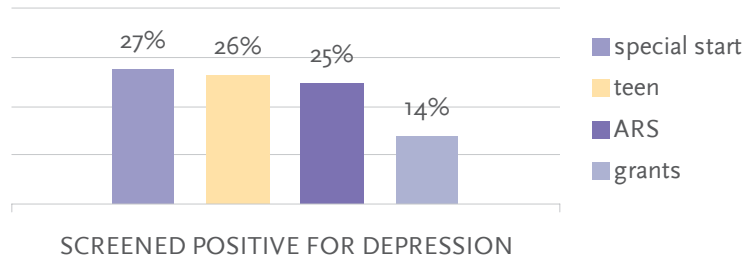
"The **New Parent Group was the best thing that happened to me** and my baby. I was new to Alameda and was looking to meet parents with new babies... We walk Mondays, go to the Farmer's Market Tuesdays, do our group on Wednesdays ... Not only have I made a couple of really good friends, but our whole group has another dynamic beyond individual friendships... We've **supported each other** through all sorts of things — the latest is going back to work...."

Contractor report

A total of 305 mental health referrals were made to the SPT from Hospital Outreach Coordinators and Public Health Nurses, of which 131 were for depression or past history of suicide attempt.

997 mothers were screened for depression. As in previous years, 25-27% of families at the highest social, medical and maltreatment risk screened positive for maternal depression.

2005-06 Percent of Primary Caretakers Who Screened Positive for Depression



OUTCOME 1A INDICATORS	SPECIAL START	TEEN	ARS	GRANTS
Proportion of primary caretakers receiving ECC services who were screened for depression	86% (n=632)	55% (n=738)	44% (n=121)	n/a
Proportion of primary caretakers who screened positive for depression	27% (n=542)	26% (n=402)	25% (n=53)	14% (n=213)

Statistically Significant Trends 2002-2006

Screens for maternal depression among ECC families showed a consistently higher percent of moms experiencing depression, particularly among Special Start and ARS families. This highlights the important role of family advocates and case managers play in identifying problems and connecting families with mental health support when necessary. 18.5% to 20.7% of mothers in California felt they needed help for emotional or mental health problems but only half of them sought professional help (CHIS 2001).

Community – Parent Kits

Distribution of Parent Kits expanded to include 22 obstetric/prenatal providers, organizations serving pregnant women and child care centers. ECC worked with local delivery hospitals to distribute Kits on hospital tours and in prenatal classes.

What was our impact?

5,968 English and 2,242 Spanish Parent Kits were distributed this year.



Outcome 1B: Children are free from abuse and neglect

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

Alameda County is one of several counties actively engaging in alternative response strategies that support families to keep them from entering the Child Welfare System. Our programs provide culturally appropriate and innovative community-based strategies to prevent family violence in diverse communities.

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

Another Road to Safety (ARS) is in its fourth year of providing early intervention services to families who have been referred to the Child Abuse Hotline. Families who are referred are assessed for safety and risk status using the Structured Decision Making (SDM) Social Services tool to determine their level of risk and whether they are eligible for ARS services. This unique collaboration among Alameda County Social Services (SSA), community-based organizations and ECC provides weekly home-based family support services by trained family advocates. This year, in addition to Family Support Services of the Bay Area (FSSBA) in East Oakland and La Familia Counseling Services (La Familia) in South Hayward, ARS services were expanded to Prescott-Joseph Center to serve West Oakland. As a result of the State IV-E waiver, Another Road to Safety will be sustained by transitioning the program to SSA.

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

What was our impact?

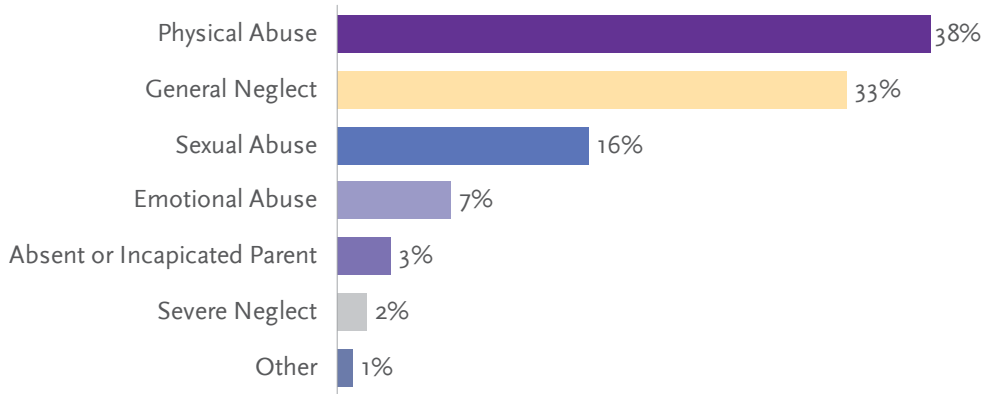
SSA referred 206 families to community agencies. Of these families, 76 families were assessed with SDM (130 could not be found or refused to be assessed). 74 were retained for ARS services.

This year, the largest number of referrals was for alleged physical abuse and families had a higher risk of abuse and neglect when screened with the SDM tool compared to previous years.

83% of referred families had SDM risk levels of high or moderately high - greater risk than initially expected.

2005-06 Reasons for Referral to ARS

(n=206)



Engaging families continued to be challenging. Family advocates spent an average of 39 days finding families, getting consents from families to conduct a risk assessment and determining whether ARS services are appropriate for each family. Each family received an average of 9 contacts in person or by phone before a final determination was made. Advocates also made an average of 11 attempts to contact families who did not participate without success.

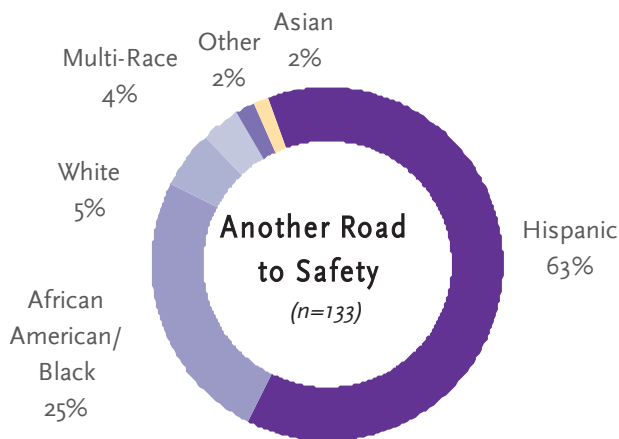
135 children and pregnant women received a range of 1-39 ARS home-based visits. 73% of ARS clients spoke Spanish and 24% spoke English.

The most frequently referred services for ARS parents were community parenting support and counseling. FA's also advocated for children to participate in science and music classes. Financial support such as tax assistance, child support, housing and utilities continue to be priority needs.

Marta, a single parent with two children was referred to ARS from the Child Abuse Hotline. Six previous referrals on her children had been made for physical, emotional, or sexual abuse. Marta was exposed to domestic violence and abuse as a child and lived with a disabled aunt after her parents kicked her out. She wanted more for her children and agreed to participate in ARS. When the ARS family advocate visited, she was concerned about Lila, a 3 year old, who looked sad and watched a lot of television. She referred the family to parent-child science classes. Lila had problems relating to the other children appropriately, was very difficult to understand and scored of concern in gross motor and communication on the ASQ. The Child Development Specialist (CDS) gave Marta suggestions to support Lila's speech development and made referrals to Head Start and the community-based developmental playgroups. Marta agreed to attend therapy sessions. With the coordinated support of the ECC family advocate and CDS, Marta was able to connect with services and keep her family together.

2005-06 Contractor Report

2005-06 Race / Ethnicity of Clients Receiving Another Road to Safety Services



Unique Collaboration between ARS and community grantee

A local science museum continued its innovative parent/child program for Another Road to Safety (ARS) families. The grantee offered ARS families in South Hayward an opportunity for parent/child hands-on learning and play in the context of math and science. A series of 4 week classes was held for 2-5 year old children and their parents. During the last 15 minutes, parents were brought into a separate room for discussion, evaluation of the class and a meal. Each week, parents received a children's book about the animal featured in class, suggestions for activities to do at home and information on such topics as enjoying books together, the benefits of pretend play, sensory learning, teaching gentleness and respect for animals and fostering school readiness skills. Spanish interpretation was available during the classes and all written materials were provided in English and Spanish. LHS also sponsored a "fun day" that gave children and their families the opportunity to attend the museum free of charge.

What was our impact?

Eight series of classes were held, double the number offered last year. A total of 36 children (30 of whom were not enrolled in preschool or group child care) and 37 parents/caregivers participated in the classes. Eighteen children and their families attended the "fun day" at the museum. The classes gave families an opportunity to learn about insects, reptiles, birds and animals through observation and handling and through related literacy, music, movement, art and sensory activities.

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

"I've learned how to speak and **discipline in a more gentle way** at home."

Parent quoted in 2005-06 Grantee Report

"[I learned that] talking to my kids and playing have a **big impact** on their lives."

Parent quoted in 2005-06 Grantee Report

Their close collaboration continued and staff met frequently to exchange information and to provide support to the families.

As a result, the children's behavior [began to change]. One family in particular, whose two boys could not focus [well]...were eventually able to sit in the circle and listen to the introductory stories, interact with other children at the station activities and learned to touch the animals gently. The mother even reported that her children began **asking her to read stories** to them at home...

2005-06 Grantee Report



Community Grants Initiative – Parenting and Innovative Grants

One grant recipient received continued funding to provide respite care to grandparents and relatives raising young children separated from their parents. Respite care also supported children’s development by enabling them to participate in recreational and social activities that were missing from their lives due to the health limitations of their caregivers and violence in their neighborhoods. This year, the agency added several opportunities for caregivers to participate in enjoyable activities with their children, such as parent-child music classes, literacy and art activities, and a nature walk and visit to a farm.

What was our impact?

3,516 hours of respite care were provided for caregivers of 71 children. Respite care enabled relative caregivers to attend medical visits, counseling sessions, support groups and to rest and take care of daily needs. 100% of the families receiving respite care remained intact.

“I was very **impressed by the care and concern** I received from everyone involved. I was very concerned about my grandchildren while I was recovering from surgery. Respite relieved all my stress before and after surgery.”

2005-06 Grantee Report

In 2003, Alameda County had 911 family violence related calls for emergency assistance, more than any other Northern California county except Sacramento (Criminal Justice Statistics Center, California Department of Justice). One grantee received funding to hire a bilingual child advocate to provide legal assistance and case management for families with young children referred from the Oakland Police Department in cases of criminal family violence.

What was our impact?

254 families received assistance including help with obtaining a restraining order and referrals to support groups, housing and medical services.

40 young children were referred to and received (through other funding) mental health services.

[A mother with] a 4-year-old child and had approximately **20 previous domestic violence police reports** before being contacted by the child advocate. ...[she] continued to struggle with ongoing abuse and was becoming depressed. ...her child was also traumatized; she had difficulty trusting anyone and was struggling in preschool ...The child advocate referred the mother and her child directly to the...therapist. Both the mother and her daughter improved dramatically in just three months. The child advocate also worked with the Social Services Agency to arrange for CalWORKs-subsidized childcare so that the mom could go back to work. After several months, both **mother and daughter are feeling stronger**, and [are] well on the road to recovery.

2005-06 Grantee Report

A 55 year old grandmother...with fragile health is not able to work and barely makes ends meet on social security. Even though she was physically drained by the end of the day with her own health issues, she could not say “no” when asked to take in her grandchildren who were removed from her daughter's care ...The children's father sexually and physically abused the children before moving [out of the country]... The grandmother has been struggling for over a year on her own to raise her four year-old grandson and three year-old granddaughter... she was completely overwhelmed by the mental and behavioral issues of the children on top of just the regular day-to-day care... She has become a regular at the Wednesday night support group, has started attending Saturday site-based respite and has weekly in-home respite so that she can feel re-energized.

2005-06 Grantee Report

An agency with one of the first programs in the nation that provides support to Korean American families experiencing domestic violence received funding to furnish a “children’s room” and to hire a children’s coordinator/therapist to provide mental health and parenting support.

What was our impact?

11 mothers received therapy and all reported reduced emotional/physical stress as a result of the sessions.

[One] mother said... “I **noticed a change** in my son. After I came to my last session, when I was able to **relieve some of my stress**, my son has not been acting out. I realized when I’m stressed I pass this on to my son and he doesn’t know how to handle it and acts bad.”

2005-06 Grantee Report

8 children received therapy and 7 participated in therapeutic playgroups held every 2 weeks while mothers attended support groups.

[The playgroups have] provided **consistent, safe and structured activities** the children look forward to so much so that we have had only one absence from the group due to illness. The children have begun to use the space to **express their emotions** regarding some of the violence they have either witnessed or been victim to. Also, it has become an excellent space to observe and interact with the children in a social setting. It has allowed the Coordinator the opportunity to provide the mothers with insight on their children they may not be able to see or receive due to language barriers they may have with their children’s daycare providers.

2005-06 Grantee Report

Prior to the hire of the Children’s Program Coordinator [our program]...not unlike other traditional domestic violence programs, lacked the capacity to deal with the effects of domestic violence on children. The addition of the Children’s Program has added depth of services provided for Korean women and their children... Where once the staff were unable to respond to the needs of children, now [they] are able to **provide prompt and immediate services** to children and their mothers.

2005-06 Grantee Report

OUTCOME 1B INDICATORS	POSTPARTUM	SPECIAL START	TEEN SERVICES
Proportion of families receiving Plus 10 or Intensive Family Support Services (IFSS) who have a CPS case opened during the reporting period	0.6%* (n=109)	9% (n=602)	5% (n=654)
Proportion of children receiving Plus 10 or IFSS that were placed in foster care	0%* (n=114)	5% (n=614)	3% (n=701)
Proportion of children receiving FSS that are in foster care at time of referral	0% (n=2,010)	3% (n=102)	2% (n=538)
Proportion of families receiving FSS with open Child Protective Services cases at time of referral	1% (n=1,787)	8% (n=609)	3% (n=669)

*Postpartum Plus Ten



Outcome 1C: Enhanced economic self-sufficiency among families

Socioeconomic status is a strong predictor of a family's health and well-being. Mother's education attainment also serves as a proxy for economic stability and sufficiency. 12% of the county's children ages 0-5 live under the federal poverty level. Families in Alameda County are also exposed to high costs of living. About half of the county's families spend more than 30% of their income on housing alone (California Budget Project, December 2005). ECC programs connect families to community resources for basic needs and health insurance, and support teen parents in continuing their education, navigating career development choices and obtaining job placements.

Family Support Services – Teen Services

The Perinatal Council and Tiburcio Vasquez Health Center (TVHC) pregnant and parenting teen programs work to keep pregnant/parenting teens in school while providing child development and family support services. Emphasis was placed on teaching parenting skills and keeping teens in school. Both agencies used "Growing Great Kids," a best-practice model of parent education and empowerment. Case managers referred families to appropriate educational, financial and employment resources when needed.

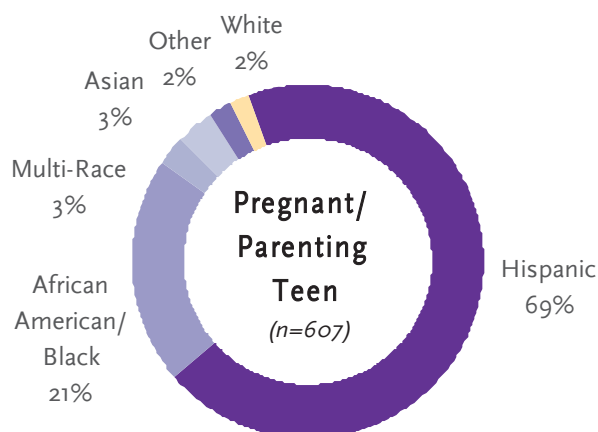
What was our impact?

755 of pregnant and parenting teens received a range of 1 to 34 visits.

69% spoke English and 31% spoke Spanish.

52% of teens remained in school or graduated -a percentage that has remained above 50% every year.

2005-06 Race / Ethnicity of Clients Receiving Pregnant and Parenting Teen Services





A 17 year old mother of a one year old son has been in foster care for much of her life. She wanted to keep her baby to make sure that he has a better life than she had...

