



**2007-08 annual report**

**First 5 Alameda County  
Every Child Counts**



# table of contents

Introduction and Setting	1
Goals and Outcomes	2
Program Overview and Measuring Results	3
Results:	
Goal 1: Support optimal parenting, social and emotional health and economic self-sufficiency of families	4
Parenting Highlight	6
Goal 2: Improve the development, behavioral health and school readiness of children 0 to 5 years	13
School Readiness Highlight	26
Goal 3: Improve the overall health of young children	29
Training Highlight	31
Financial Report	36
Thanks, Data Sources and References	37
Appendix A: Diversity, Access and Program Reach Data	39
Appendix B: Outcome Indicators	48
Appendix C: Contribution List	51
Index	55

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# introduction

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

We are proud to present the 2007-08 F5AC Every Child Counts annual report. This year, we are highlighting only a few of the many results under each outcome. A description of the need is followed by a list of all strategies that F5AC funded to address the need. Selected results for each outcome are presented along with the “story behind the results” to help understand our impact. Quotes and stories from providers and the voices of those we serve enrich the results. To document our systems change efforts, we have integrated systems impacts into each outcome.

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

# setting

Alameda County is characterized by rich diversity and culture and marked by disparities in health outcomes and a high cost of living. In 2006, there were an estimated 122,278 children ages 0 to 5, which accounts for 8.5% of the total population. Oakland, Fremont and Hayward have the largest populations of children 0 to 5. The birth rate has remained stable since 2000; there were 21,430 births to Alameda County residents in 2007. Six percent were births to teen mothers. Latinas (60.3%) and African Americans (24.6%) had the highest percent of births to teens. Fifteen percent of all children in Alameda County live under the federal poverty level. Early care and education providers earn low wages and experience high turnover in an environment with limited professional, educational and income growth opportunities. Seventy-one elementary schools are low-performing, including 39 in Oakland and 16 in Hayward. The county receives a high volume of domestic violence calls and over 13,000 families are reported to the child abuse hotline each year. Diversity information on F5AC participants including race/ethnicity, language and special needs is included in Appendix A.



# goals and outcomes

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

### Outcomes

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

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

### Outcomes

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

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

### Outcomes

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

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

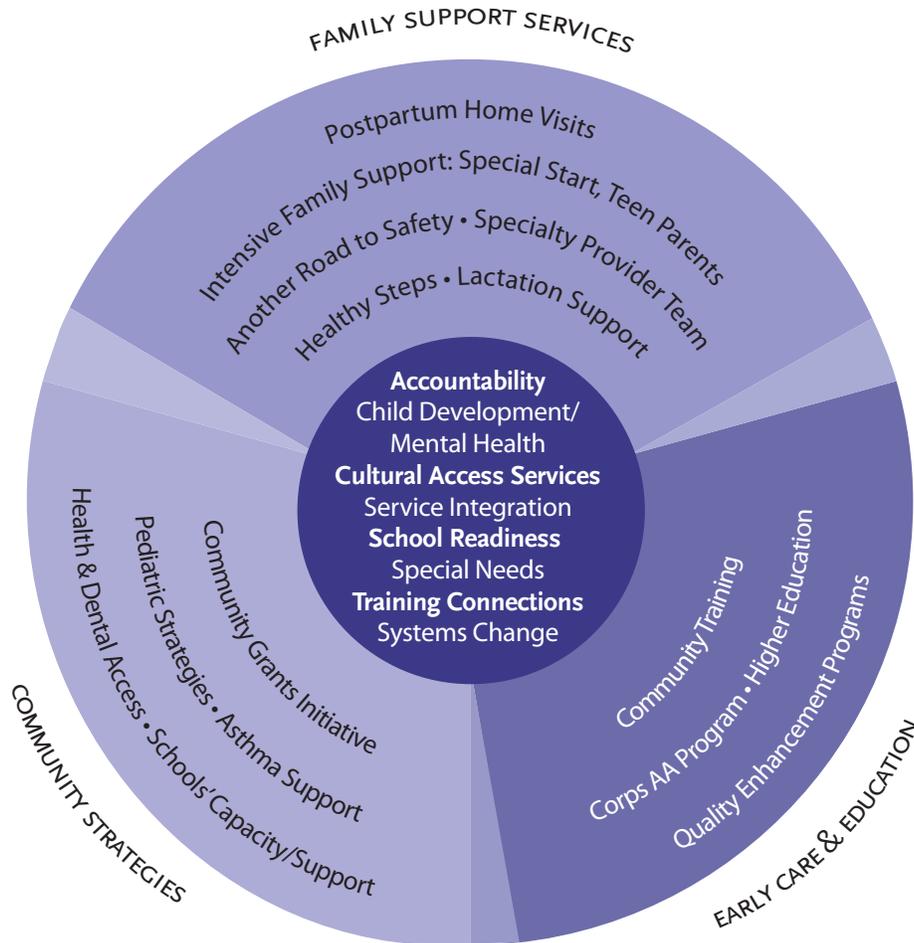
### Outcomes

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



# program overview

Every Child Counts programs promote system change and improve early childhood development through family support services; improved quality at child care sites and support for the professional development of providers; parent education and support; school readiness strategies and health care services. The diagram below provides an overview of the interlocking programs in each environment. In our work with families and providers, we look for opportunities for collaboration and integration of services.



# measuring results

We measured the impact of our programs in many ways to capture the richness of the stories of the families and providers we serve. We collected detailed information about our programs in two web-based databases: ECChange - which tracks direct client services and ECC Online - which includes data from Community Grants, Quality Improvement Programs, the Child Development Corps and Training registration data.

Given the broad scope of agencies and organizations that we fund, some results include data from large samples, while other results (e.g., from community grantees) include data on smaller numbers of families or providers. We include information from surveys and focus groups conducted with parents, early childhood educators, community grant recipients and contractors, a formal evaluation of the Training Coalition performed by Philliber Research Associates and the first year of a longitudinal study by UC Berkeley of ECE students working for advanced degrees. We used a variety of screening and assessment tools including: 4Ps, Ages & Stages Questionnaires (ASQ and ASQ-SE), Edinburgh Depression Screen, Environmental Rating Scales (ERS), Classroom Assessment Scoring System (CLASS), Devereux Early Childhood Assessment (DECA), and the Parenting Stress Scale. As always, we collected stories, photos and artwork from parents, children and community partners.

# goal 1

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



## Outcome 1A: Enhanced parenting and stronger families

### What is the need?

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

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

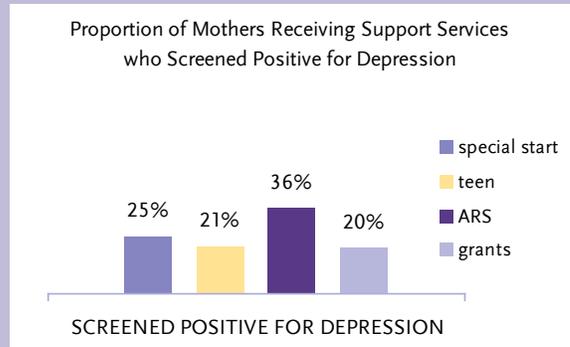
### Strategies

- Depression screening and referral
- Parenting education/support groups in four languages for diverse families throughout the county
- Parent-child activities (e.g., art projects, music and dance classes) and case management
- "Parenting" Partnership with 6 grantees that met regularly for training, to discuss best practices and for support to implement parenting support/education programs
- Home-based support for at-risk families with newborns and young children
- Mental health and child development consultation for families and family support providers
- Parenting support for families at pediatric sites (Healthy Steps)
- Weekly parenting radio programs in English and Spanish
- Interpretation and translation services to increase access to parenting and family support services for diverse families
- Distribution of Kits for New Parents



## Results/Impact

1,203 mothers/caretakers were screened for depression county-wide by F5AC providers.



## Story Behind the Results

The percent of caregivers screened for depression by F5AC-funded agencies increased. The percent of positive screens for families most at risk remained high; 36% of Another Road to Safety (ARS) caregivers scored positive, reflecting the amount of stress and risk these families experience. National estimated rates of depression among pregnant and postpartum and parenting women range from 5% to 25% (Gaynes, et al., 2005).

## Results/Impact

740 parenting education classes, support groups, and one-on-one parenting sessions were provided in English, Spanish, Cantonese, and Vietnamese for 1,623 parents/caregivers.

493 children and their parents attended parent-child activities or playgroups.

51 families attended parent-child dance classes offered at various community locations. Positive changes included parents dancing with children at home, advocating for dance at their children's preschool, and feeling more comfortable seeing their children "where she/he is at."

Grantee Client Survey results: 93% (n=461) of parents attending parenting programs reported they used what they learned.

Grantee Client Survey results: 60% (n=356) of parents attending parenting programs reported the program had a large ("a lot of") impact on their family.

11,848 English-language and 5,472 Spanish-language Kits for New Parents were distributed.

## Story Behind the Results

Parenting education/support and developmentally appropriate parent-child activities have increased across the county through the Grants program.

Having opportunities for positive parent-child interaction can be especially helpful for isolated and stressed families. The use of dance as a medium for parent-child interaction offers many advantages. Dance and movement is fun, active, joyful, and provides non-verbal ways for caregivers and children to become better attuned. The rhythmic nature of dance also may be particularly helpful for children who have experienced early trauma (Perry, 2006).

**A daytime drop-in center for homeless women and their children served as one site for the dance classes. The center's program director, a mental health clinician, observed the positive impact of the classes on the families, including an elevation in the children's self-esteem, because they were receiving positive encouragement and feedback from their mothers (a regular part of the class structure). "One 4-year-old would ...scream during other play groups and had a difficult time following directions. Her behavior in dance class was very different. She seemed to take to it naturally. It almost brought me to tears to see how much joy it brought her."**

2007-08 Grantee Report

## PARENTING HIGHLIGHT

Parenting support is at the heart of First 5 services. Funded programs range from county-wide parent-child activities to individualized home-based parent supports. Since the inception of the Community Grants Initiative in 2000, 50% or more of the grants awarded each year have focused on parenting. Childhood Matters and Nuestros Ninos broadcast weekly parenting radio programs that reach thousands of listeners per week. In response to parent requests, we have increased neighborhood-based opportunities for fun and interactive parent-child activities including parent-child playgroups, science-related classes, and music, art and dance activities. At several locations around the county, we fund parenting education and support groups that focus on a variety of parenting issues, and serve parents from diverse backgrounds and family structures. Parenting support and education is also provided through prenatal classes, pediatric visits, case management services, school readiness parent workshops, one-on-one parenting sessions and parent-child therapy.

Our systems-related work includes increasing county-wide awareness of the effects of parental depression on child outcomes; building county-wide capacity for maternal depression screening and referral; integrating art and dance-related activities into parenting support services; and two new grants-related efforts:

1. "Parenting" partnership grants, designed to increase the use of best practices, enhance service integration and build leadership by bringing together a small number of agencies providing parenting education and support services for intensive training and peer support
2. Small "Community Support" grants that did not require prior experience serving the 0-5 population. This pilot program, which offered training, technical assistance and networking opportunities, has successfully expanded and enhanced community agencies' ability to serve children under 5 in very creative ways, such as staging an innovative and colorful traveling puppet show on nutrition.

Looking across parenting programs this year, we saw achievements in:

### Enhanced Knowledge of Child Development and Increased Confidence in Parenting

- Six Parenting Partnership grantees together served over 200 families. Parents participated in a combination of services, including parenting education/support groups and parent-child activities. 158 out of 166 (94%) of parents surveyed reported that they felt more confident as a parent.
- Families with medically fragile babies received Special Start home visiting support services for at least 6 months. Responding to a telephone survey, parents reported that they had become better observers and more knowledgeable about their children.

**"After attending training, parents said they would attend all parent/teacher conferences, be a volunteer in their child's classroom, and not worry about being embarrassed or shy to go up and ask something about my child in the main office of the school."**

2007-08 Grantee report

**"I learned how to understand him more by how he looked at me or by his laughter."  
"[The visits] made us more aware of the milestones that he should be reaching."**

2008 Special Start Telephone Survey



## Better Informed, More “Empowered” Parents

- Parents’ ability to advocate for their families increased. One program trained parents on how to navigate public school systems to promote their children’s educational success.
- Parents from several F5AC funded programs reported they were better connected to community resources. For example, funding for a special needs “Inclusion Coordinator” at a child care resource and referral agency (R&R) helped parents find and keep child care services for their children.

**A mother came to the R&R with many questions about early intervention services for children with autism and [about] resources for her and for the child’s child care provider. The Inclusion Coordinator provided technical assistance for both parent and provider. The provider attended several workshops on inclusion services and autism and the child was able to stay in care with the provider.**

2007-08 R&R contractor report

## Less Isolated, More Connected Families

- Raising a Reader family literacy nights, held for families at several child development center sites in Oakland, helped increase parent involvement:

**The event at [the local public] Library for... [one] Head Start [site]...was a particular success... The library is about a mile away from the school, and many families don’t own cars. [Yet]...they walked to the library in order to participate in the event.**

2007-08 Grantee report

- More than one program succeeded in increasing parent involvement by making programmatic or facility changes. Improvements at one family child care program included the addition of cubbies for each child, a change that led to more interaction between the provider and parents.
- Participants in several programs were appreciative of the support they received from other parents. Some programs employed peer educators to foster rapport and build relationships with parents.

**“[I liked best] the closeness felt with the other parents.”**

**Training Promotoras [Spanish-speaking peer educators] to teach the curriculum is a vehicle for making the curriculum accessible to our population. ...Promotoras reflect the demographics of our [parent]...community in every way... When they teach classes, they help make the concepts make sense to the life experiences of their peers.**

2007-08 Grantee reports

- Parents served by at least 4 programs have forged supportive relationships with one another that extend beyond the bounds of the program.

