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Acknowledgements

Executive Summary

This Annual Report covers the period July 2004-June 2005 (FY 04-05), a pivotal year for First 5 Solano Children and Families Commission. Like many First 5 Commissions across the state, First 5 Solano is undergoing continuous evolution from the start-up years to a fully-functioning entity. For First 5 Solano, this evolution took the form of strengthening its infrastructure to better support and measure its current and future investments as well as to support individual grantees, collaboratives and community system-change efforts for children 0-5 and their families.

In FY 04-05, First 5 Solano laid the groundwork for a transition from its current Strategic Plan toward a revision which is expected to be undertaken in FY 05-06 and completed by January 2007. During FY 04-05, First 5 Solano Commissioners oversaw the completion of several critical, initial steps in this process:

- Extension of its major, 3-year Direct Service Grants for one additional year (through FY 04-05);
- Implementation of the second and final year of a set of 1-2 year Family Support Grants;
- Commitments from individual grantees to identify targeted outcome measures for FY 04-05, moving in many cases for the first time beyond tracking “process” to tracking “results” for these grants;
- Development and adoption of a Long-Term Financial Plan and Three-Year Transition framework to ensure a sustainable level of spending over the next decade;
- Establishment of a regular funding cycle for FY 05-07;
- Prioritization of Strategic Plan Priorities, Goals and Results for the 2005-07 funding cycle;
- Grant awards for the 2005-07 funding cycle;
- Approval of a new data collection system for FY 05-06 and continuing; and
- Development of a Communications Plan and launching a community outreach and engagement discussion to better integrate the work of First 5 Solano with ongoing program and system collaborations throughout the County.

For the first time, First 5 Solano has an Annual Report that presents grantee/program information in a standardized format and systematic review. This report encompasses the elements required for the Solano submission to First 5 California (including fiscal, programmatic and community information) while going beyond the state-required format to ensure local reporting reflects local priorities and goals.

It is important to note that the transition to more systematic reporting has only begun. In FY 04-05, over a dozen grants ended and 17 new grants began July 1, 2005. In addition, two sets of ongoing grants overlap the former and new funding cycles: School Readiness and Prenatal Services Initiatives.

While the new grants are in most cases for the same or similar services and with many of the same grantees, some important distinctions include: a reduced overall level of spending; establishment of a “logic model” to better articulate the linkages between services and program outcomes; regular tracking and reporting of “result” measures for each new grant; and a prioritization of some services (substance abuse and early mental health) in school readiness neighborhoods for FY 05-07.

First 5 Solano also made great progress toward development of a comprehensive, Countywide “Preschool for All” Plan (in partnership with the Solano County Office of Education and many community partners) and approved plans to contribute toward a countywide and regional universal Children’s Health Initiative.

Thus, the First 5 Solano FY 04-05 Annual Report reflects the substantive investment in the well-being of young children and their families over the past few years as well as the transition to a more integrated, intentional and measured set of investments in the health, strength, growth and development of children, families and the early childhood system in the future.



Chapter 1: Overview and Key Accomplishments

Overview: Community and Commission Context

As documented in the FY 03-04 Annual Report, the First 5 Solano Children and Families Commission Strategic Plan was updated in FY 03-04 (January 2004) and reviewed, but not changed, in FY 04-05 (October 2004). When the Strategic Plan was last updated, the Commissioners' study of the major needs and issues facing children and families in Solano County included public meetings, information on funded programs and demographic data.

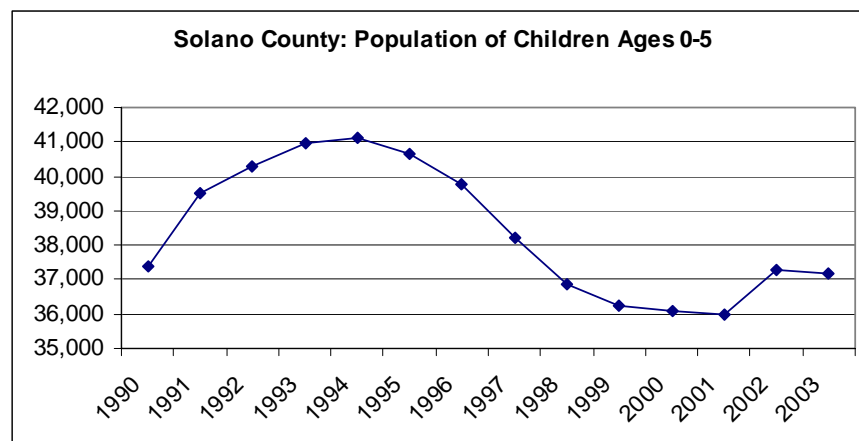
The 2004 First 5 Solano Children and Families Commission Strategic Plan Update was designed to promote system-level improvements for all children prenatal to five while addressing some of the most pressing and urgent family issues in Solano County: These issues did not change when the Commission reviewed its Strategic Plan in FY 04-05:

- Prenatal care and ethnic/socioeconomic disparities in birth outcomes;
- Quality, affordable child care, particularly for low-income families;
- Supports for parents and families;
- Access to health care and related services for children, including children with special needs;
- Children's early development and readiness for school.

The current Strategic Plan is based in both on the results of the needs assessment above and on previously-reported demographics and ongoing early childhood system challenges.

Solano is one of the fastest-growing counties in the San Francisco Bay Area and, unlike some counties where growth is a function of migration, Solano's growth is driven by its birth rate. While the actual number of children 0-5 has declined from its peak in the mid-1990's, there has been an upward trend since 2001. Moreover, minorities comprise 53% of Solano's children under age 5 compared to only 44% of the overall population in the county. Exhibit 1-1 depicts the 14-year trend in the population of children 0-5 in Solano County.¹

Exhibit 1-1



The cost and availability of child care continue to challenge Solano's young families. As previously reported, the cost of child care is burdensome for families—while 35% of Solano's families earned less than \$50,000 in 2003, the cost of child care ranges from \$6,000-10,000 annually depending on the age of the child and type of care. As for availability, there are relatively few child care centers in the county and significantly high waiting lists for subsidized care.

To support the Strategic Plan that was established in 2002, the Commission convened three community task forces—one for each of the Priority areas of its Strategic Plan—that identified specific recommendations for investments to improve outcomes for Solano's young children and their families. The 2002 Strategic Plan set out First 5 Solano's direction and focus in the form of Priorities, Goals and Results. FY 2004-05 was the final year of a number of major investments that grew out of that strategic planning process. The 2004 Strategic Plan Update built on that process to further refine and prioritize these findings and set the stage for the current (FY 2005-07) funding cycle.

The Commission's three Priority areas for funding are:

1. **Health and Well-Being**—major investments are in prenatal services to special populations (teen parents and African-American women). In addition, the Commission continues to fund support for health care outreach, enrollment and access.
2. **Early Childhood Learning and Development**—funded services and activities include implementation of Solano's School Readiness Initiative in 4 school/community catchment areas representing some of the lowest-income families and lowest-performing schools in the county. The Commission also continued its major support for child care capacity expansion as well as workforce quality and retention.
3. **Family Support and Parent Education**—the Commission continued to support not only services but collaboration and service integration across a network of eight Family Resource Centers (FRCs) in the county.

Below is a summary of First 5 Solano's Strategic Plan Priorities, Goals, Results, and Community-Level Indicators for FY 04-05. Please refer to the Appendix for a review and synthesis of available data for First 5 Solano's community-level indicators.

Solano County Strategic Plan

Fiscal Year: 2004/2005

Priorities (P) Goals (G) Results (R) Community-Level Indicators

P1. Health and Well-Being

G1. All children are born to their optimal health potential

- R1. Mothers have healthy pregnancies
 - 2.1 Infant survival rate
 - 2.2 Number and percentage of live births at low and at very low birth weight
- R2. Newborns are healthy

G2. All children have access to health care

- R3. Children have comprehensive health insurance
 - 3.1 Number and percentage of children who have health insurance (including vision and hearing screening)
- R4. Health services are culturally competent
- R5. Health services are geographically accessible