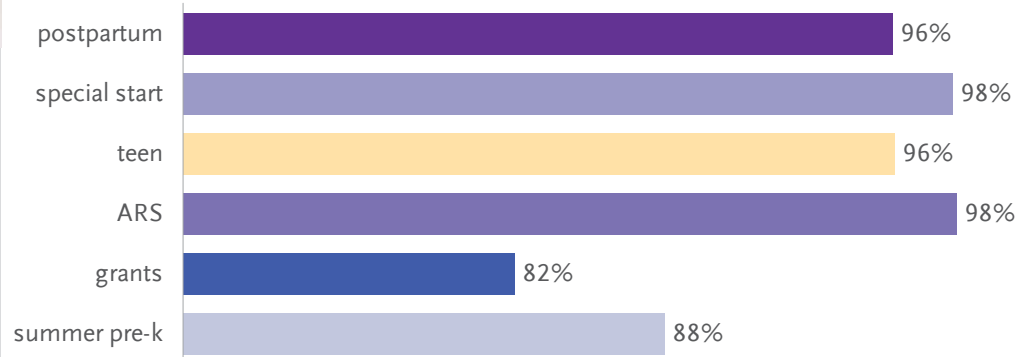
Her Family Advocate arranged for an informational interview with a local realtor while she attended real estate school and business classes at Laney College. She has already completed real estate school and is waiting for her 18th birthday to take the licensure exam! She works as a waitress, recently moved into her own apartment with First Place Fund for Youth, a program for emancipating foster youth and hopes to apply to be a Habitat for Humanity homeowner.

2005-06 Teen Services Report

HOCs completed 1,703 Newborn Referral Forms for families with Medi-Cal to ensure continuous health insurance coverage of their newborns in the first year of life. This service is offered to mothers even if they decline a postpartum home visit. In addition, 179 Newborn Referral Forms were completed by the St. Rose Hospital Outreach Coordinator who provided breastfeeding support to new mothers at the Family Birthing Center.

All clients who receive FSS, attend Summer Pre-K programs or receive relevant services from community grantees are assessed for health insurance status. Providers attempt to refer those who are eligible to MediCal, Healthy Families, Alameda Alliance (see below) and other programs.

2005-06 Percent of Clients Receiving ECC Services with Health Insurance by Program



Health Access

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

What was our impact?

700 children were enrolled by Alameda Alliance for Health.

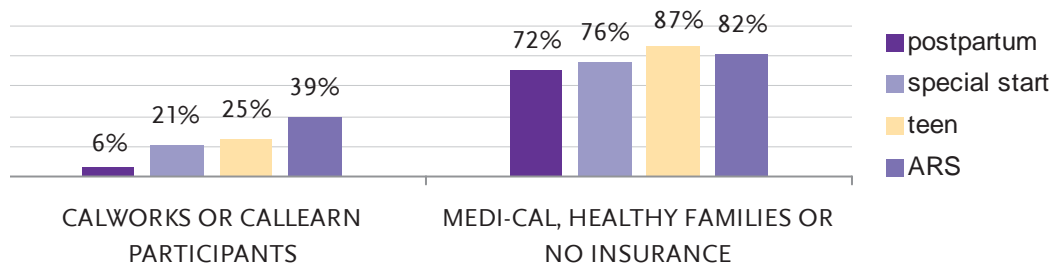
357 were from families at 0% to 150% of FPL.

217 were from families at 151% to 250% of FPL.

126 were from families at 251% to 300% of FPL.



2005-06 Proportion of Families with Low Income Based on CALWORKS/CALLEARN participation and Health Insurance Type



OUTCOME 1C INDICATORS	POSTPARTUM	SPECIAL START	TEEN SERVICES	ARS
Proportion of children who have no health insurance or whose health insurance is Healthy Families or Medi-Cal	72% (n=1,963)	76% (n=662)	87% (n=749)	82% (n=135)
Proportion of children who do not have health insurance	4% (n=1,914)	2% (n=656)	4% (n=733)	2% (n=131)
Proportion of families receiving FSS who are receiving CalWORKs or CalLEARN assistance	6% (n=1,300)	21% (n=415)	25% (n=631)	39% (n=122)
Proportion of teens receiving family support services	18% (n=2,067)	12% (n=654)	100% (n=755)	12% (n=128)
Proportion of teen families receiving FSS who are CalLEARN recipients	8% (n=232)	33% (n=57)	14% (n=642)	0% (n=11)
Proportion of pregnant / parenting teens who remain in school or who have graduated from high school during the reporting period	40% (n=218)	40% (n=40)	52% (n=558)	18% (n=11)
Proportion of families with at least one employed caretaker, or one who is on leave	77% (n=1,461)	74% (n=561)	58% (n=635)	65% (n=121)

Statistically Significant Trends 2002-2006

ECC family support programs continue to serve predominantly low income families. 72-75% of families served through Postpartum, Special Start and ARS programs had no health insurance, Medi-Cal or other government sponsored health insurance compared to 32% of children born to Alameda County residents in 2003 without health insurance (Alameda County Health Status Report).

Employment status of primary caregivers did not change over the last three years for intensive family support families, indicating economic status for some higher risk families has not improved.

Teen programs saw moderate increases in participation in CalLEARN and AFLP. Of concern is the increasing number of teen mothers less than 15 years old (almost 1 in 10).



Community Grants Initiative – Parenting and Innovative Grants

A school district received continued funding to provide pregnant and parenting teens and young fathers with a range of supportive services, including career development and job placement. Other grantees helped families become more economically self-sufficient by assisting them with finding affordable housing, obtaining health insurance, food, furniture and clothing, organizing their finances and accessing ESL classes and immigration assistance.

What was our impact?

60 teen mothers attended one or more of 180 career classes offered.

21 teen parents were placed in internships and all 17 teen parents graduating from high school had jobs.

64 out of 75 young fathers (85%) were in school and/or working at the end of the grant year.

28 homeless families obtained stable housing. 20 families maintained stable housing for 6 months or longer.

Eric [an 18 year old father]...is finishing his first year at a department store. He...shares what he's learned about priorities with the other young fathers.... Jonathon [a 15 year old father] has been able to navigate job permits, applications, interviews and now a budget with the help of our Career Teacher.

2005-06 Grantee Report

... we have been promoting the Alameda Food Bank...Many of the families feel there is a 'stigma' to using the food bank. We try to explain that **food is the easiest help to get** and that they can save their cash for utilities and other expenses. Each week we hear about more families that have tried the Food Bank.

2005-06 Grantee Report

Often giving just a phone number wasn't sufficient because the agencies we were referring [families to]...didn't have a person who spoke Spanish or it was difficult to get a hold of someone. We had to provide more one on one [assistance] with families and follow up to make sure they were able to receive the service they were looking for.... A few years back, Every Child Counts funded [us] to produce a **resource directory in Spanish**... This year, the project coordinator revised, updated and distributed this resource directory to all the parents that attended...[our parenting] program.

2005-06 Grantee Report

results goal 2

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

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

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

Promoting practices that foster children's social and emotional development from an early age and early identification of children who need extra support is a priority for ECC. Over the past several years ECC implemented a multi-pronged, cross-discipline approach to screening, assessment and referral by offering training and consultation to providers. Topics included: child development, expanding early identification and the benefits of standardized screening tools (Ages and Stages Questionnaire - ASQ) and developing referral pathways for children screened of concern. These efforts are integrated across all ECC programs (see Highlight, page 24).

Developmental Screening

Developmental screening and monitoring was included in all FSS programs and in many other ECC initiatives (see Highlight, page 40). Child Development and Mental Health Specialists screened children of concern at Healthy Steps sites, Summer Pre-K Programs, Quality Improvement Initiative child care sites, and other child care consultation and development playgroup programs. All children who scored "of concern" received follow-up, referrals or case management.



Highlight – A System of Child Development Screening and Referral: “Child Find”

Early identification of young children with developmental concerns (child find) and connecting them to services can make all the difference in a child's life. First 5 AC implemented child development services as major cross-disciplinary strategy. Training, promotion and consultation were used to increase awareness and knowledge about the importance of child development and early screening. By using a standardized developmental screening tool, First 5 AC encouraged a common language for screening and referring young children who score “of concern.” Increased screening has generated the need for referral and treatment pathways to assure children and families get to the services they need.

Training and Consultation

Community Child and Family Support providers

- Focused monthly Specialty Topic Seminars on child development.
- Conducted Ages and Stages Questionnaire (ASQ) trainings for contractors, grantees and community agencies.
- Provided Specialty Provider Team (SPT) consultation for FSS providers on child development, screening and referral.

Child Care Providers

- Trained 178 family child care providers at the annual Family Child Care Fair on the social-emotional world of young children.
- Provided one-on-one mentoring and mentor trainings on child development for child care providers.
- Trained family child care providers on social-emotional development through the WestEd Program.

Pediatric providers

- Held quarterly trainings for pediatric providers on child development and social emotional issues

Screening with Ages and Stages Questionnaire (ASQ) and ASQ Social-Emotional (ASQ-SE)

Over 1,300 children were screened by FSS and SPT, Healthy Steps, community grantees, pediatric offices, Summer Pre-K programs and QII sites.

- Intensive Family Support providers screened children at 1 year and repeated screens yearly thereafter.
- Child Development Specialist (CDS) at three pediatric offices provided Healthy Steps services.
- Participated in a pilot with State Medi-Cal Managed Care and the Alameda Alliance (Assuring Better Child Health and Development - ABCD) to implement standardized screening in three pediatric offices.
- The Summer Pre-K Program in four school districts referred children to child development specialists for ASQ screening. Those children who scored of concern received follow-up home-based or on-site services.
- Child Care sites receiving Quality Improvement Initiative (QII) services referred children of concern to the child development specialists for ASQ screening.
- Community grantees providing child development or school readiness services used the ASQ to screen for developmental concerns.
- Developmental Playgroup grantees screened children participating in the playgroups.
- Mental Health Partnership grantees consulted with child care centers and screened children of concern using ASQ-SE.

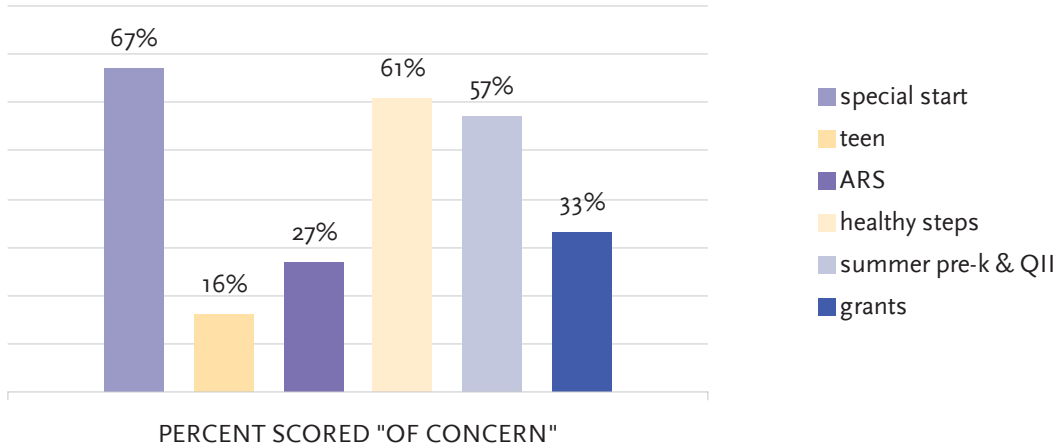
Referral and Treatment

- Child Development Specialists at Healthy Steps, Summer Pre-K programs and QII sites referred eligible children to the Regional Center and School Districts and provided case-management to ensure they receive treatment.
- Developmental Playgroup grantees were funded to address the lack of community services for children identified with communication and socialization concerns.
- Several community grant recipients provided treatment services for children with special needs and supported parents to navigate the complex treatment system.

What was our impact?

A total of 1,301 children who received FSS, services from community grantees, attended Summer Pre-K camps or child care sites receiving quality improvement efforts were screened for developmental concerns with the ASQ. Of those, an average of 47% scored of concern on one or more domains.

2005-06 Proportion of Children Screened for Developmental Concerns Who Scored "Of Concern" (n=1,301)



OUTCOME 2A INDICATORS	SPECIAL START	TEEN SERVICES	ARS	HEALTHY STEPS	SUMMER PRE-K & QII	GRANTS
Proportion of children screened for developmental delays who scored "of concern" per the assessment	67% (n=299)	16% (n=234)	27% (n=89)	61% (n=231)	57% (n=15)	33% (n=191)



Family Support Services – Specialty Provider Team (SPT)

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

ECC FAMILY SUPPORT TENETS

Family Centered Practice
Child Development focused
Relationship-based
Multidisciplinary Services
Reflective Supervision
Low Case Load Ratios

What was our impact?

The SPT received a total of 305 referrals from Hospital Outreach Coordinators, Public Health Nurses and Family Advocates.

Maternal depression consistently ranks as the most frequently identified need.

SPT Consultation Services:

- *164 mental health, substance use and developmental consultations were offered to FSS providers*
- *SPT staff consulted at 210 multi-disciplinary team meetings.*

SPT Trainings:

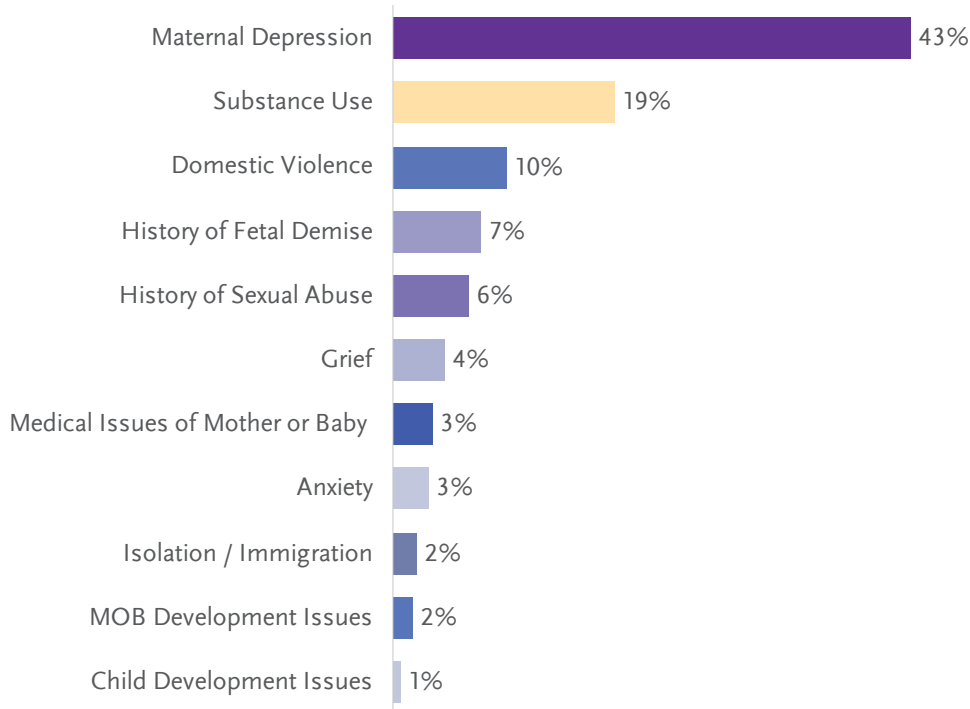
- *17 trainings for 715 providers (duplicated) were held on a variety of topics including: child development, using the ASQ and ASQ-SE, addressing needs of children at home visits, adult mental health issues and maternal depression.*

SPT Direct Services:

- *120 families received 464 home visits for mental health services.*
- *26 families received consultation on child development.*



2005-06 Reasons for Referral to SPT



Family Support Services (FSS) Healthy Steps – Pediatric Strategies

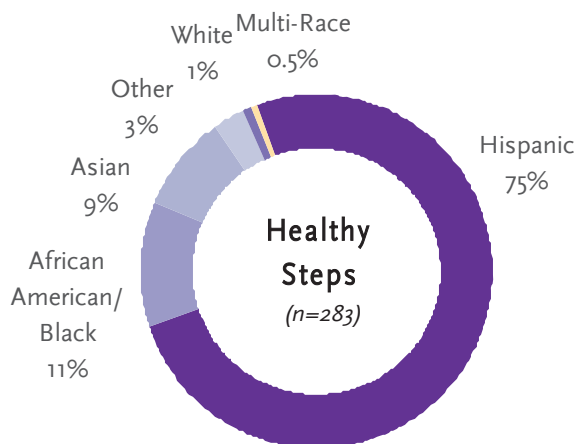
Healthy Steps increased provider capacity for early detection of developmental concerns by providing developmental screening, support, resources and referrals for parents. In January 2006, Healthy Steps expanded to a third site.

What was our impact?

283 children received Healthy Steps services from Child Development Specialists at pediatric sites.

73% spoke Spanish; 24% spoke English; 3% spoke various other languages.