**Families...formed [informal] play groups which met weekly after class to play in the park and have potluck lunches together. Soon they were attending each other’s birthday celebrations.**

2007-08 Grantee reports

**“Now that we have cubbies, the parents come into the room and sit and talk to me [and each other] from 5-6:30. This didn’t happen before.”**

2007-08 QII grantee report

## Results/Impact

Parenting Partnership: Results from the Parental Stress Survey, completed by 82 parents at the beginning and end of the first year of services, suggest that parental stress decreased over time.

Parenting Partnership: 159 out of 166 (96%) of parents surveyed about their program participation reported that they play more with their child.

**A promising approach used by grantees and contractors serving high-risk families was to combine parenting education/support with mental health services. “In one of the parent support meetings with our moms with babies 6 months and under, I had the mothers do mimicking work face-to-face with their infants. They did happy faces and sad faces, and sometimes kept no expression at all. The exercise supported parents in recognizing their infant’s communication cues and understanding the impact our non-verbal communication and emotions can have on babies.”**

2007-08 Grantee Report

**“Participation in the parenting Partnership Cohort has made our program stronger, more responsive to the families’ needs, more sensitive to their cultures and more accurate in our observational data.”**

2007-08 Grantee Report

## Story Behind the Results

### Parenting Partnership results

In keeping with best practices, the Parenting Partnership grantees were required to provide both parenting education/support services as well as parent-child activities. Education and support services were offered in part to help reduce social isolation and stress through peer support and networking and by linking parents with needed resources. The parent-child activities were designed to provide parents with a focused time for parent-child interaction and play.



## Systems Impact

Early detection of maternal depression (including increased depression screening/referral among community agencies) increased. Treatment options for depressed mothers increased, and yet identifying appropriate treatment referral sources remained a challenge.

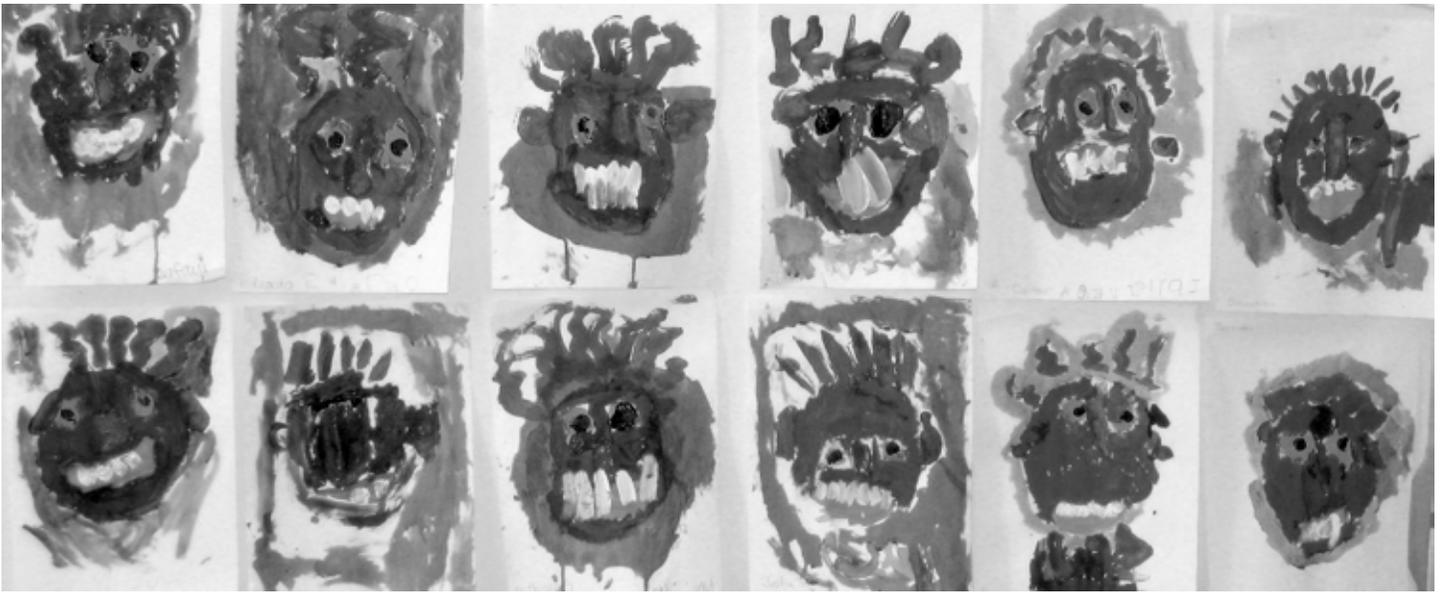
Access to services for diverse populations increased.

- 373 families received interpretation services in 20 languages.
- By experimenting with different service locations and models, parenting service providers succeeded in reaching fathers, teens, single parents, lesbian and gay parents, and caregivers from diverse cultural backgrounds.

Other agencies and funders adopted and expanded parent/child developmental playgroups.

Community capacity to serve children 0-5 increased as a result of new community support grants.

Multi-disciplinary trainings were open to providers throughout the county on “Discipline”, “Engaging Fathers”, “Family Diversity” and “Working with Challenging Clients”.



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

### What is the need?

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). Children who experience abuse or neglect or witness domestic violence are at risk for long term negative consequences including depression, anxiety and substance abuse.

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

### Strategies

- Another Road to Safety (ARS), an alternative response program that supports families at risk of entering the child welfare system
- Mental health services and domestic violence screening for families receiving home visits
- Mental health consultation and trainings for family support providers
- Parenting and mental health services for high risk families experiencing homelessness, domestic violence, or substance abuse
- Respite care for relative caregivers raising children separated from their parents
- Forensic interviewing in a child-friendly environment of children suspected of being abused/neglected
- Development of a county-wide supervised visitation network for non-custodial parents and recruitment and training of visitation supervisors from diverse backgrounds
- Expansion of trainings for law enforcement personnel on the impact of domestic violence on young children

## Results/Impact

### Respite care

733 hours of respite care provided for 45 children; 100% of families receiving respite care remained intact or the children were reunited with their birth parents.

### Training law enforcement

184 police officers in Hayward and Alameda and 172 Alameda County dispatchers were trained on the impact of domestic violence on young children.

### Forensic interviewing

95 children participated in recorded forensic interviews. 84% were referred due to possibility of sexual abuse and 76% had open CPS cases.

Results from a follow-up telephone survey indicated 38 children (50% of those contacted) were enrolled in mental health counseling.

Child-friendly improvements were made to the toddler interviewer room and family waiting area at the main office.

**“Caregivers identified a range of ways that [forensic interviewing and follow-up support] made a difference for their family. [The agency] helped the caregiver understand the process better and the services available; talking about the abuse helped speed/begin the healing process for their child; the...family was able to connect with needed services; and the interview validated their child’s experience.”**

2007-08 Grantee Report

**A police officer reported, “The [domestic violence] training opened my eyes to the effects of domestic violence on infants.”**

2007-08 Grantee Report

## Story Behind the Results

Support for at-risk families increased, helping to prevent the occurrence of child abuse and neglect. Support for children already exposed to abuse, neglect or domestic violence also increased. Children were interviewed in an emotionally safe environment by interviewers trained on the developmental needs of young children. Linking children to mental health services to support their recovery can be challenging. The fact that 50% of the children contacted at follow-up were connected to mental health services is an important accomplishment.

The expansion of domestic violence training to a large number of police officers and dispatchers in the county helps to increase awareness of the needs of young children and provides consistency in the handling of domestic violence cases when young children are present.

## Systems Impact

In 2002, Another Road to Safety (ARS) began with a partnership between F5AC, Alameda County Social Services Agency and three CBOs. On July 1, 2007 programmatic oversight for ARS was transferred to the Social Services Agency and Title IVE funds were leveraged to help fund the program. ARS’s use of multi-disciplinary teams (mental health and child development specialists) has been integrated into the Social Services Agency’s prevention and early intervention efforts.

Trainings for law enforcement on the impact of domestic violence on young children expanded from Oakland to additional areas of the county.

Multi-disciplinary trainings, open to providers throughout the county, were held on “Understanding Incarceration and Its Effects on Children” and “Adoption, Foster Care & Kinship Care”.



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

### What is the need?

Socioeconomic status is a strong predictor of a family's health and well-being. A mother's educational attainment serves as a proxy for economic stability and self-sufficiency and is a predictor of children's school performance. Continually rising costs now mean that a family of four in Alameda County requires \$4,354 a month, roughly 300% of the federal poverty level, to meet their basic needs and be economically self-sufficient (Insight Center for Community Economic Development, 2008). In addition, approximately 28% of the 5,129 homeless persons in the county were children (Alameda Countywide Homeless and Special Needs Housing Plan, 2006).

### Strategies

- Teen family support programs to support teen parents to stay in school
- Family case management services that link families to basic needs and financial assistance resources
- Workshops on educational and training opportunities, setting employment goals, etc.
- Economic self-sufficiency information/resources incorporated into parenting education/support services
- "Basic needs" funds integrated into program model to help Another Road to Safety families pay bills, make car repairs and buy emergency food, etc.
- Countywide campaign to assist families with tax preparation (Earn It Keep It Save It)
- 2-1-1 telephone assistance line to direct families to financial, employment and food assistance



## Results/Impact

Five grantees supported homeless and low-income families in securing stable housing; 16 formerly homeless families maintained stable housing for 6 months or longer.

24 homeless and newly housed mothers used case management services to develop a self-sufficiency care plan for their families.

One grantee conducted nine workshops on college and training opportunities for 37 CalWORKs recipients and other low-income parents.

Peer mentors provided support to 51 low-income parents to help them enroll in, continue, and successfully complete education and training programs, and receive benefits they were entitled to from CalWORKs.

16% of all referrals made by family support providers were to connect families to basic needs resources such as food, housing and shelter, and financial assistance.

**Mary is a single mother of a three year old son and currently a [college] student... Mary's cash aid was reduced and she was penalized for monies earned as a work-study student. She knew from [our] workshop that financial aid work-study earnings were exempt from counting as income, and filed an appeal [with Alameda County Social Services]. [We] supported Mary with her appeal, which took several months, and helped her get an award of over \$1,700 in benefits. In 2009, Mary will earn her B.A. and hopes to continue her education in law school.**

2007-08 Grantee Report

## Story Behind the Results

The process for obtaining resources to support a family's economic self-sufficiency is complicated, with a variety of rules and requirements that can be difficult to understand. Navigating resources in the community can also be intimidating, confusing and stressful, particularly for families whose primary language is not English. Several programs funded by F5AC helped families connect to needed resources, establish longer term goals for education and gainful employment and advocate for themselves in order to stabilize their environment.

## Systems Impact

An estimated 20-25% of families and individuals eligible for the Earned Income Tax Credit in California are not claiming it. A grant to Earn It Keep It Save It Alameda County increased the number of sites in the community that helped families prepare income tax returns. Earn It Keep It Save It assistance helped families identify appropriate tax credits such as earned income tax credit, child tax credit, federal economic stimulus payments and tax refunds.

Parents or guardians of 933 children ages 0-5 were served in 2007 and 1,391 families and individuals claimed \$1,755,078 in child tax credits alone.



# goal 2

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



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

### What is the need?

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

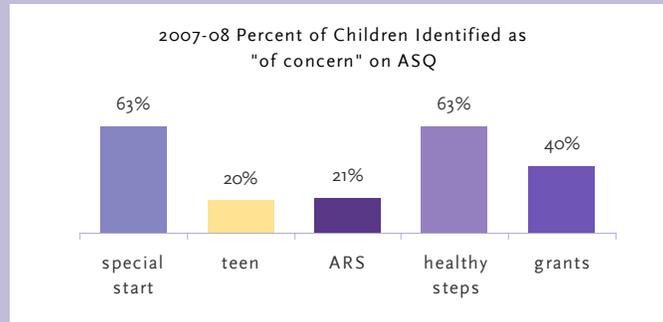
Research demonstrates that about 16% of children overall have disabilities including speech and language delays, mental retardation, learning disabilities and emotional/behavioral problems. However, only 30% of children with disabilities are detected before school entrance (Glascoe, et al., 2006).

One national study found that preschool expulsion rates were three times the expulsion rate of K-12 children. The likelihood of expulsion decreases significantly with access to classroom-based and child-specific mental health consultation (Gilliam, 2005).

### Strategies

- County-wide developmental screening, referral & monitoring by family support providers and at pediatric sites (Healthy Steps and Assuring Better Child Development Program), Summer Pre-K Camps, Quality Improvement Initiative sites and by community grantees
- Mental health and child development services for families & providers
- Mental health consultation to child care
- Developmental and “play and learn” groups, support and enrichment for children in child care, and mental health treatment for parents and parent-child dyads
- Early Childhood Mental Health training institute and policy groups
- Trainings on developmental screening tools and referral resources
- Strategic Planning for Alameda County Children 0-5 Screening, Assessment, Referral and Treatment (SART)
- Training Coalition community-based training for ECE providers on child and social-emotional development

## Results/Impact



Over 1,700 children were screened with an ASQ or ASQ-SE. Children screened "of concern" were referred for additional assessment or referrals to other resources in the county.

211 of 421 children screened at Pediatric sites (Healthy Steps) were referred to appropriate services such as Early Head Start, school districts or Regional Center.

## Story Behind the Results

Screening for developmental concerns continued to expand throughout the county in almost all F5AC funded programs and services, pediatric offices, and other county and community agencies. Given that 46% of children screened scored "of concern" in at least one developmental domain, the lack of referral sources and case management services to support families remains a significant challenge.



## Results/Impact

22 child care centers serving 1,368 children received mental health consultation. The Devereux Early Childhood Assessment (DECA) which measures classroom behavior and child protective factors (e.g., initiative, self control, positive attachments) is now incorporated as a component of consultation. 249 children in 16 centers completed DECA assessments and demonstrated improved results.

DECA ITEM	PERCENT PRE MH CONSULTATION	PERCENT POST MH CONSULTATION
Children with one or more typical or strong protective factors	70%	87%
Children with behavioral concerns	15%	11%

## Story Behind the Results

ECE providers often feel unsupported or unprepared to address behavioral problems and resort to expulsion of children who may be viewed as difficult. Mental Health (MH) consultation includes both classroom-based and child-specific consultation and intervention. The DECA tool used in the consultation model includes a short questionnaire completed by the classroom teacher on each child. The DECA results are then analyzed to give a classroom picture of protective factors and behavior concerns. The consultant and teacher use the pre-assessment as a learning opportunity to focus on classroom strategies to address behavior or emotional issues. Teachers are empowered with developmentally appropriate strategies to manage classroom challenges and are encouraged to work with the families of children needing more intervention. Expulsion is less likely to be considered an acceptable option for children who may have been viewed as difficult. DECA results have consistently shown decreased behavioral concerns and increased protective factors, demonstrating the impact of MH consultation that uses a classroom-based approach.

**A teacher contacted the Mental Health consultant about John who was aggressive and impulsive. His behavior included difficulty with transitions, running from the classroom if asked to do something he didn't want to do, leaving circle when uncomfortable and crying if food is not to his liking. The teacher was frustrated and wanted to expel John. The consultant helped the teacher to become more confident in working with challenging behavior and to support the family. After meeting with the parents, it became clear that the home situation contributed to John's fear and anxiety at school. The consultant referred the parents for treatment and offered parenting guidance. Although the teacher was previously afraid of the boy's outbursts and would tiptoe around him, the teacher now has more confidence about how to set limits... John remains in the classroom, is more responsive and has improved his ability to connect with other children.**

2007-08 Contractor Report

## Systems Impact

Increased capacity of providers in the community to identify developmental or social-emotional concerns using standardized tools.

- Multi-disciplinary trainings for F5AC-funded programs on Child Development with simultaneous Spanish interpretation and translated materials for Spanish-speaking grantees.
- Increased training on ASQ/ASQ-SE screening tools.
- Trainings for pediatric providers on child development topics.
- Partnership with the Medical Home Project to sustain and expand Assuring Better Child Development Program (ABCD) that supported five pediatric offices to screen 224 children with the ASQ at their 18 month well child visit.

712 professionals from diverse disciplines attended the county-wide symposium on "The Impact of Trauma on Brain Development in Young Children" by Bruce Perry, MD.

The Harris Training Seminar on Infant and Early Childhood Mental Health increased the number of agencies and providers able to provide early childhood mental health services.

County-wide strategic planning with community stakeholders developed a plan and identified shared funding strategies for a Children 0 to 5 Screening Assessment Referral and Treatment (SART) system. SART will support early identification, referral, triage and treatment services for children with developmental and behavioral concerns.



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

### What is the need?

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

### Strategies

- Parenting education and peer support groups for parents of children with special needs
- Playgroups and children's classes for children with special needs and typically developing children
- Intensive case management, therapeutic support and referrals for families and children with special needs and infants who were discharged from neonatal intensive care units
- Pediatric hearing screening and diagnostic services
- Support to families to access and maintain inclusive child care
- Technical assistance and training for child care providers around inclusion
- Facility grants to increase available child care slots for children with special needs
- Quality Improvement Initiative (QII) prioritized sites that serve children with special needs to receive consultation and support to make quality improvements
- Information and referral warm line for families of children with special needs



## Results/Impact

797 families received information and referrals on special needs services; 60 parents were accompanied to service/treatment planning meetings at health, early intervention, and special education programs.

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

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

33 children with special needs and 21 typically developing children attended integrated playgroups while 53 parents attended education/support groups.

3 grantees made 1,029 referrals to school districts, speech and language specialists, occupational and physical therapists, the Regional Center, the Family Resource Network, and other services.

Inclusion Coordinators at the three Resource and Referral agencies (R&Rs) provided telephone advice and support for 255 parents and 227 providers.

Inclusion Coordinators offered 37 trainings for parents and providers in English, Spanish, Chinese and Farsi on caring for children with special needs.

**This year [the zoo was]...able to...[bring animals to] new special needs community groups which provide services to children who are deaf or hard of hearing and to autistic children. These children are ... often [not] able to leave the security of their known environment... We were also able to provide visits to...the only end of life care center for children in the U.S. Our staff loves to visit and bring such obvious joy to the children.**

2007-08 Grantee Report

**A child care center requested support and information from an Inclusion Coordinator about caring for a three year-old girl with diabetes who required finger-prick tests and insulin. The director and staff were intimidated and worried they might give her inadequate care. The Inclusion Coordinator advised the director to develop an action plan, provide staff training, understand the limits of care they could provide and gave them resources from the Child Care Law Center and California Child Care Health Program. The child successfully enrolled, and a staff member said "that little girl is a wonderful part of our program and taught us a lot!"**

2007-08 R&R Report

## Story Behind the Results

F5AC was able to expand the number of services for families and children with special needs and link families to existing resources. The Inclusion Coordinators at the R&Rs worked to increase provider capacity to serve children with special needs through direct services and training. Inclusion coordinators worked with parents and providers in the community to find resources, make referrals and offer training and consultation.

## Systems Impact

Healthy Steps child development specialists were able to facilitate communication with the Regional Center of the East Bay (RCEB) about children they refer for services. Individual Family Service Plans that detail the treatment and intervention services RCEB will provide are now shared with pediatric providers.

To build provider capacity around inclusion, R&R Inclusion Coordinators conducted in-service training for all staff on talking to parents and providers about the Americans with Disabilities Act (ADA) and the importance of building inclusive programs. Other topics included working with parents who have cognitive or mental disability. An "Inclusion" webpage was added to one R&R website in order to assist both staff and clients with resources for special needs.

A group of providers who can claim Early Periodic Screening, Diagnosis and Treatment (EPSDT) services met to coordinate referrals to children and parents needing early childhood mental health services. The group also facilitated extended reimbursement for children entering kindergarten.





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

### What is the need?

In California, educational requirements for ECE professionals vary depending on the type of provider and requirements range from 15 units of health and safety training to more formal education (Whitebook, et al., 2006). Unlicensed providers serve an unknown, but significant, number of children in Alameda County and have no qualification requirements at all. Professional development is necessary, not only for licensing, but also for preschool curriculum implementation and to meet standards for quality. It is also important that the ECE workforce represents the cultures and languages of the children receiving care. While 32% of children 0-5 in Alameda County are Latino, only 17% of child care center teachers are Latino (Center for the Study of Child Care Employment and CA Child Care R&R network, 2006). Furthermore, one-third of children entering kindergarten in Alameda County are dual language-learners.

### Strategies

- Child Development Corps stipend program to support ECE providers working towards an AA degree
- Community College Professional Development Coordinators (PDC) to support Corps AA students, to promote community college systems change and collaboration among community colleges.
- PDCs to advise and to process child development permit applications
- English language learner supports for Community College ECE students
- Career Advocates at R&Rs advise providers on professional development planning and training opportunities
- Training for Professional Growth Advisors (PGAs) who help support ECE providers to obtain and maintain Child Development Permits
- Scholarship and support for higher education programs for ECE students working towards a BA or higher degree
- Training Coalition- Informal training and technical assistance for ECE providers

## Results/Impact

31 students participated in the third year of the Merritt College Emerging Teacher Program (ETP) for English language learning (ELL) students

- 14 of 31 students who began in the first year of the ETP program graduated this year with an AA degree. They earned an average GPA of 3.2 and completed 24 general education units
- 15 of 25 participating ETP students surveyed in June 2008 said they planned to continue on to attain a BA degree
- 484 ECE providers received stipends from the Child Development Corps; 20 Corps members graduated or became transfer-ready

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

**“I think there is a big change...because I was not computer literate. Now I am.”**

**“I have more self-confidence and can break down words. I now write and think in English.”**

2007-08 Emerging Teacher Program participants

## Story Behind the Results

Non-traditional students who may be older, non-native English speakers and who work and attend school at the same time find it difficult to complete general education requirements necessary for a college degree. To support ELL students and enhance workforce diversity, greater emphasis has been placed on recruitment and retention of English-language learners. The Merritt College ETP program supports students who work in ECE with incentives through the Child Development Corps, academic counseling, peer support in a cohort learning model, Saturday classes and tutoring. In addition to the ETP Program, Chabot College offers program support for students for whom Spanish is their primary language.

## Results/Impact

460 ECE providers attended trainings conducted by the Training Coalition: 50% were from child care centers, 32% family child care, 18% other.

- 187 providers completed training in social-emotional development.
- 145 providers completed training in child development.
- 72 providers completed training in business and management practice.
- 56 providers completed training in health and safety.

Focus groups with participating Training Coalition agencies identified how training agencies learned to engage ECE providers and make training more effective including:

- Flexibility in scheduling trainings
- Offering a variety of incentives
- Integrating cultural perspectives into training
- Using a variety of learning strategies to meet the needs of different learning styles

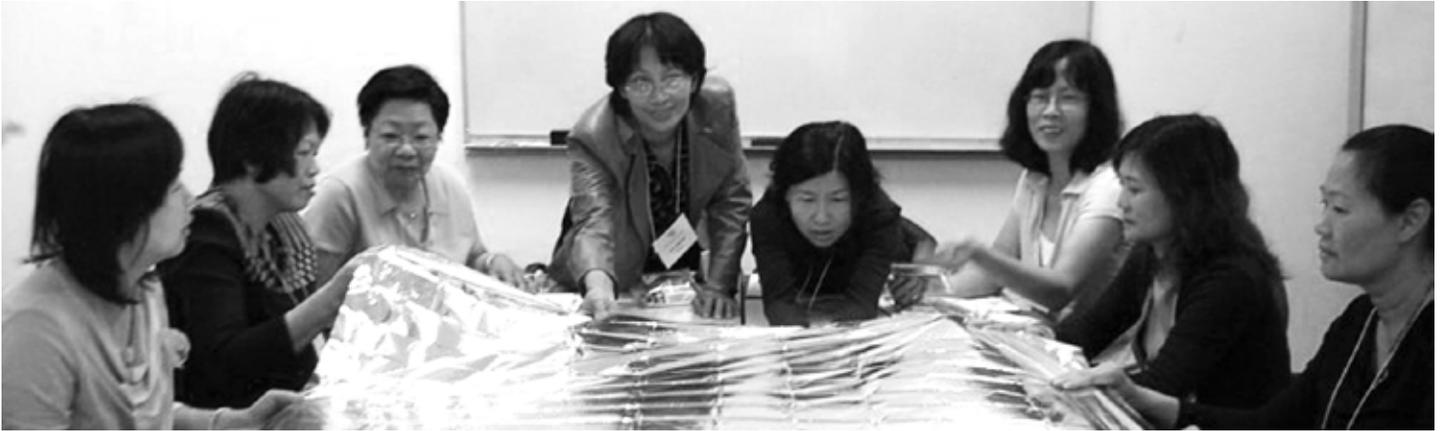
Training Coalition attendees completed post surveys on training content. Result highlights include:

- 23 of 27 attendees of “Computer training for family child care providers” said, “The likelihood that I will use Excel to run my child care business has increased.” This contrasts with only 7 of 27 who knew how to enter data into Excel before taking the training.
- 54 of 56 Health and safety training attendees agreed that “hand washing after diapering is still required even when disposable gloves are used.”

**“[One thing I’ve learned is that] using a large muscle activity such as cleaning a table (putting the whole body into it) can calm an active child enough to participate in circle time.”**

**“I’ve known how important it is to get down to a child’s level. ...I now also hold a child’s hand in mine to get their attention focused on what we need to talk about. [For example,] holding both hands in mine [I ask Julia,] “It’s story time, do you want to sit with us or would you rather read alone?”**

2007-08 Training Coalition attendee



### Story Behind the Results

F5AC piloted the Training Coalition to reach and enroll family child care providers and others who prefer community-based or non-college training. The Training Coalition was an 18-month pilot with seven agencies in the county to provide training for ECE providers in business and management, child development, health and safety or social-emotional development. The purpose of the Training Coalition was to provide community-based informal ECE training and bring together diverse agencies with different expertise and training methods to create opportunities for collaboration and systems building for trainers of ECE providers. The group met on a monthly basis to share experiences and resources, learn training techniques, discuss challenges and attempt to solve problems. Five agencies received additional funding to provide linguistically and culturally appropriate training. These initial results are from a formal evaluation that will be completed in December 2008.

### Systems Impact

Three four-year colleges now have pilot programs for students working to attain BA and MA degrees in early care and education. Twenty students at Mills College and CSU East Bay received scholarships from F5AC to pursue the BA in ECE. The Center for the Study of Child Care Employment at UC Berkeley is conducting a longitudinal study of students enrolled in four First 5 counties programs as well as a systematic study of changes to higher education institutions. For a full report of the first year evaluation, please see: <http://www.irle.berkeley.edu/cscce/>.

Three colleges have been working together (along with their college administrators) to adopt 8 core courses (24 units). This will enable students to move among campuses and receive credit for a course previously completed at another site.

Support for bilingual ECE students resulted in completion of AA degrees and increasing the number of ECE providers who serve the diverse children in Alameda County.