2005-06 Race / Ethnicity of Healthy Steps Clients



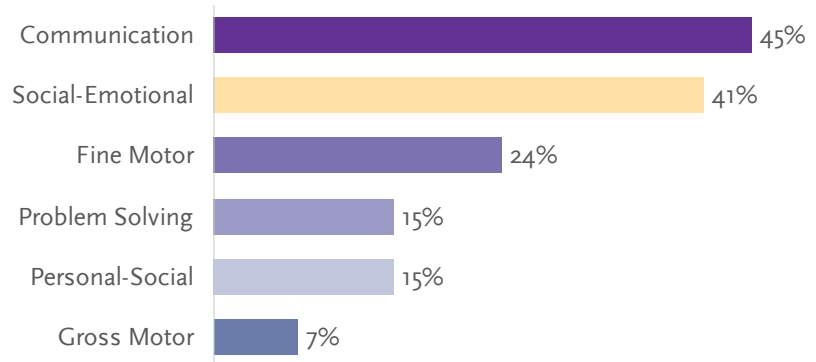
Luis, a Mexican American four year old boy was initially referred to a Child Development Specialist (CDS) for speech and language, social-emotional and cognitive concerns. As a result of his ASQ score and her observations, the CDS referred Luis to the school district. His mom declined, but did enroll Luis in the Summer Pre-K program.

The Pre-K program teacher was also concerned about Luis and urged the CDS to continue working with the family. Luis' father...felt somewhat "ashamed" that his son might need support services. The CDS spoke to the father about his concerns from his cultural perspective. Because the CDS built a relationship with this family, they trusted her suggestions and the family followed through with the school district referral.

SPT Report

223 ASQ screens and 34 ASQ-SE were performed for 231 Healthy Steps clients: 61% of the children screened scored of concern in at least one developmental domain at the time of the last ASQ.

2005-06 Results of Healthy Steps ASQ and ASQ-SE
Screens By Area of Concern
(n=231)



Of the 231 children who scored "of concern" in one or more domain:

- 36% were referred to school districts for Individual Education Plans; of those referrals, 86% were in progress or completed.
- 34% were referred to Head Start or Early Head Start; of those referrals, 65% were in progress or completed.
- 26% were referred to Regional Center; of those referrals, 76% were in progress or completed.
- 4% were referred to child care; of those referrals, 33% were in progress or completed.

50% of parents reported on a Parent Satisfaction Survey that they had an increased understanding of their child's development and felt they could better advocate on their child's behalf.





Pediatric Strategies – Assuring Better Child Health and Development (ABCD)

ECC received funding from the Commonwealth Fund in collaboration with the State Department of Health Services to implement a pilot aimed at increasing standardized developmental screening during well child visits. A local partnership was formed that included the Alameda Alliance, the Alameda County Medical Home Project and First 5. Three pediatric practices and five sites participated in the pilot to train pediatricians and office staff in using the ASQ at the 18 month well child visit. In addition, parents were given incentive bags that contained developmentally appropriate toys and books.

What was our impact?

213 children were screened with the ASQ, of which 28% scored of concern.

86% (n=51) of those found “of concern” either saw their pediatric provider for follow-up or were given an external referral.

Providers stated [the pilot] **“engaged parents in thinking about their child’s development** and gave them a language for discussing developmental concerns with the pediatric provider. This brought more of a focus on developmental issues to the well child visit.”

ABCD final report, August 2006

On a survey conducted after the pilot, providers reported:

- *Starting to screen for maternal depression*
 - *Using the ASQ in their preparation for talking with parents about their child's development*
 - *Increasing their referrals to EPSDT mental health providers*
-

Community Grants Initiative – Mental Health Partnership Grants

The goal of the Mental Health Partnerships is to increase the capacity of Mental Health Consultants in child care settings. Weekly trainings for the grantees included: conducting the Ages and Stages Questionnaire, working with family child care, the teacher-child relationship, recognizing cultural bias, temperament, special needs, and speech and language development. Participants from each agency shared their expertise by presenting cases and soliciting feedback from the group.

MH consultants, in turn, trained and consulted with child care staff on several topics related to social/emotional development and developmental issues.

MH consultants provided direct services to children who were identified as needing further assessment or treatment at 25 child care sites.

This year, three MH partnership grantees piloted a consultation program for family child care providers. Consultation activities included outdoor environments, safety issues and age-appropriate behaviors, using the Family Day Care Environmental Rating Scale, staff/child ratios and use of the television. Each consultant provided about 80 hours of consultation.

One MH consultant was instrumental in preventing the expulsion of a child. The boy had repeated tantrums on the way to school and been labeled a “problem” child by his teacher. He was ... threatened with expulsion if he didn't learn to behave. His family was confused, offended, and having difficulty hearing the negative feedback each week from the teacher. Although the child had difficulty regulating his emotions, the consultant determined that other factors were at work as well: his teacher's depression [and] negativity... and [her] difficulty guiding active boys. The consultant established a relationship with this teacher who then allowed the consultant to “wonder with her” about contributors to the child's behavior. Through the reflective process, they explored how he was getting negative attention at school. The teacher attempted to give him positive feedback after the consultant focused on his strengths. The family...worked with the consultant on positive discipline strategies. As a consequence, the boy transitioned more smoothly from home to school without tantrums. Although challenges remain, he is still enrolled in school.”

2005-06 Grantee Report

What was our impact?

13 MH consultants provided ongoing mental health consultation to 336 child care providers at 25 sites throughout the county serving 1,492 children which included both program and child-specific consultation.

One agency [used MH interns] to establish a **multi-lingual/multi-cultural team** including...Latinas, African Americans and Chinese Americans...Languages spoken are Spanish, Tagalog, Cantonese, Mandarin and English.”

2005-06 Grantee Report

A survey of 149 teachers who received MH consultation services found that:

- 80% of providers reported a reduction in negative child interactions in the classroom.
- 60% reported learning something new about their teaching style, their relationship with the children or a classroom strategy such as, how to communicate better with parents about children in the classroom and that it is important for teachers to listen to other staff as well as children without interrupting.

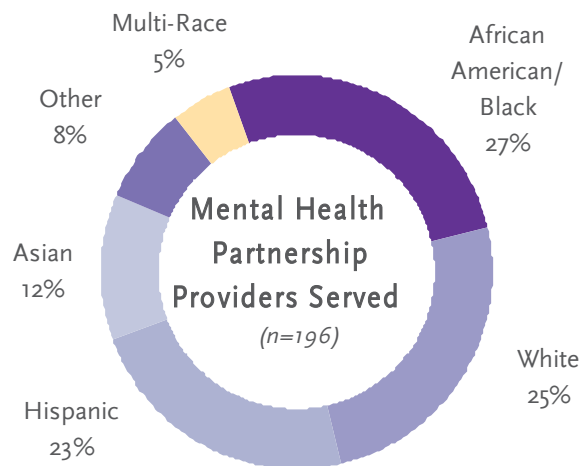
I learned “How **not to jump to conclusions** about a child's behavior,” and “to look at the whole picture”.

Teacher receiving MH consultation services

“As a teacher it is always helpful to have someone else to help with parents and their children, **someone** who is **not so close to the problem ...**”

Teacher receiving MH consultation services

2005-06 Race / Ethnicity of Mental Health Partnership Participant Center Staff and Teachers



All 165 children who were referred, received mental health consultation or assessments.

56 children were screened using the ASQ and 6 scored of concern.

88 children were referred for further assessment or services including: OT/PT, Regional Center, developmental pediatrician, individual and family therapy, school district, hearing evaluation, therapeutic nursery school, domestic violence program, vision, dental services and health insurance.

31 children received an average of 13 play therapy sessions.

136 parents received consultation.

The family child care consultation pilot program met with varying degrees of success. Because family child care sites are busy settings, often with only one provider, meetings were delayed or cancelled so that developing rapport, continuity and applying a consultation model in the setting was difficult. However, experiencing the realities of a FCC served as a learning opportunity for consultants.

My challenge was being of help and finding resources for a family child care provider who was **overwhelmed by her job**. She was isolated; was dealing with boundary issues with the parents who saw her as an extended family; and could not get her staff to do what she wanted them to do. Yet, she was **wonderful with the children**.

2005-06 Grantee Report

Community Grants Initiative – Parenting and Innovative Grants

Developmental screenings were conducted by five grantees, including a family literacy program, a parenting program for Spanish-speaking families, a domestic violence shelter, an agency serving clients with special needs and a program providing drop-in services for homeless women and children.

What was our impact?

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

Offering screening to our [clients]...may initially be intimidating to them, but as the families see how they can work on areas of concern, it is a **great relief** [to them] to be able **to take action** to help improve their child's development.

2005-06 Grantee Report

A 40 year old...first time single mother... came to [our program]...for help with food and diapers.... Her 2 year old daughter was quite withdrawn. The mother was very suspicious of the staff...and defensive about her daughter...She finally **agreed to have the ASQ** completed and was **extremely relieved** when the results showed [no areas of special concern]... [The mother] began to come to [the program] 3 or 4 times a week... Her daughter is [now] much more animated and responsive...

2005-06 Grantee Report

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

What was our impact?

186 parents and 119 children received therapy.

1,371 therapy sessions were provided.

All 24 parents surveyed by grantees were "very satisfied" with the services.

Parents noted [a] **decrease in children’s acting out behaviors** such as aggression or tantrums...and in anxiety and nightmares. Parents observed **improvements** in [their children’s] **social skills** and **verbalization of feelings**.... Another change was learning new parenting skills and feeling more empowered and confident as a parent.

2005-06 Grantee Report

Prior to receiving the ECC grant, [our program] was limited to serving families with school-age children and adolescents. Now [we are]...**able to intervene in infancy and early-childhood** to prevent the serious behavioral and emotional problems that develop later.

2005-06 Grantee Report

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

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

Early Care and Education – Inclusion Coordinators

Inclusion coordinators at the three R&Rs support families to access and maintain inclusive child care by providing child care referrals for children with disabilities and technical support to inclusive child care programs.

What was our impact?

197 ECE providers received technical assistance and referrals on developing inclusive child care programs.

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

Additional support included R&R lending libraries, trainings and workshops.

“...with my 4 year old child’s limited attention, hyperactivity and impulsiveness issues, it is critical that he learns ways to calm himself...due to the knowledgeable and captivating instructor he took quickly to the class and enjoyed participating....thanks again to the Yoga instructor and [4Cs] Inclusion Coordinator for allowing us to explore different ways to improve my son’s behavior and attention, while having fun at the same time!”

Letter from parent of child with special needs

Early Care and Education – Quality Improvement Initiative (QII)

QII offers funding for quality enhancement and facility improvement grants.

What was our impact?

106 children with special needs attended sites that received grants.



Community Grants Initiative – Parent Child Developmental Playgroups Partnership Grants

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

Two grantees participated in a parent-child developmental playgroup pilot to meet the needs of children 2-5 years of age who have been identified as at risk for developmental delay in communication or other areas and who do not meet Regional Center or School District eligibility criteria for services. Each agency offered multiple play groups (grouped by language and ages of children) for a 4 to 6-month period. Agencies received training on administering the ASQ, conducting successful outreach, and addressing cultural differences in child rearing and parent-child interaction. Children were referred to the playgroups primarily through friends, flyers, pediatricians' offices, community clinics or regional center. On-site consultation and technical assistance were provided by a lead agency.

What was our impact?

47 children and 54 parents participated in the 6-month developmental playgroups. Playgroups were facilitated in Cantonese, Vietnamese/English, Spanish, English, Spanish/English, Lugosa/English and Farsi/English.

An average of 10-12 play group sessions was attended by participating child and parents.

Most of the children screened with ASQ were identified "of concern" in personal/social and communication domains.

27 of 30 children screened upon entry showed change in one or more domains upon exit.

24 referrals were made to school districts, speech and language specialists, occupational and physical therapists, the Regional Center, dentists and Child Protective Services.

"Parents and grandparents came to realize the important role they play in their child's early development through **mutual play** and **strong attachment activities**. [Parents] were more familiar doing things "for the child" instead of "with the child". ... Most of the parents became more in tune with their child's cues ... more parents were following their children's leads and encouraging their children to explore in both play and in using language."

Playgroup Partnership Report

Community Grants Initiative – Parenting and Innovative Grants



A hospital neonatal intensive care unit (NICU) received funding to expand and enhance its “Compassionate Touch” program. Through training on responsive touch and attuned communication, the program supports the health and development of medically fragile infants and promotes parent-child attachment. Both NICU staff and parents received Compassionate Touch training.

What was our impact?

38 NICU staff attended Compassionate Touch 3-day training. 218 parents with infants in the NICU were trained on and 151 infants received Compassionate Touch.

31 of 33 parents felt that Compassionate Touch had a positive influence on them and their family. The percentage of parents surveyed who said they “strongly agreed” that “I know what I can do to make my baby feel most secure during their stay in the NICU” increased from 7% (n=112) prior to the training to 69% (n=61) after the training.

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

[A mother said], “The program has provided me with some essential tools that I use daily... In general, I feel **more aware of how I hold and touch [my daughter]**...and much more in tune with her needs. Learning ways to position her made a huge difference... It is amazingly effective.”

2005-06 Grantee Report

Four other grantees provided services for families with special needs.

One agency received funding to support the start-up and staffing of a newly built community-based pediatric audiology suite designed to address the long waiting period (4-6 months) typical for hearing screenings at bay area hospitals.

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

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

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

[A three year old boy] needed regular audiological monitoring to exclude the possibility of a progressive hearing loss. Before the advent of [our] program, his working parents found it difficult to obtain audiology appointments without taking leave from work. Further, [he] was extremely afraid of the hospital... Now...his family schedules appointments for...5 pm, when at least one parent is available. And, because the hearing tests take place in a specially designed, child-friendly room...[he] is happy and cooperative during his regular appointments.

2005-06 Grantee Report

What was our impact?

The waiting time for audiology screenings was reduced by 5 months. The agency received CCS and Medi-Cal certification expanding access to services for low-income families.

654 families with children with special needs received information on rights and entitlements to services and approximately 2,100 resource directories were given to parents and professionals.

71 baby gym classes and 71 swim classes were held for children ages 3-5 years, including 44 children with special needs

59 families were accompanied to Individual Family Service Plan or Individual Education Plan (IEP) meetings. 7 children continued to receive services after turning 3 years of age. 58 parents received respite child care. 136 parents attended 188 support group meetings.

Because so many parents enjoyed the support group...they have **initiated groups at their children's preschools** as well... for parents dealing with special needs or behavior issues. One group has been started in an elementary school by parents who graduated from the...program.
2005-06 Grantee Report

This year our grant-funded programs **became technologically savvy**. [Our]...support [groups]..are [now] linked through...email user groups.... Many of the parents felt alone, and yet because of the problems they face, they don't have time to get together for a cup of coffee. Through email they can chat with one another at night once their children are asleep... Parents who don't have access to the internet at home are using their local library or other options to get online. Having the groups has enabled parents to communicate more frequently with each other and with their support group facilitators... The user groups are changing the way towards a goal of having families **build** support systems and **networks to help them** in their **every day lives**.
2005-06 Grantee Report

Over 445 home-based mental health sessions were provided in English, Spanish, Korean and American Sign Language to 30 parents and 23 children.

[We] received a referral from family court for a four-year old girl and her mother... The mother developed a serious medical condition which destroyed her vision... [The daughter] appeared to have a good understanding of her mother's condition and to have adjusted well to it. The concern was that...she...was trying too hard to take care of her mother.... Mother and daughter were able to **process** their **feelings of loss and grief** together **through play therapy**.
2005-06 Grantee Report



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

Low wages and limited career development opportunities in Early Care and Education lead to high turnover for ECE providers. ECC programs provide support to providers to encourage retention and professional development. Another goal is to encourage a diverse workforce to meet the demographic need of our community and to encourage a Family Child Care workforce to pursue in professional development opportunities.

Early Care and Education – Child Development Corps (Corps)

The Corps is a professional incentive program designed to increase professional development and retain early care and education staff and providers. It is a partnership that includes First 5 AC, the Local Child Care Planning Council, Resource and Referral agencies and community colleges. Corps programs provide outreach to address cultural and linguistic diversity of the workforce; support to increase involvement of family child care providers (See Highlights: Family Child Care Settings page 40); application, stipend and permit assistance; educational and training opportunities; foreign transcript review; career counseling and support for both AA and non-AA degree Corps members.

The Corps reached out to linguistically and geographically diverse providers by translating materials and presenting at a variety of ECE community meetings and at the Family Child Care Coalition. 26 Corps Enrollment Specialists, including five Spanish-speaking and two Chinese-speaking, offered enrollment assistance.

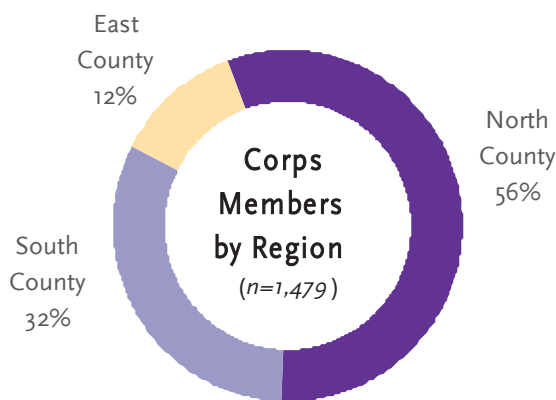
What was our impact?