“Teacher Teaching Teachers” events were held three times this year on culture and diversity to bring together community college full and part-time ECE faculty.



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

### What is the need?

Numerous studies have demonstrated the importance of quality ECE for the social, emotional and cognitive development of children. Quality ECE programs also have strong economic benefits for the community (Rolnick, et al., 2006).

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

### Strategies

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

- Quality Improvement Initiative (QII) – individualized child care site consultation to improve child care quality
- Quality Grants (up to \$ 5,000 for Family Child Care and \$10,000 for centers) to support quality improvements
- Enhanced Mentor Program - partnership with the CA Mentor Program to provide workshops and short-term, on-site one-on-one mentoring of providers



## Results/Impact

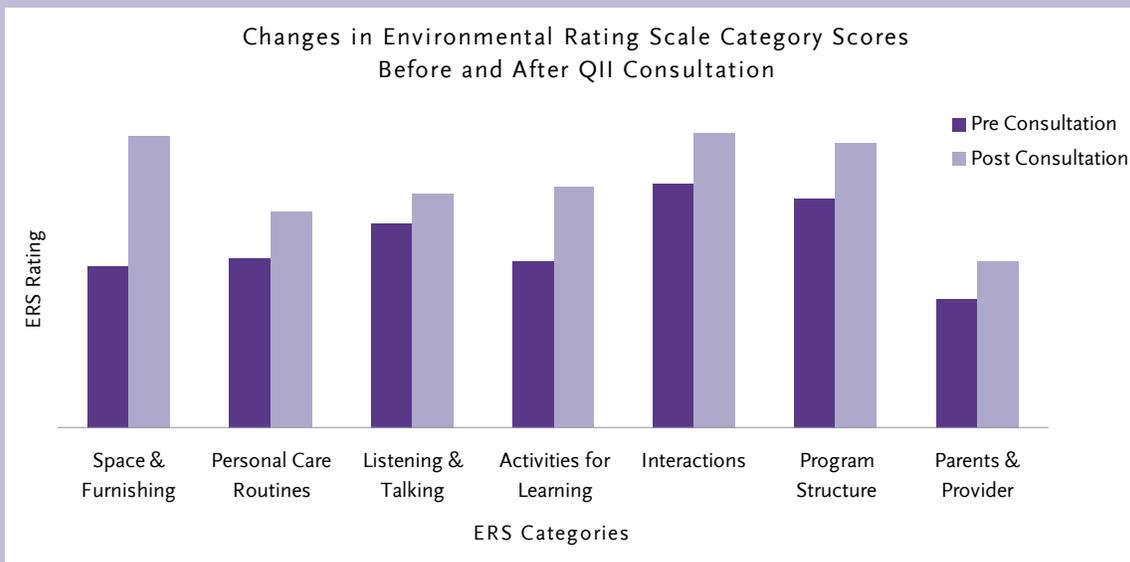
QII provided consultation and quality improvement services for 17 family child care programs and five classrooms in two child care centers serving a total of 240 children.

- Nine programs served 16 children with special needs and received a quality improvement grant as part of the QII program.
- 38% (n=240) of the children qualified for subsidized care (low income).

All sites worked on improving health and safety; 17 sites focused on enhancing the physical environment; 13 focused on expanding learning activities for children.

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

- All programs demonstrated improvements.
- The chart below illustrates that the greatest amount of improvement occurred in the domain of “Space and Furnishings” followed closely by “Activities for Learning”.



## Story Behind the Results

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

## Systems Impact

QII serves as a gateway for family child care and center providers to obtain additional knowledge and resources with the goal of improving the quality of care for children in neighborhoods with the greatest risk for low academic performance. The program model evolved over the years to be highly individualized to meet the diverse needs of the providers:

- Consultation services are provided in the providers' primary language: English, Spanish or Cantonese
- Consultation uses a relationship-based approach that is collaborative and flexible
- Child development screening from a child development specialist is available
- Identified improvements are followed up with opportunities to obtain funds to make those improvements; up to \$5,000 for Family Child Care and \$10,000 for Centers

QII has demonstrated positive impact on the quality of child care in Alameda County in some of the most at-risk communities. In addition, there is:

- Increased provider awareness and intention to support children and families
- Increased provider capacity to plan and implement evidence-based best practices

Nine of the 22 programs that served children with special needs received quality improvement grants.

BEFORE:



AFTER:



### *Physical Environment*

**“There is a quiet place... where books and quiet activities are accessible to children throughout the day”.**

**“There are now designated learning areas such as science, literacy and block areas.”**

### *Interaction & Communication with infants & toddlers*

**“Now the provider interacts with the toddlers while they play, asking questions and pretending to cook and eat with them.”**

### *Interaction & Communication with children*

**“Now the provider ...utilizes more open ended questions to promote longer conversations.”**

### *Health & Safety*

**“Hazards were removed from the outdoor play space such as construction materials and old paint cans; diapering now takes place near warm water and the diapering surface is disinfected after use; children now have their own cots and sheets for napping.”**

### *Learning Activities*

**“Learning materials are now placed on low shelves and are accessible to children.”**

2007-08 QII Specialist report



## Outcome 2E: Increased school readiness

### What is the need?

According to a First5 California School Readiness assessment of children entering school, only one-third of children in California's low-performing schools have mastered the skills important for school success and for a successful transition to kindergarten.

In 2007, 71 of 216 elementary schools in Alameda County had low Academic Performance Index scores (API); 55% were in Oakland and 23% in Hayward. Five districts had an increase in the number of schools with low APIs (CA Department of Education, 2008).

A study in the greater Bay Area identified about one-quarter (23%) of parents reported that their children's transition to kindergarten was difficult, another indicator that children may have trouble succeeding in school when they enter kindergarten (Applied Survey Research and Santa Clara County Partnership for School Readiness, 2008).



### Strategies

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



## Results/Impact

333 children at 15 schools in six school districts participated in Summer Pre-Kindergarten (SPK) programs. Each school also held parent workshops that focused on children's health, language and literacy, kindergarten readiness, discipline and child development.

561 parents attended parent workshops.

**“One student had only been in this country for 1-1/2 months and no one in his family spoke English. By the end of the program he had learned some English words and was able to communicate with his classmates and teacher.”**

2007-08 School SPK Report

**“One parent told me that she learned a lot about how to become more involved and engaged in school and in the community.”**

**A teacher reported, “I learned the importance of play in early childhood education...the children learn all the skills necessary for them to be successful in primary education and at the same time, they are having fun.”**

2007-08 SPK Teacher survey

66% of the classrooms had an early Elementary and ECE teacher working together to create the SPK classroom.

## Story Behind the Results

Low performing schools are disproportionately located in Oakland (Oakland Unified, 39 schools), Hayward (Hayward Unified, 16 schools) and San Leandro/San Lorenzo (San Lorenzo Unified, 4 schools). Children entering kindergarten in these districts also represent the largest diversity in primary languages spoken at home. SPK programs not only offer children without formal preschool experiences and their parents an opportunity to become familiar with their future schools, they also offer parent workshops, provided children with classroom experiences in multiple languages and are co-taught by ECE and Kindergarten teachers.

## SCHOOL READINESS HIGHLIGHT

Over the last eight years, F5AC staff fostered working relationships with and provided technical assistance to school districts, pediatric sites, early care and education settings, faith-based organizations and family case managers to enhance children's transitions into kindergarten. All strategies invest in programs located in neighborhoods with low performing schools with an eye for projects to sustain themselves over time. The fruits of these efforts include improved linkages between community systems, enhanced quality of pre-kindergarten services, and expanded opportunities for children who had no prior exposure to formal preschool or early care and education.

Prior to the involvement of F5AC, schools within the county's lowest performing school districts did not have formalized kindergarten transition or school readiness programs, nor were there dedicated staff positions supporting school readiness.

- Summer Pre-K programs expanded from 6 classrooms in 2 school districts in 2001 to 21 classrooms in 6 districts in 2007. Pleasanton, San Lorenzo and Oakland committed funds for extra classrooms using Title 1 dollars and other school district, municipal and private foundation funds. Chabot College implemented a Summer Pre-K program modeled after F5AC's program.
- 29 schools now have transition to kindergarten activities for children and families taking place at the school sites year round.
- Three school districts (Oakland, Hayward, San Lorenzo) each committed 1:1 matching funds to hire Transition Coordinators to oversee School Readiness programming.

The School Readiness team facilitated knowledge exchanges between ECE providers, Kindergarten teachers and school administrators about transition services and activities that reflect developmentally, culturally and linguistically appropriate practices in ECE and kindergarten settings.

Kindergarten/ECE Collaboratives coordinated district-level networking opportunities for ECE teachers, school staff and administrators to share approaches to school readiness. 42% of participants have implemented new strategies as a result of participating in the meetings.

- Livermore Unified School District created a School Readiness brochure in English and Spanish.
- Pleasanton Unified and the City of Pleasanton's Advocates for Kindergarten Readiness committee created a brochure for parents.
- Berkeley Unified created a system to transfer their Child Development Center's (CDC) Preschool Exit folders to Kindergarten teachers. Hayward Unified is exploring a similar system.





Countywide school readiness outreach efforts focused on encouraging caregiver-child literacy activities to promote healthy relationships and attachment. Books are now distributed widely by family support case managers, community grantee organizations and pediatric providers.

- An Early Childhood Literacy Network convened teachers and professionals across multiple disciplines to provide information, resources and support to share best practices in early childhood and family literacy programming.
- 85% of parents and caregivers who received home visits reported reading, singing and telling stories to their children at least three times a week. Over 44,000 books reached families with young children.
- A special symposium for family support providers presented ways to integrate early literacy into case management.
- An innovative partnership, The Leading Ladies Initiative, provides resources and support to enable churches to conduct school readiness activities in their communities.

**“...It made me more consciously aware that a lot of the things we are doing are connected to ‘early literacy’ and/or ‘school readiness’. I enjoyed ... specific examples on the different stages of development.”**

**“[I learned] the importance of primary language and how to explain this to [bilingual] parents.”**

2007-08 Post Literacy Training Evaluation and On-line Survey



## Results/Impact

Raising a Reader was implemented at eight ECE sites in Oakland. Over 95% of the 21 teachers surveyed were “mostly” or “very” satisfied with the program. Results from 132 matched pre and post parent surveys found that library visits had increased.

189 school-readiness parent-child activities held, attended by 191 children and 173 parents.

4,047 children’s books in English, Spanish, Chinese and Vietnamese were distributed.

Artists engaged children in creative art and trained and coached teachers and parents on creating appropriate environments and opportunities for art. Artists served 569 children at 12 ECE sites and trained 90 teachers over 10-week sessions. 305 parents attended parent-child art workshops.

63 out of 70 parents served by one grantee reported that they are doing more art and science related activities at home

**There are new works of art that the kids did up on the walls. The works are not just the color-in-the-line type of pictures, they are all really imaginative and reflect the types of lessons we have been doing throughout the program.**

2007-08 Grantee Report

## Story Behind the Results

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

**Three year old ‘Harry’ spent the first couple of classes barely able to sit in his seat for more than a minute or two without being distracted by a toy on the shelf or an outside noise.... At [first], his mom would ...[take his] art supplies and finish the step herself the moment he was distracted. After 12 weeks in the program, he was able to focus for much longer periods of time, [and] delighted in his achievements, often proudly holding up his art work for the group to admire... Harry also waits by the door for his dad to come home with the project he made... to show his dad. In fact, Harry’s father was so impressed with the program that he took time off of work to attend a...workshop with the entire family.**

2007-08 Grantee Report



# goal 3

IMPROVE THE OVERALL HEALTH OF YOUNG CHILDREN



## Outcome 3A: Increased support for breastfeeding mothers

### What is the need?

In addition to the well known health benefits of breast milk, breastfeeding promotes early attachment between mother and child and helps to prevent obesity in young children. In 2004, 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 (Alameda County Public Health Department, Maternal, Paternal, Adolescent and Child Health, MCAH Indicators 2007). The county WIC programs reported that in 2006, only 41% of mothers were still breastfeeding six months postpartum. Breastfeeding rates vary among populations, with lower rates of breastfeeding found in hospitals serving many low-income mothers and babies (California WIC Association and the UC Davis Human Lactation Center. A Fair Start for Better Health, 2007).

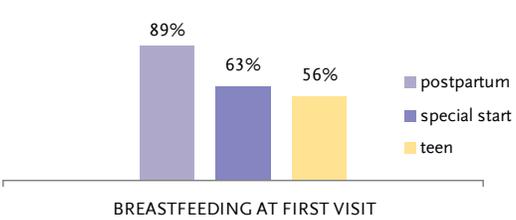
### Strategies

- Lactation Specialist consultation for providers and breastfeeding mothers
- Postpartum home visits and telephone consultations to monitor and support breastfeeding
- Hospital-based lactation consultation and support to postpartum mothers prior to discharge
- Training for providers on optimal infant nutrition
- Prenatal workshops on breastfeeding
- Breast pump loan program



## Results/Impact

Proportion of women and teens who received FSS and were breastfeeding at the first home visit



	SPECIAL START	PREGNANT & PARENTING TEEN
Breastfeeding duration among women and teens of children	n=151	n=162
less than 1 month old	14%	30%
less than 6 months old	49%	36%
less than 12 months old	13%	13%
greater than 1 year old	24%	20%

Lactation consultants provided home visits for 212 mothers, 628 telephone calls and 32 additional joint visits with the home visiting nurse.

- A lactation specialist consulted with 429 new mothers at Alameda County Medical Center and loaned nearly 100 breast pumps to mothers who were separated from their infants or had difficulties breastfeeding.