In the sixth year of the Corps program, 1,505 members were enrolled and a total of \$2,729,750 in stipends was awarded.

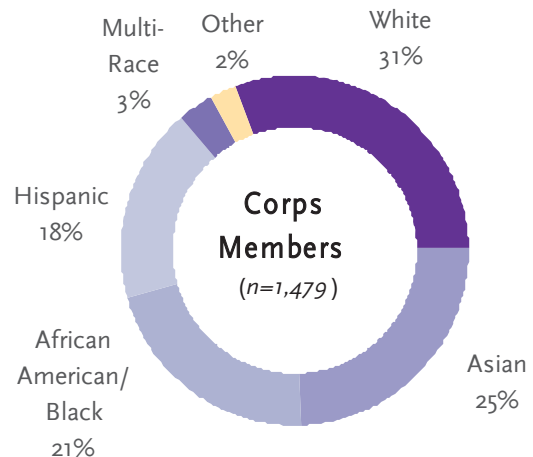
- 83% for center providers
- 10% for family child care providers
- 7% for school-aged providers
- <1% for license-exempt providers

The demographics of Corps enrollment were similar to previous years. This year, more of the first-time Corps applicants were Asian (32%) followed closely by Hispanic (25%).

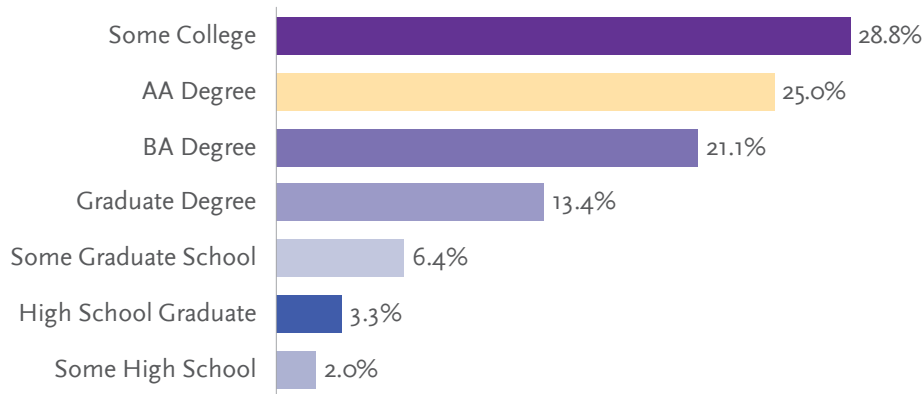
2005-06 Regional Distribution of Corps Members



2005-06 Race / Ethnicity of Corps Members



2005-06 Education Level of Corps Members



After taking ECE courses at Ohlone college, a Corps member reported that she made significant changes in her classroom. Not only did the children respond to her, but other teachers at her center have asked her for guidance and assistance. She said, **“I only returned to school because of the Corps program.”**

Contractor Report

When a professional development plan was created for a Corps member, she was informed that if she completed the lab requirement, she could petition for an AA degree in Child Development. She filed a permit application and the PDC gave her three child care job contacts for her lab hours. A week later, she had two interviews and is now working and taking evening classes...

Contractor Report

Planning for the new Child Development Corps

After reviewing the program impact over the past 6 years, ECE staff found that Corps members with lower education experienced difficulty attaining their General Education college requirements, while Corps members with higher education attainment had difficulty finding training opportunities that met their professional development goals. In both the formal and informal education system, few supports exist for English-language learners.

ECC convened a Community Workgroup comprised of administrators, teachers, providers, mental health consultants and college instructors from private and public programs, faith-based programs, subsidized child care centers and family child care programs to address the limitations of the existing Corps program.

As a result, the Child Development Corps was re-designed to address the barriers Corps members faced when trying to achieve their professional development goals. Colleges placed greater investments in student advising to support degree assessment and counseling. Outreach and bi-lingual classes were developed to improve recruitment and retention of English-language learners who plan to attain an AA degree in ECE.

Based on recommendations from the ECE community workgroup, the Corps designed a comprehensive professional development system for providers who need support and training outside of the formal education system. This system will include specific strategies to address the needs of English-language learners and family child care providers.



Early Care and Education – English Language Learner Providers

With increasing numbers of ECE providers being English language learners, the redesign of the Corps AA program provided enriched programs and supports for non-native English-speaking students at the colleges.

Five years ago, Chabot College piloted the Emergent English Program for Spanish speaking ECE students. With ECC funds, Chabot enrolled approximately 30 students per year. Chabot College now fully funds the program. To address student continuation toward the AA degree, ECC funded Chabot to hire a second Professional Development Coordinator (PDC) to counsel, coordinate, track student achievement and to assess systemic barriers to success.

In 2005, the Emerging Teacher Program (ETP) began at Merritt College for 25 ECE students who found it difficult to complete general education courses. ETP targeted students with at least 9 college ECE units who scored as “intermediate” on the English Language Skills Assessment. This first cohort was successfully led by a bicultural, bilingual counselor for three semesters to support students in completing 16 general education units needed to qualify as a Teacher on the California Child Development Permit Matrix. In addition to Saturday classes, the cohort met monthly and students received tutoring, transportation and financial assistance. A second cohort begins in Fall of 2006.

What was our impact?

A survey of 15 students enrolled in the Merritt College ETP found the following:

All of the students said they planned to obtain their AA degree and 60% plan to continue their education toward the Bachelors degree.

Three of the major barriers to completing general education courses were: time, finances and transportation.

The most helpful supports identified were classes on Saturday; support from other cohort students and tutoring.

“In writing and in other classes, if you don’t understand [something] it is hard to say, ‘Oh, can you repeat it again?’ In this program, they **speak slower and understand better**. The teacher here explains things. Other teachers don’t explain to you what you are doing wrong.”

Interview with Merritt College Student in ETP First Cohort

“I write [daily] report sheets at work telling [parents] about how their baby was [and about their] baby’s activities. **I can write now**. I used to ask a lot of questions about how to write something. Now I do it myself.”

Interview with Merritt College Student in ETP First Cohort

Learning from the success of the Chabot College Program, Las Positas College will offer an ESL-ECE linked class in the Fall of 2006 and Spring of 2007.

Initially resistant to teaching courses in any language, except English...[Chabot] College kept the program “under the radar” and did not include it in **[published] course offerings**. In the Spring 2006, the program was included **(in Spanish and English)** in the college catalogue and in a community outreach brochure.

Lessons Learned, funded by Packard Foundation

Early Care and Education – Career Advocates at Resource & Referral Agencies (R&Rs)

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

- Assist providers in how to apply for Child Development Permit
- Review foreign transcripts for transfer of units
- Help providers identify individual professional development goals
- Work with professional growth advisors who counsel and advise providers in the community who are interested in obtaining a permit
- Connect providers with community resources and trainings
- Organize and facilitate provider support groups

What was our impact?

Career Advocates responded to 1,797 provider requests with face-to-face contacts, telephone and e-mail. They trained 56 professional growth advisors to assist providers in the field and evaluated 99 foreign transcripts.

R&Rs also facilitated various provider groups including:

- *Master Teacher support groups for 85 providers*
 - *Support groups for 27 Farsi-speaking providers on, Fremont Fire Dept. Emergency Preparedness, Childhood Nutrition and How to Obtain a Large Family Child Care Program License*
 - *Support groups for 100 center directors on Literacy, Management Challenges & Coping Strategies and Communicating with staff and parents*
-

Early Care and Education – Community Colleges

4 Community colleges in Alameda County educate the majority of ECE professionals. Every Child Counts funded programs to meet the need for increased, accessible ECE training and educational opportunities for both new and experienced providers.

To strengthen community college recruitment and education of early childhood educators, ECC contracted with four community colleges to hire Professional Development Coordinators (PDCs). The PDCs coordinate and advocate within the college for new and updated early childhood development and business courses. They serve as liaisons with the child care community, the Child Care Fund and the Alameda County Child Care Planning Council, to improve health and safety resources for children in child care.

What was our impact?

Professional Development Coordinators:

- *Advised 1,242 students*
 - *Completed 851 education plans*
 - *Conducted 10 Child Development Permit Workshops for 161 providers*
-



2006 General Education Survey

To better understand the barriers to completing the AA degree in Child Development, PDCs administered 749 surveys to students from four colleges in English (63%), Spanish (14%) and Asian languages (10%).

Barriers to completion of general education requirements toward the AA degree included the time courses were offered, work obligations and finances.

Highlight – Family Child Care

One-third of children in licensed child care are in family child care settings. Since family child care (FCC) providers contribute significantly to the ECE workforce in our county, ECC devoted attention and resources to support and provide educational opportunities for FCC providers. Studies show that successful outreach efforts and professional development needs differ for family child care and center-based providers. Family child care provider needs were addressed through a variety of strategies, including targeted outreach for the Child Development Corps program, the Quality Improvement Initiative, the Family Child Care Fair, training for Infant-Toddler Caregivers (PITC) by West Ed and on-site mental health consultation.

The family child care perspective was given voice in various stakeholder meetings and events, such as Corps transition planning, the Family Child Care Coalition and in R&R-sponsored focus groups on parents' needs for child care. R&Rs also sponsored support groups for family child care providers.

Professional Development for FCC providers

- 10% of new Corps members were family child care providers who received \$259,750 in stipends.
- The theme for this year's Family Child Care Fair was children's social-emotional development. 178 providers from diverse backgrounds attended and received \$44,500 in vouchers for books, supplies and materials. Family Support Services and Quality Enhancement Program staff led workshops on the socio-emotional world of young children in English, Spanish and Chinese.

Providers reflected on and discussed cultural differences they experience in their settings and how they approach differences. One provider shared how a parent was offended by another parent's religious food beliefs and wanted the provider not to accommodate particular food restrictions. This prompted a discussion on how to approach parents about different beliefs without offending either parents and protecting the children from feeling judged.

- WestEd conducted the Program for Infant Toddler Caregivers (PITC) training series for eight neighborhood cohorts of family child care providers. Two cohorts were in Spanish. 70 FCC providers attended, of which 48 completed the full series and 19 received academic units.

Quality Improvements for FCC programs

- QII provided services to 18 family child care programs, which included environmental assessments, individual consultation and technical assistance and cohort trainings.
- The Low Income Investment Fund (LIIF) awarded 26 quality improvement grants of up \$5,000 to family child care programs.
- Mental Health Consultation: Three MH partnership grantees piloted a consultation program for family child care providers which met with varying degrees of success. Consultants found that experiencing the realities of a family child care served as a learning opportunity.



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

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

Early Care and Education – Quality Enhancement Programs (QEP)

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

QEP includes four distinct components:

The Quality Improvement Initiative (QII) provides program and environmental assessment services for family child care and child care centers, as well as technical assistance and grants for quality improvement.

Quality and Facility Grants are awarded to licensed child care programs to increase and improve child care slots.

The Family Child Care Fair honors family child care providers with workshops on relevant child development topics and vouchers to purchase children’s books and child development materials.

The Enhanced Mentor Program (EMP) a partnership between the California Early Childhood Mentor Program and ECC offers mentoring and training for child care providers and increased site-based learning opportunities for ECE students. The EMP also provides training and professional skills development opportunities for mentors.



One Corps program, “**Teachers Teaching Teachers**”, provided members with networking opportunities and professional presentations on celebrating student racial, ethnic and cultural diversity, recognizing differences in student learning abilities and ways to empower students through respectful and reciprocal relationships. Participants had an opportunity to briefly share a useful teaching strategy to help students grasp key concepts.

Quality Improvement Initiative (QII)

In 2001, ECC launched QII to improve the quality of child care centers and family child care. Consultants assessed program needs, identified goals and developed individualized quality improvement plans for implementing changes. The consultation model has evolved over time and will launch a new model in 06-07 using lessons learned from the past and from participating in the University of North Carolina and the UCLA national quality improvement study, Quality Intervention for Early Care and Education (QUINCE).

What was our impact?

Nine child care centers and 18 family child care homes participated in the program, serving a total of 686 children.

Eight consultants to the child care sites received training on strategies for providing effective technical assistance, implementing a relationship-based model and administering the Environmental Rating Scales (ERS).

Consultants provided environmental assessments using the ERS and provided technical assistance to support changes identified by the assessments.

What was our impact?

An example of the impact of consultation to a child care program focused on health and safety included:

- *Eliminating unsafe furniture from outdoor play spaces*
- *Having children wear bicycle safety helmets*
- *Improving sanitation practices, including improved toileting routines*

“The outside space is being used more effectively for children, with outside blocks and dramatic play, **children have more choices**. We also added sand and water play, art and new balls. Children are happier and don’t fight as much.”

QII Consultant Report

“Due to the assistance of this program, our class now has the necessary materials to rotate in various areas to **keep** the **children motivated** and interested.”

QII Consultant Report



Quality and Facility Grants

To enhance the sustainability of the QII, ECC created a formal partnership with the Low Income Investment Fund (LIIF), a national agency with expertise in financing child care facilities throughout the Bay Area and California.

What was our impact?

LIIF awarded a total of \$1,028,775 which enhanced 1,847 existing child care slots in the county and created 76 new child care slots. 41 grants of up to \$5,000 for family child care and up to \$10,000 for centers were made available to support quality improvements.

\$275,000 was awarded for 41 quality improvement grants and impacted:

- *50 children with special needs*
 - *584 children from low-income families*
 - *263 children with a home language other than English*
 - *\$843,275 was awarded to 18 sites for facility improvements and impacted*
 - *66 children with special needs*
 - *276 children from low-income families*
 - *218 children with a home language other than English*
-

Enhanced Mentor Program (EMP)

EMP partners with the California Mentor Program to recruit mentors to work with ECE providers who request technical assistance or support. To increase mentoring skills, ECC offered a training series called, **Mentoring with Impact**, designed to promote best practices for child care providers. Training included three, one-day sessions on: Effective Communication and Relationship Building, Creating and Implementing an Action Plan and Observation, Critical Thinking and Conducting a Needs Assessment.

Mentors also received an “On-Camera Coaching” training to enhance their presentation skills from a licensed clinical therapist who specializes in presentation skills. This program videotaped mentors as they presented to the rest of the group and provided feedback on their skills.

What was our impact?

12 mentors conducted 32 trainings for 524 child care providers on a variety of topics including: Early Literacy, Art, Music and Movement, Teacher-Child Interaction, Socio-Emotional Development, Positive Discipline, Challenging Behaviors, Creating an Optimal Classroom Environment, Yoga for Children, Stress Management and Environmental Rating Scales.

23 mentors provided one-on-one assistance or support for 56 providers on topics such as: policy development, setting-up new family child care homes, curriculum, discipline, promoting positive teacher-child interaction, observation skills and environmental assessment.

“She [the Mentor] **modeled how to communicate** with children during activities by asking them open-ended questions, thereby helping them learn new words and concepts.”

“My Mentor ... educated me on what I should do with children **according to their developmental age.**”

Child care providers who received mentoring

Outcome 2E: Children enter Kindergarten ready for school

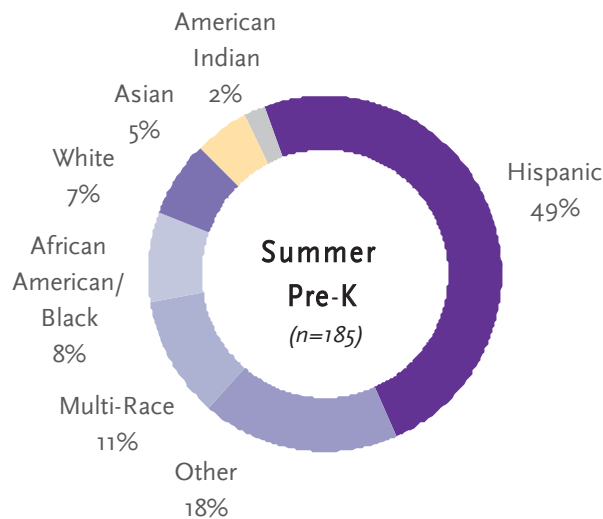
Alameda County has 67 low-performing elementary schools (API 1-3). To support school readiness, ECC expanded the Summer Pre-K Program and increased county-wide literacy efforts. We developed a kindergarten registration flyer that included requirements for registration (birth certificate, immunization card, proof of address) and contact information for every school district in Alameda County. Over 4,000 copies in English, Spanish, Vietnamese, Chinese and Farsi were distributed by three R&Rs, public health nurses, family support contractors, community grantees, pediatric offices, health clinics and elementary schools.

School Readiness – Summer Pre-K Program

The fifth annual 5 to 6 week Summer Pre-K Program expanded to 12 sites across three school districts: Oakland, Hayward and San Lorenzo. Summer Pre-K programs provide quality transitional early childhood experiences for children entering Kindergarten who have not had prior preschool or licensed child care experiences and linked families with health, dental and child development services.