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

- 155 women participated in 26 breastfeeding workshops.
- Telephone calls were made to 244 mothers within 1-2 weeks after delivery to answer questions and provide follow-up breastfeeding support. 233 mothers (95.6%) reported that they started breastfeeding soon after delivery and 223 mothers (91%) reported breastfeeding at least 2-3 weeks or longer.
- 64 mothers borrowed breast pumps. Nine premature babies who were unable to breastfeed benefited from their mothers' milk.

## Story Behind the Results

F5AC breastfeeding rates and length of feeding are much higher than county rates. Positive breastfeeding results are contingent on the accessibility of supports and resources in a timely manner. F5AC programs reach new mothers prenatally, immediately after the birth of their babies at the hospital, and as soon as the first home visit occurs postpartum. For teen mothers, mothers of newborns discharged from the NICU and mothers of certain cultural backgrounds, family support providers have shown success by tailoring their support to the mothers' specific needs.

**[One mother] planned to breast feed her baby for at least one year. She said, "I started to nurse the baby soon after delivery and [experienced difficulties]....I was so tired and I was ready to give up. That afternoon, I received a phone call from [the health worker] and I told her my situation...I then followed her instructions...and I felt much better. She also reminded me that I could borrow a breast pump from her for no charge. So the next day, I went to borrow the breast pump...Without the Breast Pump Loaner Program and the advice I got over the phone, I probably would have given up breast feeding my baby during the first week."**

2007-08 Grantee Report

## Systems Impact

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

- Trainings on Optimal Infant Nutrition: Lactation & Breastfeeding (102 providers attended).
- Multi-disciplinary training on Increased Promotion of Baby-Friendly Practices/Encouraging Breastfeeding for Mothers on Medications.
- Work with Alameda County Medical Center towards promotion of exclusive breastfeeding and a World Health Organization "Baby-Friendly" designation, through training of physicians, midwives, nurses and other medical staff on breastfeeding and lactation management and direct patient care.
- Integrating lactation support into both postpartum and pediatric units of Alameda County Medical Center.

## TRAINING HIGHLIGHT

Prior to the implementation of the first F5AC strategic plan in 2000, there were few accessible multi-disciplinary training opportunities for providers serving children 0 to 5 and their families.

Now, hundreds of providers from diverse fields attend trainings, seminars and workshops at the F5AC Every Child Counts (ECC) Conference Center each month. Building provider capacity contributes to the sustainability of programs, and is a component of systems change. Provider training promotes best practices, enhances the quality of care and supports providers as they face the challenges of working in high risk communities.

### F5AC Trainings:

- Highlight diverse cultural perspectives on the training topic that reflect the diversity of Alameda County families
- Offer interactive learning activities
- Provide multi-disciplinary perspectives and serve attendees from diverse disciplines (e.g., child care providers, nurses, family advocates, social workers, psychologists, teachers, parents, etc.)
- Include varying intensities of trainings from monthly topics to intensive year long training
- Incorporate self-evaluation and reflection and evaluation of impact
- Provide continuing education units for a variety of professionals

### This year several new training strategies and approaches were implemented.

- Over 700 service providers from diverse disciplines attended a county-wide training by noted child psychiatrist, Bruce Perry MD, on brain development in young children and the impact of trauma.
- The Harris Training is a two year program with a weekly three-hour core seminar on theory, assessment and intervention in early childhood mental health. The program combines interactive, didactic instruction with clinical instruction and emphasizes mental health services that are culturally relevant to diverse populations. Over the past 8 years, 163 early childhood mental health consultants were trained. This year's trainees served a total of 756 children and families through their respective agencies. The program has recently expanded to include five trainees with a background in Early Care and Education. Results from focus groups with the ECE professionals underscored the challenge of successfully incorporating multiple professional perspectives and experience into the training program. In the future, the Harris Training will continue to include ECE professionals and will work to improve the curriculum to address the needs of all professionals.
- The Community Grants program expanded the number and type of trainings offered to grantees based on grantee needs assessment. Technical assistance has also been expanded to support grantees' use of best practices.
- Child Development training was offered with simultaneous Spanish interpretation and translated materials for Spanish-speaking attendees for a variety of partners, grantees and family support contractors and yielded rich, cross-disciplinary discussions.
- Attendees of ASQ and ASQ-SE trainings are offered a user group to support each other as they implement developmental screening.
- The Practical Strategies for Developmentally-Oriented Pediatrics Series was well-attended by pediatric providers. Emphasis is on informing and engaging the pediatric community in child development issues and policy and using standardized developmental screening.
- The Training Coordinator and other F5AC staff worked to develop a blueprint for creating a formal Training Institute that will include all F5AC ECC training endeavors.

**"The panel was powerful and put a face on disability for me."**

Supporting Parents with Disability and Deafness Specialty Topic Seminar

**"[I liked the] youth panel of people who have had or have a parent who is incarcerated...real stories and facts that illuminate children's issues."**

Understanding Incarceration and Its Effects on Children Specialty Topic Seminar

**"I know now that there is no 'normal' but just a range of what's typical. I feel better able to recognize when I see something that is not typical and what I can do to help."**

Child Development 101 Evaluation



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

### What is the need?

Health status is a major contributor to children's school readiness. Alameda County children have many health-related risk factors.

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

Alameda County has the second highest asthma hospitalization rate in California for children 0 to 5 years: 53 per 10,000 (California Breathing, 2006).

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

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

### Strategies

- Hospital-based completion of newborn referral forms for families with Medi-Cal to ensure continuous health insurance coverage of their newborns
- Alameda Alliance for Health insurance coverage for children not eligible for Medi-Cal or Healthy Families and with family incomes up to 300% of the federal poverty level
- Regular monitoring of health insurance status, medical home, immunizations and well-child visits by home-based family support services, grants and school readiness programs
- Consultation and training on substance abuse for Family Support Services providers
- Trainings on substance abuse and tobacco prevention/treatment for contractors/grantees
- Community grants for nutrition and fitness education and for health education (e.g., nutrition, car seat safety, smoking cessation) incorporated into parenting classes
- Asthma Start individual patient education (hospital and clinic based) and case management services (home based)
- Assessment of child care sites for presence of asthma triggers
- Enrollment of eligible families into Healthy Kids, Healthy Teeth dental services and case management support

## Results/Impact

### Asthma

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

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

151 children received home-based patient education and case management services. 83% 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).

HOSPITAL-BASED		CLINIC-BASED	
Re-hospitalized during 3 months following discharge	10% (n=171)	Hospitalized during remainder of year	6% (n=83)
ER visit during 3 months following discharge	18% (n=171)	ER visit during remainder of year	19% (n=83)

HOME-BASED 6 MONTHS PRIOR TO ENROLLMENT		HOME-BASED 3 OR MORE MONTHS AFTER EXIT FROM PROGRAM	
Hospitalized	49% (n=143)	4% (n=94)	
ER visit	65% (n=143)	13% (n=94)	

In addition, 20 child care sites serving 760 children were assessed for the presence of asthma triggers and were supported to make necessary changes.

### Story Behind the Results

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



## Results/Impact

### Nutrition Education and Support

One grantee trained 6 Spanish-speaking peer health educators (“promotoras”) to facilitate four-week parenting classes in Spanish focused on children’s eating and exercise (offered at Head Start sites)

- 107 parents attended classes and 100% report they are able to use what they learned
- 51% of parents completed pre and post surveys about nutrition beliefs and practices and results showed a 7% improvement in post survey scores

**Maria is a mother in her thirties [from rural Mexico] who...grew up associating eating vegetables with being poor. When Maria arrived...[in] the US and had her own children, she told herself she would feed them well. [By buying them]...burgers, French fries, ice cream, etc., she believed...she was giving them the best food she could. [Through this grants program,] Maria shared how she learned about the importance of eating vegetables to be healthy and how her children could develop high cholesterol for eating plenty of greasy meats and fatty foods everyday. She also learned that she should not pressure her children to eat everything on their plates, especially if they are not considered healthy foods. Maria is determined to work with her family to make changes about what they eat.**

2007-08 Grantee Report

Another grantee created “Carlitos and the Magic Garden” – a colorful, professional quality live puppet theatre show supporting healthy food choices and introducing critical thinking about junk food and mass media. More than 1,000 children at nine preschool venues viewed the puppet show.



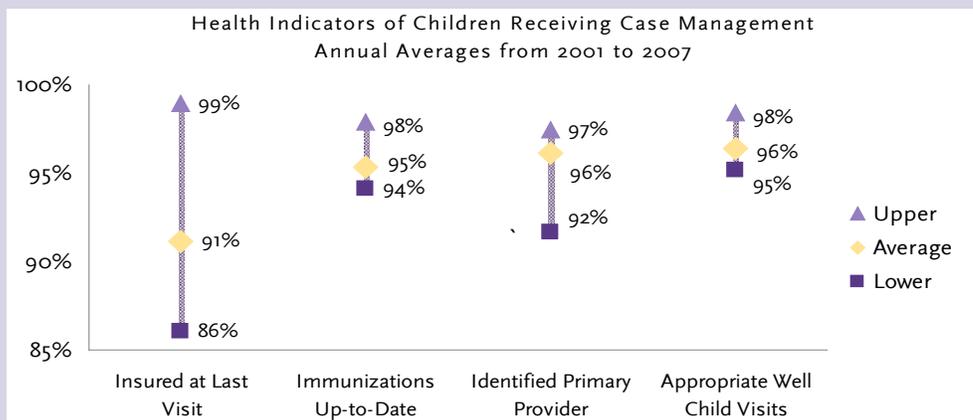
### Story Behind the Results

Promoting healthy eating and exercise can be challenging. It is exciting to see two novel approaches to nutrition education being implemented in community settings. The parenting program has already been able to demonstrate positive changes. The two programs are serving some of the same neighborhoods and plan to collaborate in the next year, making their efforts complementary.



## Results/Impact

Health Indicators for rate of immunizations, health insurance status, having an identified primary provider and appropriate number of well child visits have been consistently high over these last 7 years for children receiving F5AC services.



## Story Behind the Results

Consistently high health indicators over the last 7 years for children receiving F5AC services demonstrate that when families receive support and case management services, they are able to connect with community resources and improve the health and well being of their children. Immunization rates are notably higher than those for Alameda County as a whole and the State of California. Well-child visits are much higher than the national average.

## Systems Impact

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

To address persistent problems with mold in homes (a potential asthma trigger), Asthma Start will develop a county mold task force that will bring together a variety of public and environmental health, legal services, and other agencies.

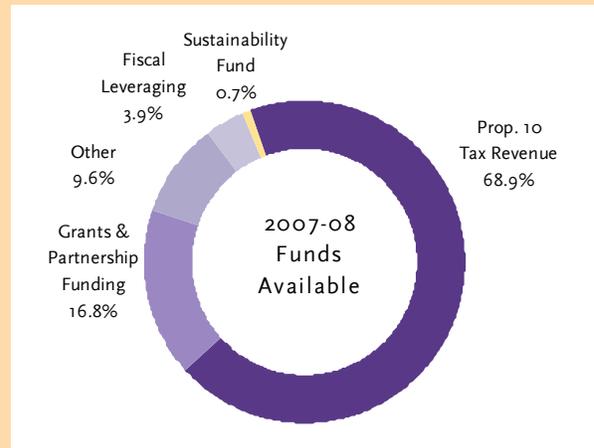
For multiple years, health indicators have remained consistently high for all Family Support Services programs.

Trainings were held for pediatric staff on best practices for language interpretation services and improved pediatric provider capacity to better serve non-English speaking families.

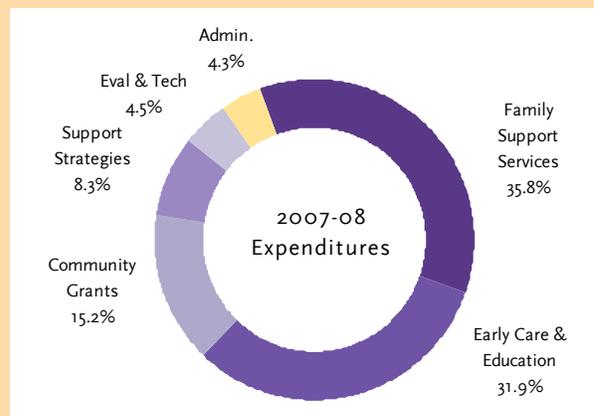
Multi-disciplinary trainings, open to providers county-wide, were held on many health-related topics such as Motivational Interviewing for Smoking Cessation.

# financial report

FUNDS AVAILABLE	
Proposition 10 Tax Revenue	\$ 16,942,725
Grants and Partnership Funding *	\$ 4,140,516
Other **	\$ 2,358,302
Fiscal Leveraging	\$ 957,868
<b>TOTAL FUNDS AVAILABLE</b>	<b>\$ 24,576,974</b>



EXPENDITURES	
Family Support Services	\$ 8,798,217
Early Care and Education	\$ 7,852,167
Community Grants	\$ 3,731,606
Support Strategies (includes: School Readiness, Training, Cultural Access Services, Child Development and SART)	\$ 2,036,564
Evaluation and Technology	\$ 1,100,682
Administration	\$ 1,057,738
<b>TOTAL EXPENDITURES</b>	<b>\$ 24,576,974</b>



## Time Period

The Financial Report reflects the financial activities undertaken from July 1, 2007 through June 30, 2008.

## Service Integration

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

\* Funding from: Alameda County General Services Agency Child Care Planning Council for AB 212 Compensation/Retention funds; First 5 California School Readiness grant for expanded services in neighborhoods with schools with low API scores; First 5 California Health Care for All grant for health insurance for children; First 5 California Comprehensive Approaches to Raising Educational Standards (CARES) grant to improve child care quality through professional development opportunities; and funding from Alameda County Public health for shared costs of an interagency data system.