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

2005-06 Race / Ethnicity of Children Attending 2005 Summer Pre-K Program



Children attending the programs spoke 14 languages: 60% Spanish, 24% English, 3% Cantonese, 3% Tagalog, 3% Mien, 2% Vietnamese and 4% spoke Japanese, Pashto, Hindi, Mandarin, Chinese Lao or Arabic.

48 parent workshops on school readiness and parent support topics included: Introduction to Kindergarten, Dental Health, Food Bank Services, Healthy Living, Child Abuse Prevention, Literacy and Library Services, Motor Development and School Readiness Activities.

What was our impact?

15 children attending Summer Pre-K Programs (See Outcome 2A) were referred to the Specialty Provider Team for developmental screening. As a result, eight children were identified early and received special education services after consultation and coordination with the school district.



Each classroom conducted a self-assessment using the Assessment of Practices in Early Education Classrooms (APEEC) and received feedback from ECC staff. All classrooms scored “good” or “excellent”. Many sites utilized the tool to enhance their classroom environments.

“I re-designed my classroom to make it **easily accessible** to the children. I made sure there was **ample floor space** so they could **spread out during playtime** and brought in more hands-on materials for the children to use.”

“I brought in a **blanket** and **stuffed animals** for students to have a **down time** or **comfort** area. **Art** was **displayed** throughout the classroom and the hallway for parent and visitor viewing.”
 Survey of Pre-K program teachers

In the Summer Pre-K Program teacher survey, teachers reported that many children lacked skills related to social relations, language, literacy and initiative upon entry into their classrooms. At the conclusion of the program, teachers reported that they were able to address children’s individualized needs in the summer program using a variety of approaches:

- Giving children time to explore interests and establishing daily routines and practicing them over and over to help children get a feel for [school] routine
- Encouraging social skills through play and group work
- Targeting students’ individual academic needs such as letter and number recognition, phonemic awareness and patterns
- Encouraging fine motor skills with pencil manipulation and name writing
- Working closely with families including daily meetings with parents to discuss their child’s needs and progress and giving suggestions to do additional activities at home
- Utilizing the visiting child development specialist who was able to interact with a child not experience in socializing
- Constantly inviting children to participate who lacked initiative – and having other children extend the invitations

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

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

“I learned a lot about how to set up a developmentally appropriate kindergarten classroom that meets the needs of all students. I also learned **how to transition students** through the daily schedule and choose activities that were appropriate for their age level.”

“I learned that at this age, **children are very artistic**, can be quiet, that they can be assertive by using ‘I’ statements, **can listen attentively** to stories...”

“We were **amazed** at **how much the kids grew** in just five weeks.”
 Summer Pre-K teacher survey

Parents reported observing changes in their children:

“I think that it really helped my son, because he **learned** how **to share** with other kids, **socialize** and he was a little **bit more ready** to detach from his parents.”

“She started [to] like books and when we go to the mall, **she** just **wants to buy books** and educational toys...”

“He’s very wild at home. He’s always jumping and saying bad words a lot. But at the school, he’s quiet. He doesn’t say bad words. He follows directions. I’m very **impressed how** the **teachers do their job.**”

Summer Pre-K parent focus group

School Readiness – Literacy Activities

Literacy activities were integrated across all ECC programs. Distribution of culturally appropriate books and age-appropriate materials in multiple languages was increased through the Family Child Care Fair and by distributing books to families receiving FSS services. In addition, an Early Childhood Literacy Network was convened with community representatives from family literacy, early childhood, pediatric, family support and adult literacy programs in the county.

Five new Reach Out and Read (ROR) sites were launched this year at pediatric offices. ECC provided technical assistance and support to providers to assist them in submitting applications to the national ROR office, implementing programs and selecting and ordering books.

What was our impact?

Family Support Service contractors distributed 3,358 books (up from 1,124 last year) in seven languages: English, Spanish, Chinese, Korean, Arabic, Portuguese and Bengali.

Family Child Care providers purchased 221 books at the Family Child Care Fair.

The five ROR sites distributed 3,440 books to children.

Community grantees distributed 3,017 books in English, Spanish, Chinese and Vietnamese.

38 parents attended 2 workshops given by a grantee about the importance of reading and 22 child care providers attended a series of workshops on “Capturing Children’s Stories” and “Book Making.”

Two mothers [in our program]...quickly discovered that they both had a similar passion for books.... [The] mothers started a project...**The Book Nook Café**, (www.thebooknookcafe.com)...an innovative series of **workshops** called, “Summer Reading Fun,”...for children 0-2 yrs and 3-5 years of age. The workshops, “Picnic Fun,” “Summer in the City,” “Splish-Splash,” and “Summer Travel,” is designed to bring reading alive through dramatic play, songs and fun activities.

2005-06 Grantee Report

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

59 Spanish, Chinese and English speaking Even Start parents and their children attended one or more parent-child playgroups offered by a grantee. 53 families received home visits. All of the families have more than 50 children’s books in the home.

OUTCOME 2E INDICATORS	SPECIAL START	TEEN SERVICES	ARS	GRANTS
Proportion of families receiving intensive ECC services who report reading, storytelling or singing to their children one year of age and older at least once a week	78% (n=227)	79% (n=264)	90% (n=97)	77% (n=311)

Community Grants Initiative – Parenting and Innovative Grants

A bilingual early care and education center started a Saturday Academy, a 12-week preschool program for Spanish-speaking children, along with workshops on school readiness and other topics for their parents. The Academy was offered twice during the school year and a shorter, 6-week program was held during the summer.

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

A children's art museum had a drop-in art studio for children ages 18 months to 5 years with artist-facilitators. This year the museum placed artists in child care settings to engage children in creative art for 10 sessions and to train, coach and advise teachers and parents on creating appropriate art experiences and environments.

What was our impact?

25 children participated in the bilingual Saturday preschool program and 39 parents attended one or more of 15 parent workshops. Children were able to write his or her name, recognize geometric shapes and numbers 1-10, identify primary colors and use scissors.

"Before we started this program my son had limited vocabulary, limited social skills. He wasn't doing things other 3-4 year olds did...he has **grown leaps and bounds**... I give full credit to [the program] for this tremendous growth."

2005-06 Grantee Report

A total of 1,984 children, their parents and 365 providers from 89 Head Start, Even Start and other programs serving young children participated in fieldtrips to the children's theme park. 47 of the groups had not previously participated in a fieldtrip. Free passes for the park were distributed 715 low-income children and their parents.



"Historically, as an agency, we had not adopted a philosophy of and procedure for planning educational workshops at the level of detail that we have for our ECC program. ...it has been a significant achievement for us to develop a detailed curriculum and activities for both children and their parents, and to implement the children's program and parent workshops in such a way that they interrelate and reinforce one another.... This element is typically lacking in other early education programs. ...high quality teaching that is connected to parents is very effective."

2005-06 Grantee Report



481 children and their parents attended 22 weekend workshops at the park. 100% (n= 163) of those surveyed who participated in the weekend workshops felt their child benefited from the activities and 51% felt their ability to encourage school readiness had improved.

The drop-in art studio received approximately 3,505 visits from Alameda County children, including over 900 visits from families in West Oakland and East Oakland.

Artists led and demonstrated children's art activities for 468 children and trained and consulted with 60 teachers at 12 licensed child care sites in Oakland, Hayward, Alameda and Berkeley. All 26 classroom teachers demonstrated a change in attitude regarding the presentation of art to pre-school children (e.g., using more open-ended, process-oriented art activities).

The arts curriculum that was developed for this project will be incorporated into child development courses at Merritt College.

One of the classroom aides had a difficult time allowing her students to scribble on the page and engage in other activities that were not regimented. She preferred to stress coloring in the lines...even [specifying]...how much of one color...[the children] should use... Over the course of the residency, however, she **began to appreciate** the teaching artist's **open-ended, non-prescriptive exercises** and by the end of the residency...saw...the value of art activities that **foster individual expression** and independent decision making.

2005-06 Grantee Report



results goal 3

Goal 3: Improve the overall health of young children

Outcome 3A: Increased support for breastfeeding mothers

Several decades of research has established that breast milk is perfectly suited to nurture, nourish and protect infants from illness. Breast-fed infants have lower rates of hospital admissions, ear infections, diarrhea, rashes, allergies, and other medical problems than bottle-fed babies. Since breastfeeding promotes early attachment between mother and child, psychological and developmental benefits are also realized (US Food and Drug Administration, 1995). 70% of Alameda County mothers report breastfeeding exclusively at the time of hospital discharge, however, only 18% exclusively breastfed their infants for more than 8 weeks. 42% of ECC new mothers enrolled for postpartum home visits experienced breastfeeding problems.

Family Support Services (FSS)

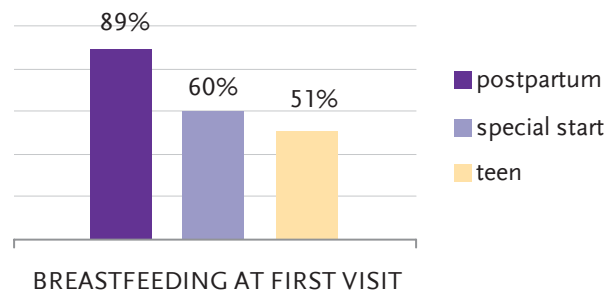
Breastfeeding is important for parent child bonding, healthy children and obesity prevention. FSS supports breastfeeding moms and trains providers on lactation support. Hospital Outreach Coordinators (HOCs) provide basic breastfeeding education and assistance as they enrolled new mothers for postpartum home visits. Certified lactation support specialists offered training and consultation for Public Health Nurses (PHNs) and case managers as well as direct telephone and home-based lactation support to new mothers difficulty breastfeeding. Lactation Specialists continued to offer pre- and postnatal support to mothers at Project Pride, a substance use treatment center. A new hospital based pilot was initiated at St. Rose Hospital and ECC continues to support Highland Hospital's efforts to become a "Baby Friendly Hospital", an international designation of breastfeeding best practices.

What was our impact?

410 mothers received hospital-based lactation support services, averaging 1.5 visits per family at the hospital.

Lactation Specialists provided support services to 306 breastfeeding mothers through 326 home or community visits and 563 phone interventions. Lactation Specialists also provided 73 consultation services to family support service providers. It is particularly noteworthy that medically fragile infants and infants of teen mothers received breast milk were breastfed at fairly high rates for these at-risk populations.

2005-06 Proportion of Women Who Received FSS and Were Breastfeeding at First Visit



OUTCOME 3B INDICATORS	POSTPARTUM	SPECIAL START				TEEN SERVICES			
Proportion of women and teens who received FSS and were breastfeeding at the first home visit	89% (n=1,875)	60% (n=585)				51% (n=653)			
Proportion of women and teens who received FSS and breastfed <=1 month, <=6 months, <=12 months, > 1 year*	**	<=1 mo	<=6 mos	<=12 mos	>1 yr	<=1 mo	<=6 mos	<=12 mos	>1 yr
		21%	46%	20%	13%	22%	33%	15%	31%

* Includes only clients > 1 years old

** Insufficient Data

Community Grants Initiative – Parenting and Innovative Grants

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

What was our impact?

104 mothers attended breastfeeding workshops.

187 mothers were breastfeeding 2 to 3 weeks after delivery.

61 mothers borrowed breast pumps.

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

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



Family Support Services (FSS) – Postpartum Home Visiting

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

Hospital Outreach Coordinators (HOCs) offer Postpartum Home Visits to mothers of newborns at Alta Bates-Summit Medical Center, St. Rose and Highland Hospitals. Postpartum visits were eliminated mid-year at St. Rose due to a declining number of births and lactation services were offered instead. HOCs greet new parents, describe the home-based family support services and enroll interested families. During home visits, Public Health Nurses (PHNs) provide physical checks for the new mother and infant, breastfeeding support, parent education on infant growth and development, maternal depression and information on child care and other topics. PHNs request additional support from and make referrals to the ECC Specialty Provider Team. Referrals are also made for health insurance and other community resources, if needed. Each newborn family receives a Parent Kit.

What was our impact?

2,627 families were enrolled by HOCs at the three birthing hospitals. 99% of those accepting visits signed consents to share information with other agencies providing ECC services.

Percentage of Families Receiving ECC Family Support Services* By City

CITY	% OF TOTAL FAMILIES RECEIVING FSS	CITY	% OF TOTAL FAMILIES RECEIVING FSS
Oakland	50 %	Livermore	1 %
Hayward	18 %	Castro Valley	1 %
San Leandro	7 %	Albany	0.7 %
Alameda	7 %	Pleasanton	0.6 %
Berkeley	5 %	Emeryville	0.5 %
Fremont	3 %	Dublin	0.3 %
Union City	3 %	Piedmont	0.06 %
Newark	2 %	Sunol	0.03 %
San Lorenzo	1 %		

*includes Postpartum, Special Start, Teen Services and ARS Programs

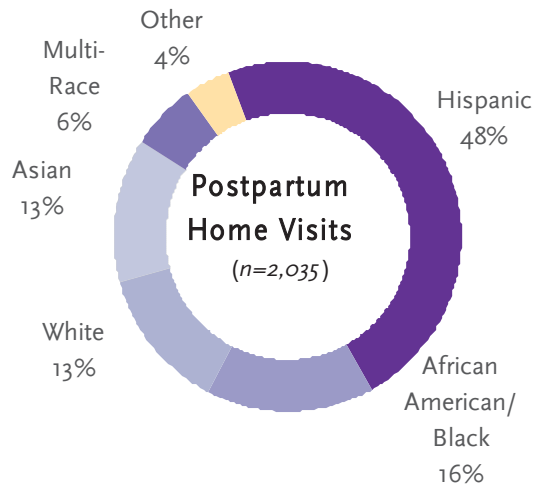
A total of 1,987 families received an average of 1.85 postpartum home visits from PHNs. Another agency provided home visits and new parent support groups for postpartum families who live in the city of Alameda.

118 families requiring additional intervention received an average five or more visits per family.

Families who received visits spoke 16 different languages: 62% spoke English, 31% Spanish, 4% Cantonese and 1.1% Vietnamese. Interpretation services were provided.

Hispanic infants continue to make up the largest group of clients seen by Postpartum PHNs. A higher percentage of African American infants received home visits than in previous years.

2005-06 Race / Ethnicity of Infants Receiving Postpartum and 'Plus 10' Home Visits



“You are providing such an amazing service to new parents. I received a home visit from a fantastic nurse who reassured me that [my baby and I] were all doing fine. The new moms’ group gave me **a place to feel supported** as a new mother and to gain helpful tips from others. It was truly a lifesaver.”

Parent who received postpartum services

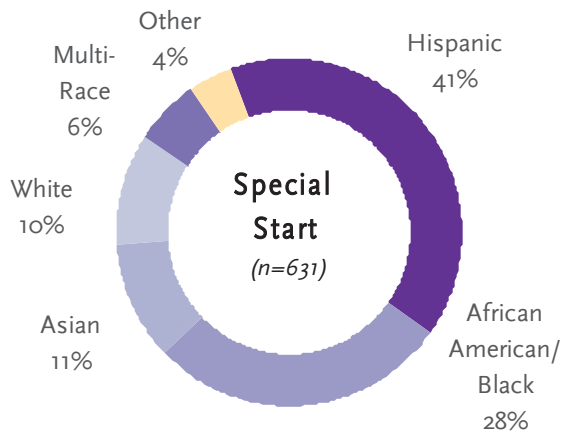
Both hospital staff and the pediatrician expressed many concerns about the ability of a new, single mom with cognitive deficits from a head injury to care for her new baby. The infant was formula fed and hardly gaining weight when the PHN made the first home visit. The PHN taught the mom to mix formula correctly and that the bottle nipples had too large a hole so the formula was running out of the baby’s mouth. The PHN visited 4 times a week in the beginning to assess the baby’s weight gain and monitor the mother’s parenting abilities. After these concerns were [resolved], the PHN took the mom to BANANAS to enroll in parenting classes. Despite everyone’s fears, this **mom is thriving with all of the support**. The PHN is keeping the case open to help teach the mom about growth and development.

2005-06 Postpartum Report

Family Support Services – Special Start

Special Start provides intensive family support for infants discharged from the Neonatal Intensive Care Unit (NICU) and their families. Infants with high levels of medical and social risk receive multi-disciplinary case management services from Children’s Hospital Oakland (CHO) Special Start. A specially trained multi-disciplinary team from the Alameda County Public Health Department (ACPHD) provides services for infants who have fewer medical risks, but high levels of social risk. Special Start provides long-term case management including developmental, behavioral, mental health, substance use, nutritional and nursing services. Issues of caring for children with special needs are also addressed. Home visiting case managers make referrals and monitor results. They also complete developmental and mental health assessments using validated tools.

2005-06 Race / Ethnicity of Infants Receiving Special Start Services



What was our impact?

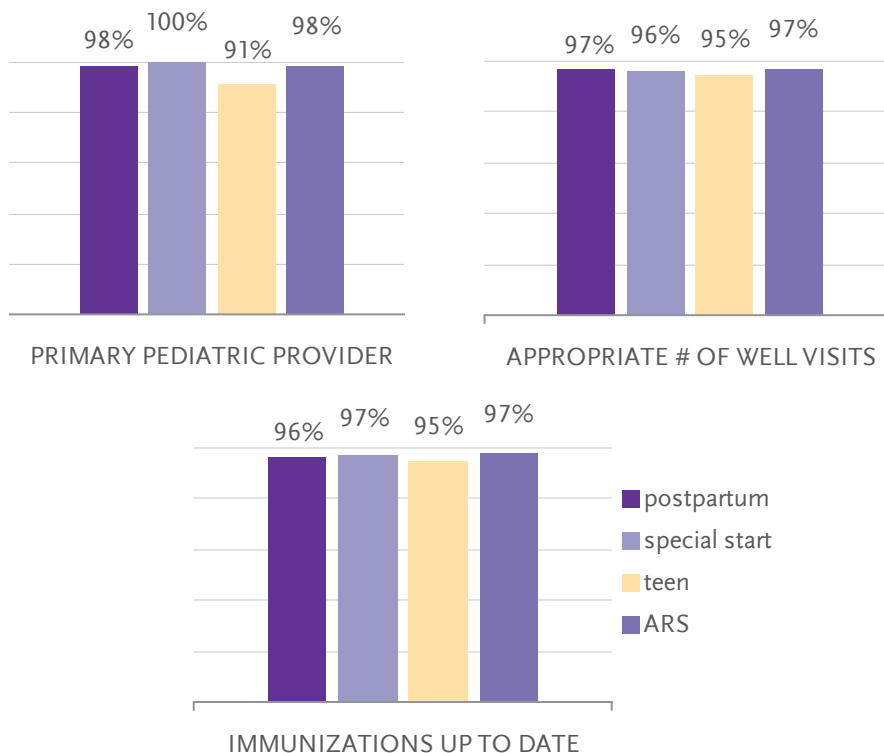
269 infants and their families were served by CHO Special Start.

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

51% of all ACPHD encounters assisted clients with keeping their primary care physician appointments. CHO case managers spent 26% of their home visit time the infants' medical conditions. Both agencies spent approximately 20% of their time helping clients with financial difficulties and monitoring parent vocational and educational needs. One agency reported 11% of their time was spent supporting English Learner families who had difficulties navigating the special needs system.

67% of families receiving Special Start services spoke English, 26% Spanish, 2.1% Cantonese, 1.4% Vietnamese, 1.1% Arabic and 0.8% Mandarin.

Indicators for having a primary pediatric provider, the appropriate number of well child visits and up-to-date immunizations remained high for all FSS programs.



A Special Start nurse reported being challenged by a family who recently immigrated to the US and speaks an uncommon language, making it difficult to locate interpreters. The mother is illiterate, has no transportation and lacks experience and information about US culture. Her child is on the Stanford Medical Center list for liver transplants. An older sibling is developmentally delayed. The nurse has worked with the family to avoid a threatened foster care placement while waiting for the liver transplant. She taught the mother how to give medications using color coding; helped the mother to make and keep medical appointments; pre-arranged transportation in case the liver transplant becomes possible; helped to read and interpret the family's mail; and made sure the electricity stayed on. When the case became too difficult to hold, she arranged a case conference for the five community agencies working with the family. A care plan identified the responsibility of each agency involved. Case coordination has meant that the load is not too heavy for any one agency, and that the child has been able to stay in his own home with his family.

2005-06 Special Start Report

OUTCOME 3B INDICATORS	POSTPARTUM	SPECIAL START	TEEN SERVICES	ARS	SUMMER PRE-K	GRANTS	ASTHMA START
Proportion of children who have an identified primary pediatric provider	98% (n=1,938)	100% (n=602)	91% (n=633)	98% (n=122)	76% (n=187)	91% (n=153)	100% (n=53)
Proportion of children with appropriate number of Well Child visit per age	97% (n=1,656)	96% (n=510)	95% (n=520)	97% (n=116)	n/a	94% (n=35)	na
Proportion of children whose immunizations are up-to-date for age	96% (n=1,468)	97% (n=501)	95% (n=529)	97% (n=116)	90% (n=187)	91% (n=185)	94% (n=54)

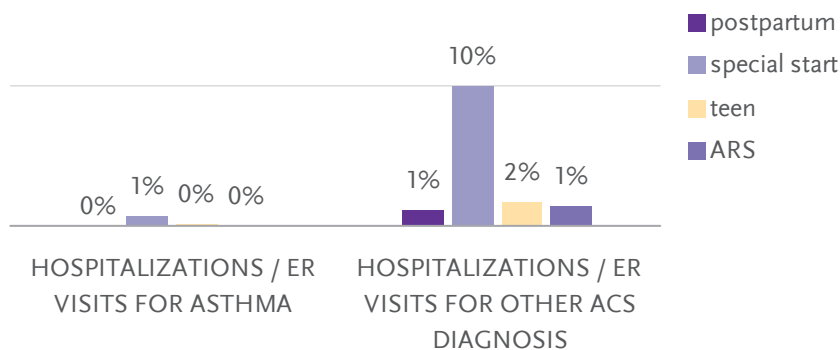
Statistically Significant Trends - 2002-2006

ECC family support services consistently demonstrate successful efforts in primary prevention support. FSS home visiting programs maintained high percentages of appropriate well child visits, up-to-date immunizations and identified medical home across all family support programs and through four years of data collection. The percent (94%) of two year olds who are up-to-date with immunizations exceeds Healthy People 2010 goal of 90%. The last survey of Alameda County kindergartners in 2003 revealed that only 73% were up-to-date with immunizations.

The percent of Special Start infants with identified primary pediatric provider and appropriate number of well child visits improved compared to previous years.

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

2005-06 Proportion of Children Receiving RSS With Hospitalizations or ER Visits by Diagnosis



OUTCOME 3B INDICATORS	POSTPARTUM	SPECIAL START	TEEN SERVICES	ARS
Proportion of FSS children hospitalized or who made ER visits for asthma	0% (n=2,069)	1% (n=663)	0% (n=755)	0% (n=135)
Proportion of FSS children hospitalized or who made ER visits for preventable ACS* diagnoses (other than asthma)	1% (n=2,069)	10% (n=663)	2% (n=755)	1% (n=135)

*Ambulatory Care Sensitive (preventable) diagnoses

Community Grants Initiative – Parenting and Innovative Grants

A community medical clinic expanded its innovative “Centering Pregnancy” program to include a “Centering Parenting” program, an approach to postpartum/pediatric care that has been implemented in only a handful of locations nationwide. The Centering Parenting program brings mothers and babies together in a small group setting 12 times during the year. The program gives mothers a chance to share information and experiences, while giving the medical team, consisting of the physician, a licensed clinical social worker, and a community health worker, more time with the mothers and infants than possible in regular clinic encounters. The program fosters self-management and empowerment by teaching mothers to weigh and measure their infants, mark their child’s growth chart, weigh themselves and take their own blood pressure.

What was our impact?

35 infants and 47 adult family members received care through 3 small groups convened in English and 2 in Spanish.

7 mothers who screened positive for depression and 2 for domestic violence were referred to appropriate services.

Families have responded positively to this model, clearly looking forward to...interacting with each other around the joys and challenges of parenting. They have also responded well to interactive learning activities (e.g. ‘when to call the doctor’ ‘taking a rectal temperature’). Fathers and grandmothers have also attended and are welcomed into the group, increasing the opportunity to support and influence a **wider family circle**.

2005-06 Grantee Report

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

What was our impact?

11 mothers participated in one or more of 35 nutrition education workshops. 100% reported that the workshops had “a lot of effect” on their behavior.

Taking time for exercise or a **nutritious cooking demonstration** is often not high on the priority list of a mom who doesn’t know where the family will sleep that night, or for a mom who is suffering from depression and anxiety. Ironically, these very **activities** are ways to **help reduce stress** and to manage anxiety.

2005-06 Grantee Report



Asthma

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

What was our impact?

173 children hospitalized for asthma at CHO and their families received one-on-one asthma education and an individualized asthma care plan. During the 3 months following discharge, 88% of the children were not re-hospitalized and 67% did not have an emergency room visit.

Hospital based physicians are [now] writing orders that asthma education be done prior to discharge.... We have been able to provide the model and the tools to implement formal **asthma education at the bedside**.

2005-06 Asthma Start Report

106 children (50 of whom were enrolled this year) received services through the hospital's asthma clinic. Only 8% of the new patients were admitted to the hospital for asthma during the 6 months after their initial visit to the clinic.

A two year old...had been hospitalized 3 times during his first year of life and had 6 emergency room visits for asthma. He and his mom received hospital based asthma services...[and] since then, he has been receiving regular primary care as well as follow-up education in the asthma clinic. He has been diagnosed with a number of [other medical]...conditions... but despite these...he has had **no more hospitalizations** or ER visits.... [Mom] has asked the Asthma Start home-based case managers to come to her new home to help her identify potential asthma triggers.

2005-06 Asthma Start Report

207 children (147 of whom were enrolled this year) received home-based patient education and case management services. 88% of the families at exit from the program had engaged in at least one asthma trigger reduction effort (e.g., covering mattresses and pillows, vacuuming weekly with HEPA vacuum cleaner). Three parents and one grandmother quit smoking.

In the 6 months prior to the program, 41% of the children had been hospitalized for asthma and 54% had visited the emergency room for asthma. Among 83 parents/caregivers contacted at least 3 months after exit from the program, only 7% of the children had been hospitalized and 22% had visited the emergency room for asthma.



One family has 3 young children with asthma. Two of the children have been to the ER for their asthma and one has been hospitalized twice for asthma. On the day I met the family, construction workers were making repairs to the family's apartment. The apartment had numerous problems that could trigger asthma attacks [including]... the worse case of cockroaches I have ever seen.... Mold covered the entire ceiling in the bedrooms and living room... Some of these issues were being addressed by repair work and some were not.... With the family's permission, I contacted the building owner on the spot to express my concern... When I saw the family the next month much...repair work had been done...

2005-06 Asthma Start Report

[We have been able]...to **build longstanding** and trusted **relationships** with our clients' providers. These strong relationships allow us easy access to needed information and services in a timely manner. We can assist the client in getting appointments, access their provider directly to discuss the case or get advice and it has opened the way for providers to approach the program for any assistance that they may need. It makes the **coordination of care successful**.

2005-06 Asthma Start Report

Oral Health

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

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

What was our impact?

HKHT staff trained FSS contractors, ECE providers and other community agencies on the importance of dental health and to explain the program and referral process. As a result, referrals for families served by ECC programs increased notably.

- 410 children were referred to HKHT
- 320 of the children had a dental visit in the past year, or were scheduled for a visit
- 127 children were enrolled in HKHT intensive case management services
- 99 children were referred for other health or social services
- 190 parents attended workshops on dental health
- 73 child care providers were trained on detecting and preventing childhood caries

“Jonathan, age 3, was sitting at a small table with a group of other preschoolers. He appeared very shy and was not eating any of the solid foods on his breakfast plate. When he opened his mouth, he covered his face with his hand. HKHT referred him to the dentist and it turned out that **18 out of 20 [of Jonathan’s] teeth...had caries** and were infected. **Treatment** was long, but **successful**.

His little sister will not have to endure anything close to what Jonathan did, since she became a HKHT enrollee when she was just one year old.”

2005-06 HKHT Report

OUTCOME 3B INDICATORS	SPECIAL START	TEEN SERVICES	ARS	HKHT	SUMMER PRE-K
Proportion of children 1 year and older who received an annual dental exam	24% (n=175)	19% (n=201)	57% (n=94)	65% (n=410)	65% (n=187)

Each year we monitor post-neonatal and child deaths and continue to participate in the Fetal Infant Mortality Review with Alameda County Public Health to understand more about how to prevent further deaths.

OUTCOME 3B INDICATORS	SPECIAL START	TEEN SERVICES	ARS	HKHT
Number of known post-neonatal and child deaths	0	2	2	1

Tobacco Exposure and Substance Abuse

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

Family Support Services – Specialty Provider Team (SPT)

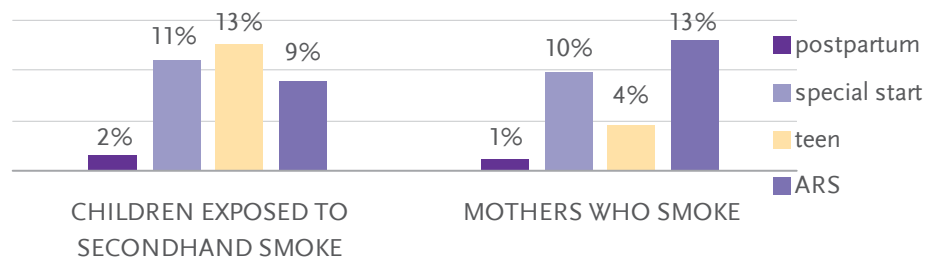
SPT substance use specialists provide consultation for the Postpartum and Special Start providers. A Special Start Substance Use Counselor provides training and consultation for all FSS providers. Because many ARS families struggle with substance use, a special training was developed for ARS programs. In addition, providers are trained to use the 4Ps and DAST substance use screening tools.

What was our impact?

Family Support Services Hospital Outreach Coordinators referred 90 new mothers to the SPT for substance use services.

25 providers attended the ARS training.

2005-06 Proportion of Children Receiving FSS Exposed to Smoking



OUTCOME 3D INDICATORS	POSTPARTUM	SPECIAL START	TEEN SERVICES	ARS
Proportion of infants and children receiving FSS exposed to secondhand smoke	2% (n=1,581)	11% (n=522)	13% (n=538)	9% (n=112)
Proportion of parenting women and teens receiving FSS who smoke	1% (n=1,919)	10% (n=623)	4% (n=695)	13% (n=116)

Statistically Significant Trends 2002-2006

Fewer children in the ARS programs are exposed to secondhand smoke compared to previous years. Fewer ARS primary caregivers also reported smoking than in previous years.

Initiated in 2001, the Comprehensive Tobacco Policies requires that ECC partners maintain a smoke free environment, divest from tobacco related investments and disclose receipt of any tobacco industry funding.

Tobacco Education contractors were funded to provide training and educational materials to ECC contractors and grantees to support compliance with the First 5 Alameda County Comprehensive Tobacco Policies.

What was our impact?

One Fresh Air for Little Noses training was held for 17 Child Development Corps members and one Tobacco 101/Cessation Motivator training for another 17 Corps members.

In March of 2006, First 5 Alameda County formally adopted the Comprehensive Tobacco Policies as an independent agency.

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



results goal 4

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

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

Proposition 10 tobacco tax is a declining revenue source with a goal of reducing tobacco usage. Leveraging resources has been an important component of First 5 AC's approach with the goal of helping agencies access stable funding streams, reduce reliance on Proposition 10 funds and promote sustainability of services as the funds decrease.

First 5 AC developed a fiscal leveraging plan that outlined strategies for using Proposition 10 funds to draw down state and federal dollars as well as to attract additional public and private grant funds.

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

What was our impact?

\$1,808,007 from federal reimbursements was generated in 2005-06 from three funding sources, MAA (Medi-Cal Administrative Activities - \$416,795), TCM (Targeted Case Management \$934,242) and Title IV-E (for children at risk of abuse or neglect \$456,790).

Coordinated efforts continued among ECC Finance, Family Support Services, Evaluation and Technology and Special Projects staff to understand and meet TCM requirements and ensure the collection of current and accurate information to document, monitor and reconcile TCM encounters. The TCM report was automated in ECChange so that FSS contractors are now able to generate and review their own TCM data at any time.

Early Care and Education

\$606,696 was generated from the First 5 California Matching Funds for Retention Incentives for Early Care and Education Staff (Child Development Corps).

ECC administered the Alameda County Child Care Planning Council's State Department of Education grant for Retention Incentives, AB212, for a total of \$879,658. The grant provides stipends to child care providers who pursue a professional development program.

Early Care and Education – Quality and Facility Grants

First 5 AC partnered with LIIF to award grants to licensed child care programs. These grants helped sites leverage resources to: preserve 80 Head Start spaces, create 30 license-exempt spaces, provide access to an additional \$200,000 in other LIIF loans, access joint-use funds from the state, secure a 30 year no-rent lease for a Head Start program and create a new partnership among three community organizations.

School Readiness

First 5 AC received \$1,564,125 from a First 5 California School Readiness Initiative grant.