\*\* Funding from Investments (\$ 2,329,113) and miscellaneous revenue (\$ 29,189).

# thanks

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

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

## Special Thanks to:

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Families and children for photos that appear in our reports

Design: Nicole Vasgerdsian, JPD Communications LLC, Teddy Milder & Melanie Toledo

Photos: Melissa Campos, Captured Photography & ECC Staff

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Community Grantee Reports & Surveys

Contractor Reports

ECC Online

ECChange

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# appendix a: diversity, access and program reach data

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

**Every Child Counts honors and respects the diversity of families we serve through:**

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

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

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

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

**Specific strategies include:**

- Language assistance and translation services: 1,280 interpretation services were provided for 373 families in 20 languages during home visits
- Diversity panels at trainings that include parents and providers from varying cultural backgrounds
- Training for pediatric providers on Best Practices for Working with Interpreters
- Simultaneous translation equipment for organizations to use for community meetings, workshops and trainings
- Training for grantees and contractors on federal mandates for providing language accessible services in accordance with the National Standards for Culturally and Linguistically Appropriate Services
- "Partnering for Change", a pilot program, brought together seven selected organizational leaders to share and learn about their experiences with developing culturally responsive services. Agencies identified technical assistance needs and goals and worked with a cultural competency consultant.

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



# diversity, access and program reach data

## FAMILY SUPPORT SERVICES

### Percent of Families Receiving Family Support Services by City (includes Postpartum, Special Start, Teen, Healthy Steps and ARS)

CITY	FREQUENCY	PERCENT	CITY	FREQUENCY	PERCENT
Alameda	81	3%	Newark	51	2%
Albany	8	0.3%	Oakland	1,421	47%
Berkeley	156	5%	Piedmont	5	0.2%
Castro Valley	27	1%	Pleasanton	16	1%
Dublin	10	0.3%	San Leandro	182	6%
Emeryville	5	0.2%	San Lorenzo	37	1%
Fremont	97	3%	Sunol	1	0.03%
Hayward	672	22%	Union City	98	3%
Livermore	20	1%	Unknown	125	4%

### Postpartum Home Visiting

#### RACE/ETHNICITY (TOTAL # OF FAMILIES SERVED = 1,215)

Hispanic		614	52%
North Am / Mexican/Mexican Am	476		
Central American	106		
Other Spanish/Hispanic	13		
Puerto Rican	12		
South American	7		
African American / Black		218	18%
Asian		180	15%
Chinese	110		
Vietnamese	14		
Indian	14		
Filipino	9		
Cambodian	7		
Korean	6		
Other Specified	6		
Japanese	5		
Unspecified	4		
Thai	3		
Laotian	2		
White		105	9%
Multi-Race		60	5%
Native Hawaiian or Pacific Islander		2	0.2%
Samoan	1		
Pacific Islander	1		
Alaska Native / American Indian		1	0.1%
Other		28	2%
Unknown/Refused		7	1%

#### MOTHER'S PRIMARY LANGUAGE

English	647	53%
Spanish	429	35%
Cantonese	87	7%
Arabic	10	0.8%
Vietnamese	8	0.7%
Mandarin	5	0.4%
Korean	2	0.2%
French	2	0.2%
Urdu	2	0.2%
Hindi	2	0.2%
American Sign Language	2	0.2%
Thai	1	0.1%
Lao	1	0.1%
Russian	1	0.1%
Tagalog	1	0.1%
Farsi-Dari	1	0.1%
Punjabi	1	0.1%
Other	12	1.0%
Unknown/Refused	1	0.1%

#### NUMBER OF CHILDREN

WITH IDENTIFIED SPECIAL NEEDS:

7

**Intensive Family Support Services**  
(includes Special Start, Teen and ARS)

<b>RACE/ETHNICITY (TOTAL # OF FAMILIES SERVED = 1,251)</b>			
Hispanic		615	49%
North Am/Mexican/Mexican Am	488		
Central American	54		
Other Spanish/Hispanic	53		
Puerto Rican	15		
South American	4		
Cuban	1		
African American / Black		289	23%
White		82	7%
Asian		73	6%
Chinese	20		
Indian	15		
Filipino	13		
Unspecified	12		
Cambodian	6		
Vietnamese	5		
Thai	3		
Laotian	2		
Multi-Race		47	4%
Native Hawaiian or Pacific Islander		7	1%
Guamanian	2		
Pacific Islander	2		
Native Hawaiian	2		
Samoan	1		
Other		26	2%
Unknown/Refused		112	9%

<b>MOTHER'S PRIMARY LANGUAGE</b>		
English	811	65%
Spanish	356	28%
Arabic	10	1%
Cantonese	7	1%
Mandarin	4	0.3%
Vietnamese	3	0.2%
Punjabi	3	0.2%
Tagalog	2	0.2%
Farsi-Dari	2	0.2%
French	1	0.1%
Urdu	1	0.1%
Japanese	1	0.1%
Other	3	0.2%
Unknown/Refused	47	4%

<b>NUMBER OF CHILDREN WITH IDENTIFIED SPECIAL NEEDS</b>	316
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**Intensive Family Support Services**  
(includes Special Start, Teen and ARS)

	<b>SPECIAL START</b>	<b>PREGNANT PARENTING TEEN</b>	<b>ARS</b>
Number of pregnant women and teens receiving FSS by program	11% (n=674)	100% (n=396)	14% (n=87)
Number of pregnant women and teens less than 15 years old receiving FSS by program	0% (n=674)	6% (n=396)	1% (n=87)

## Specialty Provider Team

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

RACE/ETHNICITY (TOTAL # OF FAMILIES SERVED = 1,635)			
Hispanic		803	59%
North Am/Mexican/Mexican Am	384		
Central American	74		
South American	7		
Other Spanish/Hispanic	7		
Puerto Rican	2		
Cuban	0		
Refused to State/Unknown	329		
Asian		256	19%
Chinese	183		
Unspecified	39		
Cambodian	7		
Filipino	6		
Korean	2		
Vietnamese	6		
Other Specified	4		
Thai	2		
Indian	7		
African American/Black		170	12%
White		64	5%
Multi-Race		24	2%
Native Hawaiian or Pacific Islander		7	0.5%
Alaska Native / American Indian		6	0.4%
Other		38	3%
Unknown / Refused		267	20%

MOTHER'S PRIMARY LANGUAGE		
English	684	42%
Spanish	492	30%
Cantonese	170	10%
Vietnamese	11	1%
Mandarin	5	0.3%
Arabic	4	0.2%
French	4	0.2%
Hindi	4	0.2%
Punjabi	4	0.2%
Thai	2	0.1%
Korean	2	0.1%
Urdu	2	0.1%
Farsi-Dari	2	0.1%
Tagalog	1	0.1%
Cambodian	1	0.1%
Japanese	1	0.1%
Other	27	2%
Unknown / Refused	219	13%



## EARLY CARE AND EDUCATION

### Child Development Corps AA Degree Program

(Total Number of Participants = 484)

RACE/ETHNICITY				PROVIDER TYPE			LANGUAGE USED IN ECE SETTING		
Latino		146	30%	Child Care Center	379	78%	English	239	49%
Mexican/Chicano	50			Family Child Care	82	17%	Spanish	104	21%
Other Latino	47			School Age	14	3%	Cantonese	19	4%
South American	26			License Exempt	9	2%	Chinese (dialect not specified)	15	3%
Central American	21						Farsi	14	3%
Cuban	1						Vietnamese	14	3%
Puerto Rican	1						Punjabi	13	3%
Asian		110	23%				Hindi	10	2%
Chinese	37						Tagalog	8	2%
Indian	25						Urdu	6	1%
Vietnamese	14						Arabic	4	1%
Filipino	13						Mandarin	3	1%
Other Asian	13						German	2	04%
Cambodian	2						Pashto	2	04%
Korean	2						Cambodian	1	02%
Pacific Islander	2						French	1	02%
Japanese	1						Gujarati	1	02%
Laotian	1						Romanian	1	02%
White		105	22%				Other Asian	8	2%
Other White	88						Other Non-Asian	8	2%
Afghan	15						Unknown	11	2%
Persian	2								
African American/Black		88	18%						
Multi-Race		10	2%						
Alaska Native/Am Indian		4	1%						
Other		10	2%						
Unknown		11	2%						

### BA/MA Program

(Total Number of Participants = 24)

RACE/ETHNICITY			PRIMARY LANGUAGES			WORK CITY		
White	7	29%	English	18	75%	North County	14	58%
African American / Black	7	29%	Vietnamese	2	8%	East County	4	17%
Hispanic	6	25%	Farsi	1	4%	South County	4	17%
Asian	2	8%	French	1	4%			
Other	2	8%						

## Emerging Teachers

(Total Number of Participants = 32)

PRIMARY LANGUAGES	1ST COHORT	2ND COHORT
Spanish	19	6
Cantonese	0	3
Other	3	1

## Training Coalition

(Total Number of Participants = 443)

RACE/ETHNICITY		
Hispanic	131	30%
Asian	82	19%
African American/Black	72	16%
White	68	15%
Multi-Race	3	1%
Alaska Native / American Indian	2	0.5%
Other	9	2%
Unknown / Refused	76	17%

CITY DISTRIBUTION	ATTENDEES	
South County	84	19%
Fremont	40	9%
Hayward	26	6%
Castro Valley	7	2%
Union City	5	1%
San Leandro	3	1%
Newark	2	0.5%
San Lorenzo	1	0.2%
North County	78	18%
Oakland	55	12%
Alameda	18	4%
Berkeley	5	1%
East County	32	7%
Livermore	23	5%
Pleasanton	6	1%
Dublin	3	1%
Unknown / Refused	249	56%

## PROVIDER TYPE

Child Care Center	223	50%
Family Child Care	143	32%
School Age	2	0.5%
Unknown / Refused	75	17%

## LANGUAGE USED IN ECE SETTING

English	155	35%
Spanish	94	21%
Cantonese	17	4%
Farsi	14	3%
Hindi	9	2%
Other Asian	9	2%
Punjabi	9	2%
Chinese (dialect not specified)	7	2%
Tagalog	6	1%
Vietnamese	5	1%
Arabic	4	1%
Portuguese	3	1%
Urdu	3	1%
Russian	2	0.5%
Cambodian	1	0.2%
Gujarati	1	0.2%
Mandarin	1	0.2%
Pashto	1	0.2%
Romanian	1	0.2%
Thai	1	0.2%
Other	10	2%
Unknown / Refused	90	20%

## Quality Improvement Initiative (Total Number of Children at QII Sites = 240)

RACE/ETHNICITY			PRIMARY LANGUAGE		
African American/Black	65	27%	English	96	40%
Hispanic	42	18%	Spanish	21	9%
Asian	33	14%	Mandarin	14	6%
Multi-Race	26	11%	Cantonese	8	3%
White	7	3%	Other	3	1%
Unknown / Refused	67	28%	Unknown / Refused	98	41%

PROVIDER TYPE	# OF CLASSROOMS	TOTAL CHILDREN	CHILDREN ENGLISH SECOND LANGUAGE	CHILDREN SUBSIDIZED	CHILDREN WITH SPECIAL NEEDS	SITES SERVING CHILDREN WITH SPECIAL NEEDS
Family Child Care	17	120	42	56	7	7
Child Care Center	5	120	50	36	9	2
TOTAL	22	240	92	92	16	9

## EARLY CHILDHOOD MENTAL HEALTH

### Harris Training (Total Number of Participants Served = 39)

RACE/ETHNICITY			
White		25	64%
Asian		5	13%
Vietnamese	1		
Chinese	1		
Japanese	1		
Filipino	1		1
Unspecified Asian	1		1
Hispanic		5	13%
North Am/Mexican/Mexican Am	3		
Puerto Rican	1		
South American	1		
African American / Black		2	5%
Multi-Race		1	3%
Other		1	3%

LANGUAGES CAPACITY		
English	39	100%
Multilingual	22	56%
Spanish	13	
French	2	
Arabic	1	
Cantonese/Mandarin	1	
Hebrew	1	
Portuguese	1	
Vietnamese	1	

### ECE Providers receiving Mental Health Consultation (Total Number of Participants Served = 106)

RACE/ETHNICITY OF CLASSROOM TEACHERS RECEIVING CONSULTATION			LANGUAGES SPOKEN BY CLASSROOM TEACHER		
African American / Black	48	45%	English	46	43%
Hispanic	30	28%	Spanish	16	15%
Asian	15	14%	Cambodian	5	5%
White	11	10%	Chinese	2	2%
Multi-Race	2	2%	Vietnamese	1	1%
			Hindu	1	1%
			Unknown / Refused	35	33%

## SCHOOL READINESS

### Summer Pre-K

#### RACE/ETHNICITY (TOTAL # OF CHILDREN SERVED = 333)

Hispanic		216	65%
North Am/Mexican/Mexican Am	190		
Central American	14		
Other Spanish/Hispanic	5		
Puerto Rican	4		
South American	2		
Cuban	1		
Asian		40	12%
Filipino	11		
Vietnamese	8		
Unspecified	5		
Specified	5		
Chinese	4		
Cambodian	3		
Indian	2		
Japanese	1		
Laotian	1		
White		15	5%
African American / Black		11	3%
Multi-Race		8	2%
Other		1	0.3%
Unknown / Refused		42	13%

#### MOTHER'S PRIMARY LANGUAGE

Spanish	172	52%
English	98	29%
Vietnamese	6	2%
Tagalog	5	2%
Mandarin	2	0.6%
Cantonese	2	0.6%
Italian	1	0.3%
Arabic	1	0.3%
Farsi-Dari	1	0.3%
Mien	1	0.3%
Punjabi	1	0.3%
Japanese	1	0.3%
Other	5	2%
Unknown / Refused	37	11%