Two elementary schools leveraged a total of \$18,000 in Title 1 Federal funds to expand and support their Summer Pre-K programs.

Community Grants Initiative

By utilizing First 5 funding, 15 grantees received a total of \$2,607,779 in grants or other awards to enhance ECC services.

One grantee received a grant from the San Francisco Foundation which allowed it to hire another Family Advocate and serve an additional 15 families.

A grantee procured additional funding during the agency's annual youth support campaign:

“Program families have been very helpful in campaigning and telling their stories to encourage private donors to give.”

Another grantee leveraged their ECC grant to secure significant funding from the City of Oakland's Violence Prevention and Public Safety Act of 2004 (Measure Y) to expand the Family Violence Intervention Unit Program at the Alameda County Family Justice Center.

The leveraged funds “strengthened our partnership with several other agencies providing mental health services for young children.”

2005-06 Grantee Report

“Our ECC grant has had a profound impact on our agency. Our early childhood staff has increased from 2 consultants to 8. Support and funding from ECC has truly **enabled us to build capacity** in Alameda County. Our agency now sits on the Alameda County Child Care Planning Council ... This, in turn, positioned us to receive an EPSDT contract ...Our consultation services have grown to include Oakland Head Start, Albany-Berkeley YMCA Head Start, 3 OUSD sites, San Antonio Even Start, and a private preschool. Our **EPSDT contract allows us to leverage** funds in order to more comprehensively serve children and families at numerous sites. We are awaiting “green light” on another federal Safe Start grant that will help us to provide “gap” services to children and families exposed to violence. Both of these grants, along with Measure Y, have enabled us to open a playroom in the new Family Justice Center. **Our partnership grant has given us ways to pursue sustainability.**”

2005-06 Mental Health Partnership Grantee Report



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

The ECC accountability matrix (see www.first5ecc.org/accountability/accountability.htm) presents an integrated common set of results, indicators and performance measures across all agencies contracting with and providing services funded by ECC. This year, the Community Grants Initiative required common measures for all grantees, including customized common measures for the two partnership programs. And for the first time, a common client satisfaction survey was used by contractors and grantees. Individual accountability matrices are included in each grant and contract.

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

What was our impact?

“Every Child Counts is the **only funder** that has **asked us to track outcomes**. This is a new experience for us to develop tools, collect data and examine our performance... We **understand even more** now the **importance of evaluation**, and thus this has become a critical piece for us. Having an evaluation component has strengthened and encouraged our organization to start putting skills we have gained...into place as part of all of our programming across the board. We have a desire now to continue to stay on target with our goals and outcomes. We believe that the development of a strong and unique program through our involvement with ECC, and the implementation of outcomes tracking has definitely increased our potential for **future funding** opportunities.”

2005-06 Grantee Report

“First 5 was [our agency’s] first teacher in developing meaningful measurement tools to track the quality of our services... We **use the outcome data** we collect with these measurements **in all of our grant writing**.”

2005-06 Mental Health Partnership Grantee Report

Over 400 client satisfaction surveys were administered by grantees.

87% (n=403) of clients surveyed reported they were able to use what they learned from the program.

57% (n=393) of clients surveyed said the program had ‘a lot’ of impact on their family.

The use of standardized client surveys is a **great way to obtain client feedback** about the usefulness of different program elements. It is very important to provide this opportunity for clients to give their opinion about the usefulness of the information and format of our groups and workshops and to offer suggestions on how to make the services more relevant to their needs.

2005-06 Grantee Report

A significant proportion of homeless women and children were not reflected in prior surveys. Now that we have these data, we will be able to **demonstrate** continued **need for specialized services for homeless children**.

2005-06 Grantee Report



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

What was our impact?

All FSS contractors and partners use ECChange and 21,064 ECC cases (66,142 clients) are currently recorded in ECChange. There are 782 active ECChange users throughout the county.

The second annual ECChange Super User group was convened to share enhancements, review updates and obtain feedback from ECChange partners.

Several new modules were implemented in ECChange including:

- E-forms log to give case managers quick access to encounter forms
- Enhancements to SPT module to track performance and report outcomes
- Enhancement of Healthy Steps module
- Update of SDM tool for ARS agencies and update of ASQ developmental screening tool
- Development of robust ad hoc reporting module to meet needs of all contracting agencies to generate reports for both performance and outcome indicators and specialized reports for ARS
- TCM 6 month review requirements and contractor access to generate TCM ad hoc reports to facilitate TCM claims

Online registration for ECC trainings and events and online reporting for the Community Grants program was launched in October 2005. Grantees were able to do all reporting online including the client satisfaction survey, which streamlined work for both grantees and report review by grants' staff.

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

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

Family Support Services (FSS) – Training Connections

Training Connections the training component of FSS, offered monthly Specialty Topic Seminars that are practical, knowledge-based and culturally relevant and designed to promote new ways of understanding issues related to young children and their families. Training Connections is open to Family Support Service providers, Community Grants recipients and Early Care and Education and other community providers. Continuing Education Units (CEUs) are available for participating public health nurses and licensed mental health professionals.

This year, the seminars were focused on child development. Topics included: Typical and Atypical Foundations of Child Development, Autism and Pervasive Developmental Disorders, Child Development Across Cultures, Children with Special Needs, Special Education Rights and Responsibilities, Attachment, Obesity in Young Children, Family Violence, Raising Healthy Kids in A Race Conscious World and Gender Identity Formation.

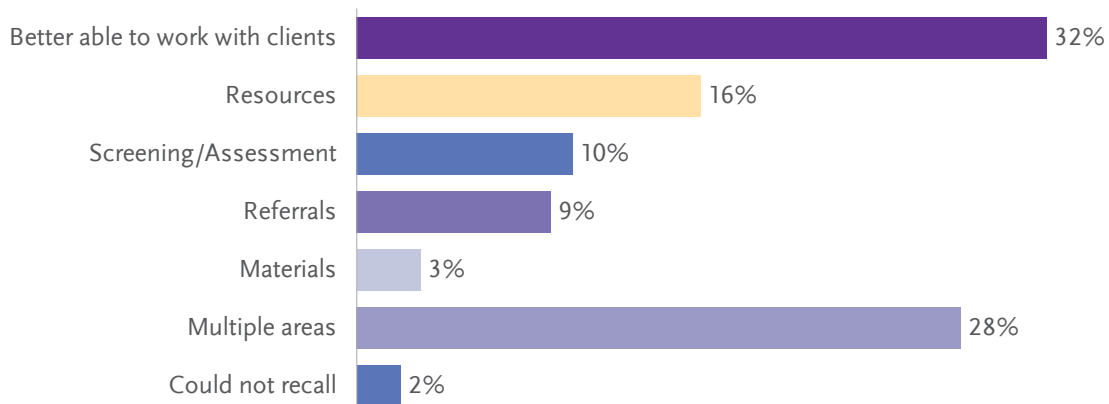
What was our impact?

1,168 (duplicated) providers attended 12 Specialty Topic Seminars; attendees included nurses, case managers, family advocates, mental health therapists, social workers, outreach workers, clinical psychologists, midwives, lactation consultants, developmental specialists, substance use counselors, nutritionists, dieticians, health educators, physical therapists, occupational therapists, speech pathologists, child care providers, teachers, parents, students, program administrators, interns and administrative staff.

A telephone survey of 273 Specialty Topic Seminar attendees was conducted to determine to what degree attendees are able to use information learned during trainings; which particular elements of the seminars are useful in their professional lives and how they have integrated information and resources they gained into their professional lives. 63 attendees responded.

98% of respondents reported using what they learned in their work 'somewhat' or 'a lot'.

2005-06 Specialty Topic Seminar Survey
Areas of Improved Knowledge and Professional Development
(n=63)





“[The Seminars] have helped me because a lot of our children are of mixed heritage and these families are trying to teach their children to cope with outside society... they **helped me help parents understand** how to work with children and their identities.”

“I’ve been able to inform parents about the **rights of their child with special needs.**”

“I work with new mothers. [The Seminars have] helped me with resources for [child] development, identifying abnormalities, referring and helping **to foster attachment** between mothers and babies.”

“I was working in a mothers’ support group and I was able to help a mother make choices for her daughter’s **child care** that were **developmentally appropriate** based on my administration of the ASQ.”

“We produce a newsletter. I used what I learned about the IEP [Individualized Education Plan] process in our main article.”

“The **autism workshop helped me** think about a child with a supervisee in a much more holistic ways. I learned to better **recognize signs** of the spectrum. Also, I feel like I am better able to talk with teachers regarding gender identity issues.”

Respondents from Specialty Topic Survey

What was our impact?

186 providers attended nine FSS Contractor trainings. These trainings helped to increase the number of providers administering the ASQ during home visits, working effectively with parents of children with special needs, and supporting families to reduce exposure to secondhand smoke.

The Early Childhood Mental Health Seminars and the Conclaves addressed the shortage of highly qualified and culturally diverse early childhood mental health clinicians in the county. A total of 292 providers (duplicated) attended sessions on: Touch Communication, Sensory Integration and Processing, DC:0-3R codes, Immigration History and Its Impact on Child Development, Screening and Treatment of Children on the Autism/PPD Spectrum, Treatment Choices for Child, Dads and Families, Early Treatment Issues for Children in the Child Welfare System and Working with Children with Special Needs.

A total of 709 CEUs were awarded through Training Connections.

Early Care and Education

To increase the number of early care and education providers who use a best-practice tool to assess quality, the Corps held 10 trainings on the Environmental Rating Scales (ERS) for 93 Corps members.

What was our impact?

QII trained 45 child care providers on the ERS.

70 family child care providers attended Parent Infant Toddler Curriculum (PITC) trainings.

93 Corps members attended 10 ERS trainings.

48 providers completed the training and 19 received academic units.

“[The PITC training] **validates us and what we’re doing**... So that kind of gives us a boost...to say ‘I can change this and do this’ and you get...a spot of enthusiasm...it makes you want to do better.”

Family Child Care Provider, PITC focus group

Community Grants Initiative – Parenting and Innovative Grants

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

More than any other current funding source, the [ECC] grant has provided a source of **excellent staff training**. The staff was particularly impressed with the [sessions] on Cultural Perspectives on Parenting, Typical and Atypical Child Development, Autism, Attachment, and Racial Identity Formation. Our Children’s Program staff had attended many ECC trainings, which have enhanced the staff’s knowledge of child development and how it is affected by environmental factors, prenatal care and attachment.

Of particular importance was the training made available in the administration of the Ages and Stages Questionnaire...**Offering this screening to** our **homeless** population may initially be intimidating to them, but as the families see how they can work on areas of concern, it is a **great relief** to be able **to take action** to help improve their child’s development.

2005-06 Grant Report



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

Cultural Access Services (CAS)

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

CAS works with the ECC training coordinator to review content of the Specialty Topic Seminars to ensure that various cultural perspectives are incorporated into the trainings. Trainers present information through the lens of race and culture and receive written guidelines and verbal coaching on ECC's commitment to integrating cultural perspectives into training topics. Diversity panels consisting of providers, parents or consumers discuss personal experiences with the given Seminar topic.

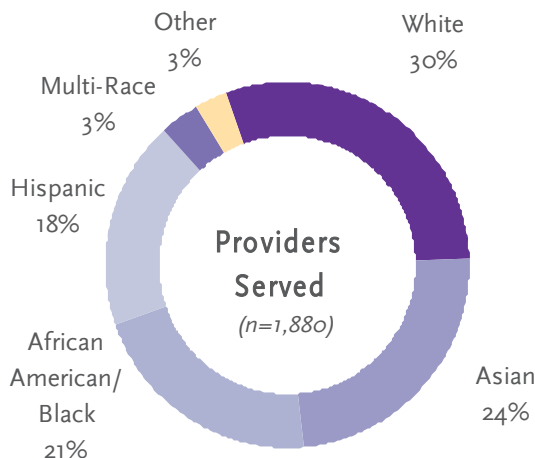
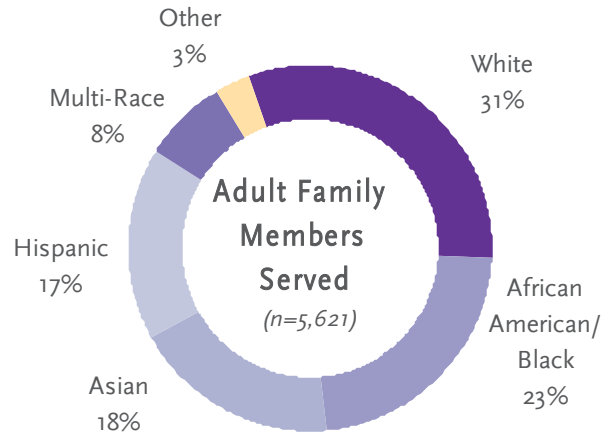
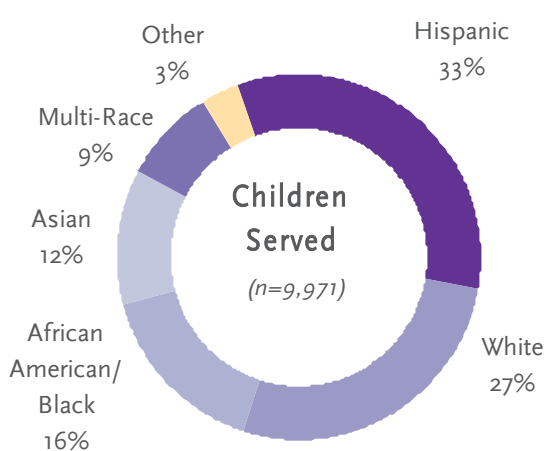
All ECC programs and grantees (where appropriate) are now required to report on race/ethnicity, primary language and special needs of the families they serve.

What was our impact?

709 families received interpretation services in 18 languages.

CAS provided two trainings on the best practices of interpreting for 32 bilingual staff representing 16 organizations, who are often requested to provide interpretation services.

20 Alameda County Social Services volunteer interpreters were trained on best practices of interpreting.



Community Grants – Parenting and Innovative Grants

A health agency serving low-income Asian immigrants received continued funding to recruit additional volunteer labor coaches to provide language interpretation and support to non-English speaking women during their labor and delivery. In addition, parenting grantees provided services in English, Spanish, Cantonese, Mandarin, Vietnamese, Farsi and Hindi.

28 additional bilingual volunteer labor coaches were recruited and trained to provide support to Mandarin, Cantonese, Vietnamese, Korean and Tagalog speaking women.

What was our impact?

86 women received assistance during labor and delivery from bilingual labor coaches.

“I am very thankful...[I had] such a **great labor coach**... She was able to help me express my feelings and my needs. She was my bridge [to]...the doctors and...nurses. She stayed with me all day and night without sleep.... Without her, I wouldn't have known what to do...”

2005-06 Grantee Report

“Recurring themes for [the parenting] classes [held in Chinese] are the conflicts that exist between Western child development ideas and Chinese cultural practices. For example, one parent with a set of four-year-old twins instructed the older twin to let the younger twin have her way and to remember to take care of the younger twin. Traditionally, it is a common practice for older siblings to be expected to nurture and look after their younger siblings. In this case, however, one of the facilitators talked to the parent about sibling relationships and [developmental expectations]...and [helped her] find a **balance** between **cultural practices** and [what is] **developmentally appropriate**.... During a different Chinese parenting workshop about baby nutrition and feeding, the parents revealed how...**beliefs about food** are a major, important **part of child rearing**. Chubby babies are viewed as good, while picky eaters may be viewed as a bad. This workshop provided a place to discuss with parents that they do not have to force their babies to eat (as many of them confessed to doing), but rather consider making meals and feeding a happy time.”

2005-06 Grantee Report

Early Care and Education – Family Child Care Fair

The Family Child Care Fair held workshops in English, Spanish and Chinese on the Social Emotional World of Children. In each session, providers reflected on and discussed cultural differences they have experienced in their settings and how they approach them. For example, one provider shared how a parent was offended by another parent's religious food beliefs and asked the provider not to accommodate particular food restrictions. This prompted a discussion on how to approach parents about different beliefs without offending either parents and protecting the children from feeling judged.

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

Early Care and Education

ECC worked with a committee of community partners on local activities in honor of NAEYC's Week of the Young Child. The week-long celebration to raise awareness about early childhood issues included Literacy Day, Children's Health Day, Music & Movement Day, and Provider Appreciation Day. “Week of the Young Child Kits” were distributed to 1,000 parents and providers countywide. The Kits contained tip sheets designed to support parents and providers in engaging children in activities corresponding to each day's theme. One highlight included a music CD that was custom made for Alameda County by Katherine Dines, an award-winning recording artist. Discount coupons were also generously provided by a local bookstore. Many local mayors also demonstrated their support of young children by attending some of the events and speaking.



The Career Advocates at each of the three R&Rs collaborated on a multi-disciplinary, county-wide meeting of agencies that serve children 0-5 and their families to discuss their knowledge of families' child care needs. Representatives from the local child care planning council, Parent Voices, Family Resource Network, Directors Groups, Family Child Care Associations, teen parent organizations and home visitors attended. The group identified priority issues for parents seeking child care in the county: identifying child care quality, accessibility and affordability, inclusion and special needs, infant care, licensing and transportation.

Professional Development Coordinators implemented a pilot program at Las Positas and Chabot Colleges to shorten the length of time it took for a provider to be issued a Child Development Permit. The "fast track" pilot included a PDC review and sign-off of completed provider applications prior to being sent to the California Department of Education for final approval and issuance.

What was our impact?

Since implementing the "fast track" pilot, 115 applications have been approved, reducing the length of time to receive an approved Child Development Permit from 8-10 months to 8-10 weeks. This pilot was shown to have a tremendous impact on the permit processing system.

Early Childhood Mental Health Systems

Proposition 63

ECC participated in the planning for implementation of Proposition 63 that provides funding for mental health services. The workgroup was convened by Alameda County Behavioral Health Services. Recommendations from the workgroup were presented to the Children and Youth Committee to submit to the larger planning process. Although the final plan ultimately did not include the workgroup's recommendations to fund the 0-6 year old age group, next steps will be to try and incorporate the group's recommendations into Proposition 63 Prevention and Early Intervention funding guidelines.

Early Childhood Mental Health (ECMH) Policy Collaborative

The ECMH Policy Collaborative organized a nine county roundtable to discuss issues related to funding, systems innovation and training. As a result of the roundtable, a request for Bay Area Region First 5 Association technical assistance funds was made to coordinate training and promote Proposition 63 funds for the 0-5 population. In addition, matching funds were requested from the California Endowment Foundation to further regional collaboration.



Harris Training Program

First 5 AC partnered with the Irving Harris Foundation to support a 3 year training program to build the county's capacity of early childhood mental health providers. In 2005-06, there were 51 participants in the training program, 19 in year one, 18 in year two and 14 in year three. The participants were culturally and linguistically diverse and included representatives from a wide array of agencies including community based mental health programs, child care mental health consultation programs, hospitals, early intervention programs, home visiting programs and Head Start. Since inception First 5 AC has trained over 130 providers.

EPSDT coordination for funding mental health services

First 5 AC continued to provide leadership for building a coordinated system of early childhood mental health referrals in Alameda County. EPSDT 0-5 providers from 13 agencies meet monthly to coordinate EPSDT services. Topics included outreach to the community on the availability of services, developing a standardized referral tracking form, troubleshooting Medi-Cal problems and revising the EPSDT referral manual to make them applicable to the 0-5 population. A list of open slots for services is shared among agencies monthly so that referring agencies can make one call. Approximately 550 new children received the benefit of EPSDT services and a total of 43,271 service hours were utilized to serve these children and their caretakers.

Medically Fragile Babies in Foster Care

ECC facilitated quarterly meetings to promote collaboration among hospital Neonatal Intensive Care Unit Social Workers, Department of Social Services Children and Family Services supervisors, and other agencies serving medically fragile babies. The purpose of these meetings is to ensure safe discharges from the NICU to foster parents, to enhance communication between agencies and to set up systems to improve services to medically fragile babies and their families.

Pediatric Strategies

Several strategies to reach pediatric providers were implemented this year. Three pediatric educational sessions on Teachable Moments in the Well Child Visit for Young Children and their Families, Focus on Autism and Understanding the Continuum of Behavioral and Mental Health Disorders in Young Children were attended by 35-50 providers. ECC collaborated with the BEST PCP pilot project that trained pediatric staff to screen children for developmental concerns using the ASQ (See outcome 2A, page 25). Five new pediatric offices were supported to implement Reach Out and Read.

Early Childhood Literacy Network

The Literacy Network convened three meetings for 84 community representatives from family literacy, early childhood, pediatric, family support and adult literacy programs. The network goals include providing networking and collaboration opportunities and peer support for community organizations that provide literacy services for young children and families; to disseminate information related to best practices, funding sources and policy making related to early childhood and family literacy; and to enhance literacy services to families with young children.

Early Care and Education for All

A steering committee that included an assemblywoman, the County Superintendent of Schools, the Alameda County Child Care Planning Council and the First 5 AC was assembled for the Early Care and Education (ECE) For All planning process. Design, Community, & Environment, a local community planning firm, organized a series of meetings with the steering committee and 250 members of the public, representing the early care and education needs of children 0-5 years and their families. Subcommittees of the larger effort produced a comprehensive needs assessment that includes child and family demographic and linguistic trends, current and projected child care supplies and demands, workforce capacity, parent, professional and cross-disciplinary training needs and approaches to the assessment and development of best practices and family support. A vision and goals statement was prepared along with a first draft of proposed actions to meet the goals. A final action and implementation plan will be presented to the community in November, 2006.

Outcome 4F: Increased opportunities for early care and education students to earn BA and advanced degrees to promote a diverse professional workforce

Efforts to improve the ECE professional development system in Alameda County added new dimensions in two of the community colleges and 3 four year educational institutions in 2005-2006. Our efforts also attracted state-wide attention. A consultant was funded by Packard Foundation to produce a "Lessons Learned" paper on our experiences and similar experiences in Santa Clara County. The paper will be published and distributed in 2007.

Upper Division and Graduate Level

The increased numbers of ECE practitioners earning lower division college credits over the past five years of the Child Development Corps helped to promote a county-wide interest in developing BA and MA programs. This interest was accelerated by the advent of a 2006 state-wide Initiative (Proposition 82) which would have funded pre-school for all four year olds in California. In 2005, Mills College, UC Berkeley, and CSU East Bay responded to the need articulated by ECE advocates and practitioners to develop ECE upper division and graduate level programs. Despite the defeat of Proposition 82, the three colleges continued to work with First 5 and others to create pilot programs within their institutions.



Mills College

In 2005-06, First 5 AC awarded a planning grant and worked with Mills College School of Education and the Association for Children's Services (AOCS) to design a "BA for Working Professionals" Program. The goal was to begin one cohort of 15 members each year in two succeeding years starting January '07. Approximately 100 ECE practitioners attended an introductory meeting, with 25 attending a follow-up meeting. In spring of '06, eight were accepted at Mills.

UC Berkeley Center for the Study of Child Care Employment (CSCCE)

ECC began planning an Interdisciplinary BA minor in Early Childhood Studies, and an Interdisciplinary Master's in Early Childhood Studies. Working with the UC School of Education, School of Social Welfare, the Department of Psychology and CSCCE, First 5 was successful in helping to establish the Minor, which will enroll its first students in January of '07. The Minor includes a Core Seminar co-taught by the Director of CSCCE and a School of Social Welfare Professor, a practicum, and appropriate courses for the students to reach either a Teacher or Master Teacher level on the California Child Development Permit Matrix. This will allow graduates to teach in early childhood programs, with the goal to motivate a diverse group of young people to make ECE a long term career - or as a bridge to other careers.

The goal of the Master's program is to prepare leaders in the field who reflect the populations of families and children in our state and who will promote best practices in early childhood programs while continuing the development and research needed to adapt to our changing world.

California State University East Bay (CSUEB)

First 5 Alameda County joined First 5 Contra Costa to support first undergraduate BA Minor at CSUEB that focuses on children ages birth to five. This program is significant both because of the partnership between two CSU Departments (Human Development and Teacher Education) and because it was created through support from neighboring First 5 County Commissions. The first Alameda County cohort of junior year students is targeted to start January '07. A "lesson learned" in this process is that despite overwhelming interest and enthusiasm for the Program, we have only been able to recruit ten students who are ready to transfer. Many other students hold an AA but have not earned the requisite transferable units.



challenges

Challenges are inherent in trying to effect systems change. As a “developing organization”, Every Child Counts (ECC) learns and grows from our challenges. Integrating best practices, cross-discipline delivery systems and web-based data systems that are culturally appropriate takes time, patience and ongoing monitoring. ECC is committed to acknowledging and working with the challenges we confront.

Challenges that we faced this past year include:

- Expanding community capacity to meet the complex needs of diverse families including, bi-lingual staffing, cross discipline services, geographic coverage and community based support
- Working with public agencies that face challenges around systems change
- Integrating early childhood mental health and maternal depression into the Mental Health Act (Prop 63) planning process
- Managing expectations created by Preschool For All (Prop 82) after it was defeated
- Working across agencies to develop an integrated system for screening, assessment and treatment of children identified with developmental delays
- Meeting basic educational requirements for Early Care and Education AA students so they can move into newly created BA programs
- Addressing the impact of the State Commission changes on our programs and services
- Preparing staff and contractors to meet the expanded state audit requirements



future strategies linked to annual report findings

The 2005-2009 Every Child Counts (ECC) Strategic Plan was developed with broad input from ECC partners, service providers and recipients of services. We continue to focus on systems change and long term sustainability of programs that address the needs of families in Alameda County.

Results and lessons learned from this year's Annual Report highlighted the following priorities:

- Support and oversee a collaborative planning process for a child development screening, assessment and treatment system
- Continue to collaborate and support Another Road to Safety, a community-based child abuse prevention and early intervention program, in its transition to Social Services Agency for long term sustainability
- Explore expansion of screening and services to address the high incidence of maternal depression
- Expand lactation services and training for public health, hospital and clinic providers and advocate to establish "Baby Friendly Hospitals"
- Continue to work with the special needs community to enhance access to services and promote inclusion in early care and education
- Develop professional education for Early Care and Education (ECE) providers who are English language learners
- Implement components of the ECE For All Planning Process
- Advocate for early childhood mental health services and funding
- Establish a scholarship fund through the East Bay Community Foundation for ECE students enrolled in one of the BA and MA Cohorts

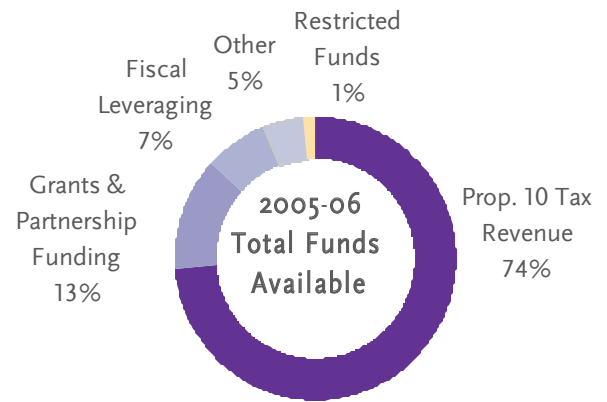
For more detailed information, see the 2005-2009 ECC Strategic Plan on our website at www.first5ecc.org.



financial report

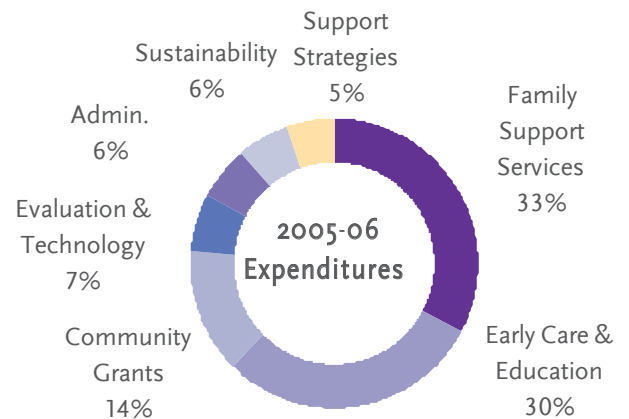
FUNDS AVAILABLE

Proposition 10 Tax Revenue	\$18,711,926
Grants and Partnership Funding *	\$3,260,119
Fiscal Leveraging	\$1,808,006
Other **	\$1,207,362
2004-05 Restricted Funds	\$343,369
TOTAL FUNDS AVAILABLE	\$25,330,782



EXPENDITURES

Family Support Services	\$8,275,234
Early Care and Education	\$7,576,179
Community Grants	\$3,463,723
Evaluation and Technology	\$1,686,882
Administration	\$1,520,078
Sustainability	\$1,486,441
Support Strategies	\$1,322,245
TOTAL EXPENDITURES	\$25,330,782



Time Period

The Financial Report reflects the financial activities undertaken from July 1, 2005 through June 30, 2006.

Service Integration

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

*Funding from: Alameda County General Services Agency Child Care Planning Council for AB 212 Compensation/Retention matching funds; Providian (Washington Mutual) for the Quality Improvement Initiative; the California Institute of Mental Health for the BEST PCP Project; the Packard Foundation for work with child care professional development systems; Reach Out and Read for literacy activities in clinic settings; a donation from Chapman Insurance; and the fourth year of the four-year First 5 California School Readiness grant for expanded services in neighborhoods with schools with low API scores.

**From Investment and Interest earnings (\$1,184,271) and miscellaneous revenue (\$23,091)

thanks

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

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

Special Thanks to:

Dan Delaney, The Center for Health Care Access
Senthil Paramasivam, The Center for Health Care Access
Bobbie Wilbur, The Center for Health Care Access
Janakiraman Subramanian, ECC Online Consultant

Design: Nicole Vasgerdsian, JPD Communications LLC

Photos: Rebecca Letz, Melissa Saldua

Families and children whose photos appear in our reports and brochure

data sources

Alameda County Birth Records
Alameda County Health Status Report 2006
Assuring Better Child Health and Development, BestPCP Final Report
California Budget Project, "The Rising Tide Left Some Boats Behind", December 2005
California Department of Education, DataQuest, 2005
California Department of Health Services, Vital Statistics
California Health Interview Survey
Census Data, 2000
Child Development Corps Database
Community College Contractor Reports
Community Grantee Reports & Surveys
Contractor Reports
ECC Online
ECChange
Healthy People 2010
Low Income Investment Fund Reports
National Campaign to Prevent Teen Pregnancy Report 1997
QII Consultant Reports
University of North Carolina, Frank Porter Graham Child Development Institute, Spring 2006, Early Developments, Volume 10 (1)
US Department of Health and Human Services, National Child Abuse and Neglect Data System, 2001
US Food and Drug Administration, 1995

additional information

Additional information is available on our website, www.firstsecc.org

glossary

ABCD ■ *Assuring Better Child Health and Development*
A pilot project with the State of California Medi-Cal Managed Care, the Alameda Alliance and the Alameda Medical Home Project that works to enhance standardized developmental screening in pediatric practices

ABCD ■ *Affordable Buildings for Children's Development*
A Low Income Investment Fund program that builds a comprehensive and sustainable system for child care facility financing and development in California

BEST-PCP Program
Behavioral, Developmental and Emotional Screening and Treatment by providers in Medi-Cal Managed Care

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

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

CHDP ■ *Child Health and Disability Prevention*
A preventive health program providing health assessments, dental services and other care coordinating services for income-qualified children in California

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

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

ECC ■ *Every Child Counts*
Name and strategic plan of the First 5 Alameda County agency

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

ECRS ■ *Harms/Clifford Environmental Rating Scales*
Tools used to assess the quality of infant/toddler care, family child care, early childhood and school-age care

ECMH ■ *Early Childhood Mental Health*
A system or field focusing on preventive mental health services and strategies for infants and young children

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

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

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

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

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

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

HS ■ Healthy Steps

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

IFSS ■ Intensive Family Support Services

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

MAA ■ Medi-Cal Administrative Activities

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

MH/SR Partnership Grants ■ Mental Health and School Readiness Partnership Grants

For the 2003-05 grants cycle, the Community Grants Initiative piloted the MH and SR Partnership Grants programs which require significant commitment from grantees to attend in-depth trainings, use best practices and track common performance measures

PAC ■ Parent Advisory Committee

An Every Child Counts advisory committee comprised of residents of Alameda County with young children that advised Every Child Counts on parenting-related issues

PIC ■ Partners in Collaboration Project

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

PFA ■ Preschool for All Initiative

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

PPHV ■ Postpartum Home Visit Program

A voluntary home visiting program that for families with newborns. Alameda County Public Health Nurses can provide up to 10 home visits.

QII ■ Quality Improvement Initiative

A Child Care Fund program, the QII provides child care programs with resources for environmental and program assessment and long range planning for quality improvements. Specialized training, individual technical assistance and capital grants are provided to implement enhancements identified in long-range quality improvement plans.

R&Rs ■ Resource and Referral Agencies

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

SPT ■ Specialty Provider Team

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

SSA ■ Alameda County Social Services Agency

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

Summer Pre-K Program ■ Summer Pre-Kindergarten Program

A 6-week summer program held for children who have not been in formal preschool or childcare environments prior to entering kindergarten

TCM ■ Targeted Case Management

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

Title IV-E ■ Title IV-E - Federal Payments for Foster Care and Adoption Assistance

Federal block grants to states for aid and services to needy families with children and child welfare services, including foster care and adoption placement assistance

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