#### LOW API SCHOOLS AND DISTRICTS

Number of School Districts (Berkeley, Fremont, Hayward, Livermore Oakland, San Lorenzo)	6
Number of Schools	15
Number of Classrooms	21
Number of Children	333



## HEALTH CONTRACTS

### Alameda Alliance

RACE/ETHNICITY (TOTAL # OF FAMILIES SERVED = 1,580)			
Hispanic		1,302	82%
Asian		178	11%
Korean	108		
Chinese	30		
Other-Specified	24		
Laotian	16		
White		61	4%
African American / Black		15	1%
Unknown / Refused		24	2%

MOTHER'S PRIMARY LANGUAGE		
Spanish	1,282	81%
English	139	9%
Korean	120	8%
Mandarin	23	1%
Vietnamese	16	1%

### Asthma

RACE/ETHNICITY (TOTAL # OF FAMILIES SERVED = 492)		
African American / Black	211	43%
Hispanic	122	25%
White	46	9%
Hawaiian or Pacific Islander	26	5%
Asian	15	3%
Multi-Race	5	1%
Other	67	14%

### Healthy Kids Healthy Teeth

RACE/ETHNICITY (TOTAL # OF FAMILIES SERVED = 554)		
Hispanic	322	58%
Asian	112	20%
African American / Black	70	13%
White	23	4%
Hawaiian or Pacific Islander	9	2%
Multi-Race	2	0.4%
Unknown / Refused	16	3%

## COMMUNITY GRANTS

	CHILDREN SERVED	PARENTS/CAREGIVERS SERVED	PROVIDERS SERVED
Community Support grants	3,039	1,753	151
Targeted grants	8,809	6,489	614
Partnership grants	263	308	75
<b>TOTAL</b>	<b>12,111</b>	<b>8,550</b>	<b>840</b>

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



# appendix b: outcome indicators

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

OUTCOME 1A: ENHANCED PARENTING AND STRONGER FAMILIES	
INDICATORS	
Proportion of agencies receiving community grants that provided parenting education/support groups or parent-child activities	25 out of 46
Proportion of parents attending parenting education or support programs who report they used what they learned	93% (n=461)
Proportion of parents attending parenting education or support programs who report that the program had a large (“a lot of”) impact on their family	60% (n=356)

OUTCOME 1A: ENHANCED PARENTING AND STRONGER FAMILIES				
INDICATORS	SPECIAL START	TEEN SERVICES	ARS	GRANTS
Proportion of primary caretakers receiving ECC services who were screened for depression	81% (n=632)	68% (n=471)	61% (n=90)	n/a
Proportion of primary caretakers who screened positive for depression	25% (n=510)	21% (n=321)	36% (n=55)	20% (n=315)

OUTCOME 1B: CHILDREN ARE FREE FROM ABUSE AND NEGLECT				
INDICATORS	POSTPARTUM	SPECIAL START	TEEN SERVICES	ARS
Proportion of children receiving FSS that are in foster care at time of referral	0% (n=1,141)	n/a	0% (n=317)	n/a
Proportion of families receiving FSS with open Child Protective Services (CPS) cases at time of referral	1% (n=1,031)	10% (n=638)	3% (n=451)	25% (n=61)
Proportion of children receiving Plus 10 or Intensive Family Support Services (IFSS) who were placed in foster care	0.3% (n=1,090)	6% (n=646)	2% (n=470)	0% (n=90)
Proportion of families receiving Plus 10 or Intensive Family Support Services (IFSS) who have a CPS case opened during the reporting period	1% (n=997)	7% (n=629)	3% (n=452)	5% (n=87)

OUTCOME 1C: ENHANCED ECONOMIC SELF-SUFFICIENCY AMONG FAMILIES				
INDICATORS	POSTPARTUM	SPECIAL START	TEEN SERVICES	ARS
Proportion of families receiving FSS who are receiving CalWORKs or CalLEARN assistance	8% (n=863)	20% (n=389)	26% (n=414)	61% (n=80)
Proportion of teens receiving family support services	22% (n=1,204)	11% (n=674)	100% (n=396)	14% (n=87)
Proportion of teen families receiving FSS who are CalLEARN recipients	7% (n=178)	19% (n=47)	14% (n=339)	11% (n=9)
Proportion of pregnant / parenting teens who remain in school or who have graduated from high school during the reporting period	35% (n=188)	40% (n=40)	59% (n=436)	40% (n=5)
Proportion of families with at least one employed caretaker, or one who is on leave	74% (n=919)	72% (n=596)	60% (n=423)	52% (n=86)

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

### OUTCOME 2A INDICATORS: IMPROVED CHILD SOCIAL, DEVELOPMENTAL AND EMOTIONAL WELL-BEING

INDICATORS	SPECIAL START	TEEN SERVICES	ARS	HEALTHY STEPS	GRANTS	SUMMER PRE K
Proportion of children screened for developmental delays who scored "of concern" per the assessment	63% (n=480)	20% (n=168)	21% (n=52)	63% (n=421)	40% (n=255)	50% (n=12)

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

INDICATORS	POSTPARTUM	SPECIAL START	TEEN SERVICES	ARS	GRANTS
Proportion of families receiving intensive ECC services who report reading, storytelling or singing to their children at least three times a week	83% (n=276)	88% (n=449)	84% (n=286)	87% (n=71)	75% (n=232)
Proportion of ECC families who received books	68% (n=724)	93% (n=554)	79% (n=440)	91% (n=88)	4,047 books to Targeted Grantees

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

### OUTCOME 3A: INCREASED SUPPORT FOR BREASTFEEDING MOTHERS

INDICATORS	POSTPARTUM	SPECIAL START			TEEN SERVICES				
Proportion of women and teens who received FSS and were breastfeeding at the first home visit	89% (n=1,110)	63% (n=616)			56% (n=439)				
Proportion of women and teens who received FSS and breastfed <=1 month, <=6 mos, <=12 ms, > 1 year*	n/a	<=1 mo	<=6 mos	<=12 mos	<=1 yr	<=1 mo	<=6 mos	<=12 mos	<=1 yr
		14%	49%	13%	24%	30%	36%	13%	20%

\* Includes only clients > 1 year old

### OUTCOME 3A: INCREASED SUPPORT FOR BREASTFEEDING MOTHERS

INDICATORS	POSTPARTUM	SPECIAL START	TEEN SERVICES
Type of feeding at last home visit was:	(n=861)	(n=441)	(n=258)
exclusively breast feeding	51%	5%	28%
combination breast milk and formula	34%	37%	41%
expressed breast milk	12%	50%	30%
formula only	2%	9%	1%

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

INDICATORS	SPECIAL START	TEEN SERVICES	ARS	SUMMER PRE K	HKHT
Proportion of children 1 year and older who received an annual dental exam	4% (n=271)	45% (n=189)	52% (n=64)	84% (n=267)	32% (n=554)

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

INDICATORS	POSTPARTUM	SPECIAL START	TEEN SERVICES	ARS	SUMMER PRE K	ASTHMA START
Proportion of children who have an identified primary pediatric provider	99% (n=1,119)	99% (n=629)	90% (n=436)	96% (n=81)	n/a	99% (n=484)
Proportion of children with appropriate number of Well Child visit per age	99% (n=932)	98% (n=541)	97% (n=356)	97% (n=74)	n/a	n/a
Proportion of children whose immunizations are up-to-date for age	98% (n=761)	99% (n=525)	96% (n=353)	97% (n=79)	97% (n=271)	97% (n=204)

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

INDICATORS	POSTPARTUM	SPECIAL START	TEEN SERVICES	ARS
Proportion of children receiving FSS who have no health insurance or whose health insurance is Healthy Families or Medi-Cal	81% (n=1,183)	79% (n=674)	90% (n=480)	83% (n=89)
Proportion of children with health insurance by program at time of enrollment	100% (n=1,098)	100% (n=640)	98% (n=458)	n/a
Proportion of children still insured by the last visit by program	99% (n=1,162)	100% (n=671)	99% (n=477)	98% (n=84)

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

INDICATORS	POSTPARTUM	SPECIAL START	TEEN SERVICES	ARS
Proportion of FSS children hospitalized or who made ER visits for asthma	0% (n=1,215)	2% (n=679)	0% (n=481)	3% (n=87)
Proportion of FSS children hospitalized or who made ER visits for preventable ACS* diagnoses (other than asthma)	0% (n=1,215)	13% (n=679)	2% (n=481)	3% (n=87)
Proportion of infants and children receiving FSS exposed to secondhand smoke	2% (n=865)	8% (n=564)	6% (n=372)	17% (n=65)
Proportion of parenting women and teens receiving FSS who smoke	2% (n=1,067)	5% (n=641)	2% (n=468)	16% (n=86)
Number of pregnant and primary caretakers receiving FSS who are referred to smoking cessation programs	17	31	3	9
Number of pregnant women and primary caretakers who are referred to alcohol and drug treatment programs or consultation services	11	23	2	9

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

# appendix c

## First 5 Alameda County Every Child Counts 2007-08 Annual Report Contribution List

### COMMISSIONERS

Chet Hewitt, *Outgoing Chair*, Director, Alameda County Social Services Agency  
Pamela Simms-Mackey, MD, *Incoming Chair*, Associate Director of Medical Education and Pediatrician, Children's Hospital and Research Center at Oakland  
Helen Mendel, CMD, Vice-Chair, Chief Executive Officer, Professional BusinessWomen of California  
Alex Briscoe, *Incoming*, Deputy Director of Alameda County Health Care Services Agency  
Keith Carson, Alameda County Supervisor, District 5 and President, Alameda County Board of Supervisors  
Marge Deichman, *Outgoing*, Division Director, Family Health Services, Alameda County Public Health Department  
Gilda Gonzales, *Incoming*, Chief Executive Officer of The Unity Council  
Rosemary Obeid, *Incoming*, Director, Resource and Referral for Community Child Care Coordinating Council of Alameda County (4Cs)  
Deborah Roderick Stark, *Incoming*, national expert in child and family policy  
Albert Wang, MD, Partner Internal Medicine, Palo Alto Medical Clinic, Fremont Center

### LEGAL COUNSEL

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

### STAFF

Mark Friedman, Chief Executive Officer  
Janis Burger, MPH, Deputy Director  
Deborah Bremond, PhD, MPH, Director, Family Support Services  
Elizabeth Ford, MA, Director, Early Care & Education  
Rebecca Gebhart, Director, Finance & Administration  
Teddy Milder, PNP, PHN, Director, Evaluation & Technology  
  
Amalia Alcalá, Hospital Outreach Coordinator  
June Allen, MBA, Information Systems Administrator  
Cindy Allmon, Administrative Associate, Finance  
Carolyn Arroyo, Hospital Outreach Coordinator  
Lea Austin, MPA, Child Development Corps Program Manager  
Sujata Bansal, MFT, Early Childhood Mental Health Manager II  
Karyn Barnes, Administrative Associate, School Readiness  
Janet Basta, Human Resources Manager  
Constanza Beltrán, Child Development Specialist II

Tina Benitez, IBCLC, Lactation Specialist II  
Jane Bernzweig, PhD, Evaluation Specialist  
Kevin Bremond, Administrative Associate, Community Grants  
John Campos, Network Support Administrator  
Nina Carbone-Pellerin, Lactation Specialist I  
Ann Chun, MPA, Cultural Access Services Administrator  
Fritz Concepcion, Administrative Associate, Finance & Administration  
Beatriz Dominguez, Child Development Specialist I  
Kelly Dotson, MA, School Readiness Program Manager  
Rita Edmunds, Administrative Associate, Early Care & Education  
Janice Edwards, Community Grants Manager  
Lisa Erickson, Quality Improvement Initiative Program Manager  
Loren Farrar, MSW, Children's SART Coordinator  
Erin Hill Freschi, MA, School Readiness Program Administrator  
Elen Fuentes, Payroll Manager  
Ayumi Furusawa, Administrative Associate, Child Development Corps  
Dalila Gomez, Lactation Specialist I  
Sonia Gonzalez-Garcia, Administrative Associate, QEP  
Sue Greenwald, LCSW, Project Coordinator, Special Start & Special Projects  
Anna Gruver, LCSW, Family Support Services Program Administrator  
Virve Hernandez, Administrative Associate, Family Support Services  
Beth Hoch, LCSW, Mental Health Specialist II  
Christine Hom, Contracts and Grants Administrator  
Josue Huerta, Network Support/ECChange Help Desk Manager  
Chris Hwang, Research and Evaluation Administrator  
Lorraine Johnson, MPA, Payroll Manager  
Judy Jones, Hospital Outreach Manager  
Eli Kanat, Database Manager  
Carla Keener, Family Support Services Program Administrator  
Denice Lara, Quality Improvement Specialist  
Nancy Lee, Quality Enhancement Programs Administrator  
Debbie Lignell, Quality Improvement Specialist  
Wendy Lo, Quality Improvement Specialist  
Kimberly Nagayo, Quality Enhancement Programs Manager  
Laura Otero, Early Childhood Specialist  
Zeelaura Page, Office Manager  
George Philipp, Professional Development Programs Administrator  
Maria Pilecki, Mental Health Specialist I  
Yolanda Pulido-Lopez, Child Development Specialist I  
Malia Ramler, Community Grants Administrator  
Shandra Sheard, Administrative Associate, Human Resources  
Tanya Smith, Quality Improvement Specialist  
Nadirah Stills, MFT, Mental Health Specialist II  
Carly Strouse, IBCLC, Lactation Specialist II  
Rose Stubberfield, Administrative Associate, Finance & Administration  
Susan Sullivan, Training Specialist

Melanie Toledo, Administrative Associate,  
Evaluation & Technology  
Noemi Toscano-Gutierrez, MSW, Healthy Steps Manager  
Lisa Wade, MFT, Special Provider Team Administrator  
Jane Wellenkamp, PhD, Evaluation Specialist  
Domonique Wilson, Hospital Outreach Coordinator  
Lauren Witten, Professional Development Programs Manager  
Y. C. (Jennie) Wong, Child Development Specialist I  
Patricia Zapanta, Controller  
Sandra Zavala, Pediatric Strategies Associate

#### **2007-2009 COMMUNITY GRANTS INITIATIVE**

##### **Community Support Grant Recipients**

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

##### **Parenting Partnership Grant Recipients**

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

##### **Targeted Grant Recipients**

Alameda Point Collaborative  
Asian Health Services  
BANANAS, Inc.  
Bay Area Children First  
Bay Area Hispano Institute for Advancement, Inc. (BAHIA)  
CALICO Center (Child Abuse, Listening, Interviewing and  
Coordination Center)  
Center for Early Intervention on Deafness (CEID)  
Children's Hospital & Research Center at Oakland,  
Parent-Infant Program  
City of Fremont, Youth and Family Services,  
Infant Toddler Program  
Davis Street Family Resource Center  
Emergency Shelter Program, Inc.  
Family Resource Network  
Friends of Children with Special Needs  
Habitot Children's Museum

Junior Center of Art and Science  
La Clinica de la Raza  
LifeLong Medical Care  
Luna Kids Dance  
Museum of Children's Art (MOCHA)  
Regents of the University of California, Lawrence Hall of Science  
Safe Passages  
Through the Looking Glass  
Tri-City Homeless Coalition  
Tri-Valley Haven  
United Way of the Bay Area, Alameda County Raising a  
Reader  
Women's Daytime Drop-In Center

#### **2007-2008 TOBACCO MINI GRANTS RECIPIENTS**

(administered by the American Lung Association with  
First 5 contract funds)  
24-Hour Oakland Parent Teacher Children Center Inc.  
Asian Health Services  
Family Paths, Inc.  
Kristy Nigg's Daycare  
Little Seeds Children's Center dba Peter Pan Schools  
Lots of Love Family Child Care  
Love and Affection Daycare  
The Little Star, Inc.  
Tiburcio Vasquez Health Center



## CONTRACTORS

Alameda Alliance for Health  
Alameda County Behavioral Health Care Services, Early  
Childhood Consultation & Treatment Program (ECCTP)  
Alameda County Board of Supervisors Office – District 4  
Alameda County Information Technology Department  
Alameda County Public Health Department, Asthma Start  
Program  
Alameda County Public Health Department, Public Health  
Nursing  
Alameda County Public Health Department, Special Start  
Program (HCSA)  
Alameda County Public Health Department, Tobacco  
Control Program  
Alameda County Social Services Agency  
Alameda Family Services – New Parent Support  
Alameda Head Start  
Albany Preschool  
Neri Alarcon, QII Participant  
Alternatives in Action- Home Sweet Home  
American Lung Association of California  
Asian Health Services Language Cooperative  
BANANAS, Inc.  
Betty's Children Center  
Berkeley Unified School District  
Blue Marble – First Presbyterian Church  
James Bowman Associates, Inc.  
Brighter Beginnings (formerly known as The Perinatal Council)  
Brinkman & Chersky Consulting  
California Association for the Education of Young Children  
California Childcare Health Program (UCSF)  
California School-Age Consortium  
California State University, East Bay  
Center for the Education of the Infant Deaf  
The Center to Promote HealthCare Access, Inc.  
Chabot Community College  
Wei Chen, QII Participant  
Child Care Links  
Children's Hospital and Research Center at Oakland (CHRCO)  
City of Berkeley, Department of Public Health Nursing  
ZeZe Cole, QII Participant  
Collaborative of Family Child Care Associations of Northern  
Alameda County  
Community Childcare Coordinating Council of Alameda  
County (4C's)  
Family Child Care Collaborative  
La Rhonda Crosby Johnson, Consultant  
Davis Street Family Resource Center  
The Dental Health Foundation  
Aliuska Diaz, QII Participant  
East Bay Association for Young Children  
Eden I & R  
Katrina Ellingberg, QII Participant  
Family Paths, Inc.  
Adriana Gallardo, QII Participant  
Rosa Elena Gil, QII Participant  
Pamela Gillespie, QII Participant  
Shu Fang Hung, Translation Reviewer

Fremont Unified School District  
John Gunnarson, Consultant  
Habitot Children's Museum  
Kevin Harper, CPA Finance Consultant  
Hayward Unified School District  
Heaven Sent – Broadmoor Community Church  
Infant Toddler Consortium  
Interactive Parenting Media (formerly Childhood Matters Radio)  
International Contact  
Interpreters Unlimited  
Janis Keyser, Consultant  
Jewish Family and Children's Services of the East Bay  
Idona Johnson, QII Participant  
Kadija Johnson, LCSW, Consultant  
Joy of Sports Foundation  
JPD Communications, LLC  
Kidango, Inc.  
Kiddie Kampus Cooperative  
Las Positas Community College  
Dr. Gena Lewis, Consultant  
Lifelong Medical Care  
The Link to Children  
Livermore Valley Joint Unified School District  
Estella Lopez, QII Participant  
The Low Income Investment Fund  
Lucile Packard Children's Hospital Medical Home Project  
Luna Kids Dance  
Melinda Martin, Consultant  
Theresa Matias, Consultant  
Laurin Mayeno, Consultant  
Merritt Community College  
Mills College  
Lori Miller, QII Participant  
Elia Montenegro, QII Participant  
Museum of Children's Art (MOCHA)  
National Training Institute  
Wendy Nauman, Consultant  
Veronica Neal, Consultant  
Oakland Unified School District  
Ohlone College  
Pacific Interpreters  
Jessica Phelon, QII Participant  
Philliber Research Associates  
Pleasanton Unified School District Horizon High School  
Regents of the University of California  
David Robbins, MIP Accounting Consultant  
Edna Rodriggs, Consultant  
San Francisco Community College District  
San Lorenzo Unified School District  
Social Entrepreneurs, Inc.  
Mireya Sosa Camacho, QII Participant  
Nancy Spangler, Consultant  
Starlite Child Development Center  
Leticia Taylor, QII Participant  
Through the Looking Glass  
Tiburcio Vasquez Health Center, Inc.  
Kamaria Toliver, QII Participant  
Ahn Tran, Translation Reviewer

The United Way of the Bay Area  
University of California, Berkeley  
Urban Strategies Council  
US Coast Guard Child Development Center  
Bi Yu Lin, QII Participant

#### **PARTNERS**

Alameda County Behavioral Health Care Services  
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 Medical Center  
Alameda County Public Health Department, Child Health  
and Disability Prevention Program  
Alameda County Public Health Department, Family Health  
Services  
Alameda County Public Health Department, Maternal,  
Paternal, Child and Adolescent Health  
Alameda County Public Health Department, Office of  
Dental Health  
Alameda County Public Health Department, Public Health  
Clearinghouse  
Alameda County Regional Mentor Program  
Alameda County Social Services Agency  
Alameda County Social Services Agency, Children & Family  
Services  
Alameda County Women, Infants & Children (WIC)  
Alameda Kids Coach Program Committee  
Alta Bates Summit Medical Center  
Asian Health Services  
Asthma Start Collaborative  
Bancroft Pediatrics  
Bay Area Pediatrics  
Black Infant Health  
Blue Cross Medi-Cal Outreach Staff  
California Early Intervention Technical Assistance Network  
(CEITAN) – WestEd  
California Kindergarten Association  
California State Department of Children and Family Services  
California State Department of State Health / Medi-Cal  
Managed Care Division  
Casey Foundation-Making Connections Oakland  
Center for Venture Philanthropy  
Child Care Links – Toy and Resource Library  
Child Care Transportation Workgroup  
Child Development Training Consortium  
City National Bank  
City of Berkeley  
City of Fremont  
City of Livermore  
City of Oakland  
City of Pleasanton  
Commission on Teacher Credentialing  
Contra Costa Public Health Nursing  
David and Lucile Packard Foundation

Early Childhood Mental Health Systems Workgroup  
Easter Seals Bay Area  
Dr. Jose Enz  
Family Resource Network  
Family Support Services of the Bay Area  
First 5 California  
First 5 Contra Costa  
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  
La Familia Counseling Services  
Local Investment in Child Care (LINCC) Project  
Lucile Packard Children’s Hospital, Alameda County Medical  
Home Project  
Native American Health Center  
National Healthy Steps  
National Reach Out and Read  
North Region Special Education Local Plan Area (SELPA)  
Oakland Parks and Recreation  
Oakland Pediatrics and Behavioral Medicine  
Oakland Police Department  
Perinatal Forum for Community Health (formerly Fetal  
Infant Mortality Review Community Action Team)  
Prescott-Joseph Center for Community Enhancement  
Project Pride  
Regional Center of the East Bay  
Safe Passages  
St. Rose Hospital  
Silva Pediatric Clinic, St. Rose Hospital  
State Department of Mental Health-Infant Preschool &  
Family Mental Health Initiative  
Trio Foundation  
U. S. Department of Health and Human Services  
UC Berkeley Center for the Study of the Child Care  
Workforce  
UC Berkeley Department of Education  
UC Davis Expanded Food and Nutrition Education Program  
United Way of the Bay Area  
WestEd, Santa Clara County



# index

- a**
  - Accountability 3
  - Alameda Alliance 47
  - Another Road to Safety (ARS) 3, 5, 9, 10, 11
  - ASQ/ASQ SE 3, 14, 15, 31
  - Assuring Better Child Development Program (ABCD) 13, 15
  - Asthma 3, 32, 33, 35, 47, 50
- b**
  - BA and MA Programs 20, 43
  - Breastfeeding 29-30, 49
- c**
  - Career Advocates 18
  - Child Development 4, 6-8, 13, 15, 17, 19, 20, 23, 25, 36
  - Child Development Corps (CORPS) 3, 18, 19, 37, 43
  - Child Development Permit 18
  - Community Colleges 18, 20, 37
  - Community Grants 3, 6, 28, 31, 32, 36, 47
  - Community Support grants 6, 8
  - Cultural Access Services 3, 36, 39
- d**
  - DECA 3, 14-15
  - Depression 4-6, 8-9, 48
  - Developmental delay 13
  - Developmental screening 13, 31
  - Domestic/family violence 1, 9, 10
- e**
  - Early Childhood Literacy Network 27
  - Early Childhood Mental Health 13, 15, 17, 31, 45
  - Early Periodic Screening Diagnosis and Treatment (EPSDT) 17
  - Earn It Keep It Save It 11, 12
  - Emerging Teacher Program (ETP) 19, 44
  - English language learning (ELL) students 19
  - Enhanced Mentor Program (EMP) 21
  - Environmental Rating Scale (ERS) 3, 21, 22
- f**
  - Forensic Interviewing 9-10
- h**
  - Harris Training Program 15, 31
  - Health insurance 32, 35, 48
  - Healthy Steps (HS) 3, 4, 13, 14, 17
- i**
  - Immunizations 32, 35, 50
  - Inclusion Coordinators 7, 17
  - Intensive Family Support Services 3, 41, 48
  - Interpretation 4, 8, 15, 31, 35
- k**
  - Kindergarten 13, 17-18, 24-26, 32
  - Kindergarten/ECE Collaborative 24, 26
  - Kit for New Parents 4, 5
- l**
  - Lactation 3, 29-30
  - Leading Ladies 24, 27
  - Literacy 7, 23-25, 27-28
- m**
  - Maternal depression 4, 8
  - Medical Home Project 15
  - Medically Fragile Babies 6, 8
  - Mental health 3-5, 8-10, 13, 15, 17, 35
  - Mental Health Consultation 9, 13-14, 31, 45
- p**
  - Parenting 3, 4-8, 9, 11, 15-17, 32, 34, 48
  - Parenting Partnership grants 4, 6, 8
  - Partnership for Change 39
  - Playgroup 5, 6, 8, 16-17
  - Postpartum Home Visits 3, 29, 40
  - Professional Development Coordinators (PDCs) 18
  - Proposition 10 1, 36
  - Professional Growth Advisors (PGAs) 18
- q**
  - Quality and Facility Grants 21
  - Quality Enhancement Programs 3, 21
  - Quality Improvement Initiative (QII) 13, 16, 21-23, 45
- r**
  - Resource and Referral Agencies (R&Rs) 7, 17, 18
  - Respite care 9, 10
- s**
  - School Readiness 3, 4, 6, 13, 24, 26-28, 32, 36, 46
  - Screening, Assessment, Referral & Treatment (SART) 3, 15, 16, 36
  - Service Integration 3, 6, 36
  - Special needs 1, 3, 7, 16-17, 22-23, 39, 40, 41, 47
  - Special Start 3, 6, 26, 14, 30
  - Specialty Provider Team (SPT) 3, 42
  - Specialty Topic Seminars 31
  - Strategi Plan 1, 31, 36
  - Substance use/abuse 9, 32
  - Summer Pre-K Program 13, 24-26
  - Systems Change 1, 3, 18, 31
- t**
  - Teen Parents 1, 3, 5
  - Tobacco/Smoking 1, 32, 50
  - Training Coalition 3, 13, 18, 19, 20, 44
  - Training Connections/Training Institute 3, 13, 31
  - Training Coordinators 18, 31
  - Transition Coordinators 26



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