G3. All children maintain optimal health

- R6. Children live in safe environments
 - 6.1 Number and rate of nonfatal injuries to children ages 0 to 5.
 - 6.4 Number and percentage of children with substantiated or confirmed (open) cases of child abuse
 - 6.5 Number and percentage of child maltreatment in which there is a recurrence within a 6-month period
 - 6.6 Number and percentage of children 0 to 5 years of age who have lived in foster care within the past year
 - 6.7 Number and percentage of children 0 to 5 years of age in foster care who are placed in a permanent home or have family reunification plans
- R7. Children receive health services
 - 7.1 Number and percentage of children who receive the recommended vaccines for their age
- R8. Children receive appropriate nutrition
 - 8.1 Number and percentage of women who are breastfeeding at time of hospital discharge/6 weeks or more/6 months or
 - 8.2 Number and percentage of children 0 to 5 years of age who are in the expected range of weight for their height and age

P2. Early Childhood Learning and Development

G4. All children's learning and development are integrated into the community

- R10. Community members support children's learning and development
- R9. Enriching activities for children are available throughout the community

G5. All children receive high quality childcare

- R11. Families have access to childcare
 - 11.1 Number of licensed center child-care spaces per 100 children
 - 11.2 Number of licensed family child-care slots per 100 children

Priorities (P)

Goals (G) Results (R) Community-Level Indicators

- 11.3 Number and percentage of licensed child-care spaces for children with special needs
- R12. Childcare providers know and practice high-quality childcare programming
- R13. Childcare is provided in safe and enriching environments
- R14. Providers, community and schools have knowledge of community resources

G6. All children enter kindergarten ready to learn

- R15. Parents and guardians are prepared to and engage in helping their children enter school ready to learn
- 16.2 Number and percentage of children entering kindergarten ready for school as determined by assessments completed by teachers and parents
- R16. Children have access to quality, affordable early learning experiences (ages 3-5)

P3. Family Support and Parent Education

G7. All families have access to support systems and community services

- R17. Families are informed about school and community resources
- R18. Families have access to support systems
- R19. Families receive necessary support services

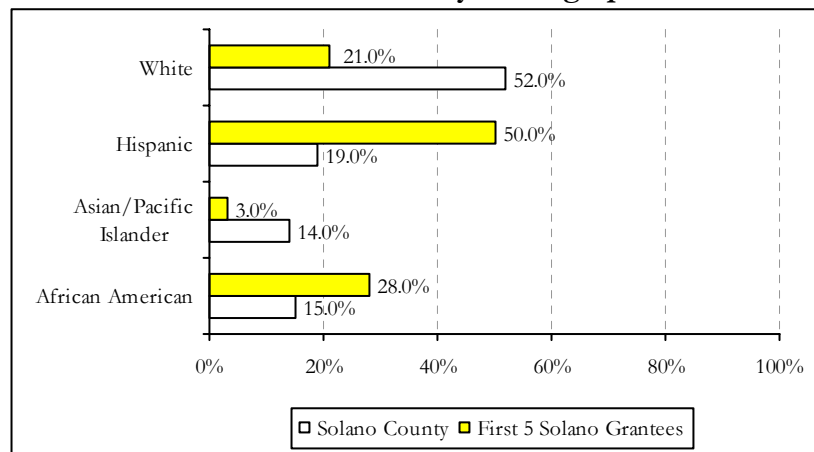
G8. All parents support their child's development

- R20. Parents know how to guide and nurture their children
- R21. Parents guide and nurture their children
- R22. Families are involved in community recreation and information infrastructure

Overview: First 5 Solano’s Reach into the Community

In FY 04-05, First 5 Solano-funded programs served a total of **5,138 families** with children ages 0-5 and **14,903 children ages 0-5.**ⁱⁱ Exhibit 1-2 shows the race/ethnicity of clients served by First 5 Solano grantees compared to overall county demographics.

Exhibit 1-2
Comparison of Race/Ethnicity of Clients Served By First 5 Solano to Overall Solano County Demographics



Source: Census 2000 SF1, SF3, DP1-DP4, American Community Survey 2002 Summary Tables

Broad-Based Parent Education
 In FY 2004-05, First 5 Solano customized the New Parent Kits to include a window shade and distributed a total of **5,613 kits** to new parents in the community.

Comparison of the race/ethnicity of clients served by First 5 Solano funded programs to overall County demographics reveals that grantees are reaching a much higher percentage of Latino and African-American county residents relative to their representation in the county overall. This is consistent with First 5 Solano’s aims to reduce disparities in birth and health outcomes and increase Kindergarten readiness among targeted populations with demonstrated needs.

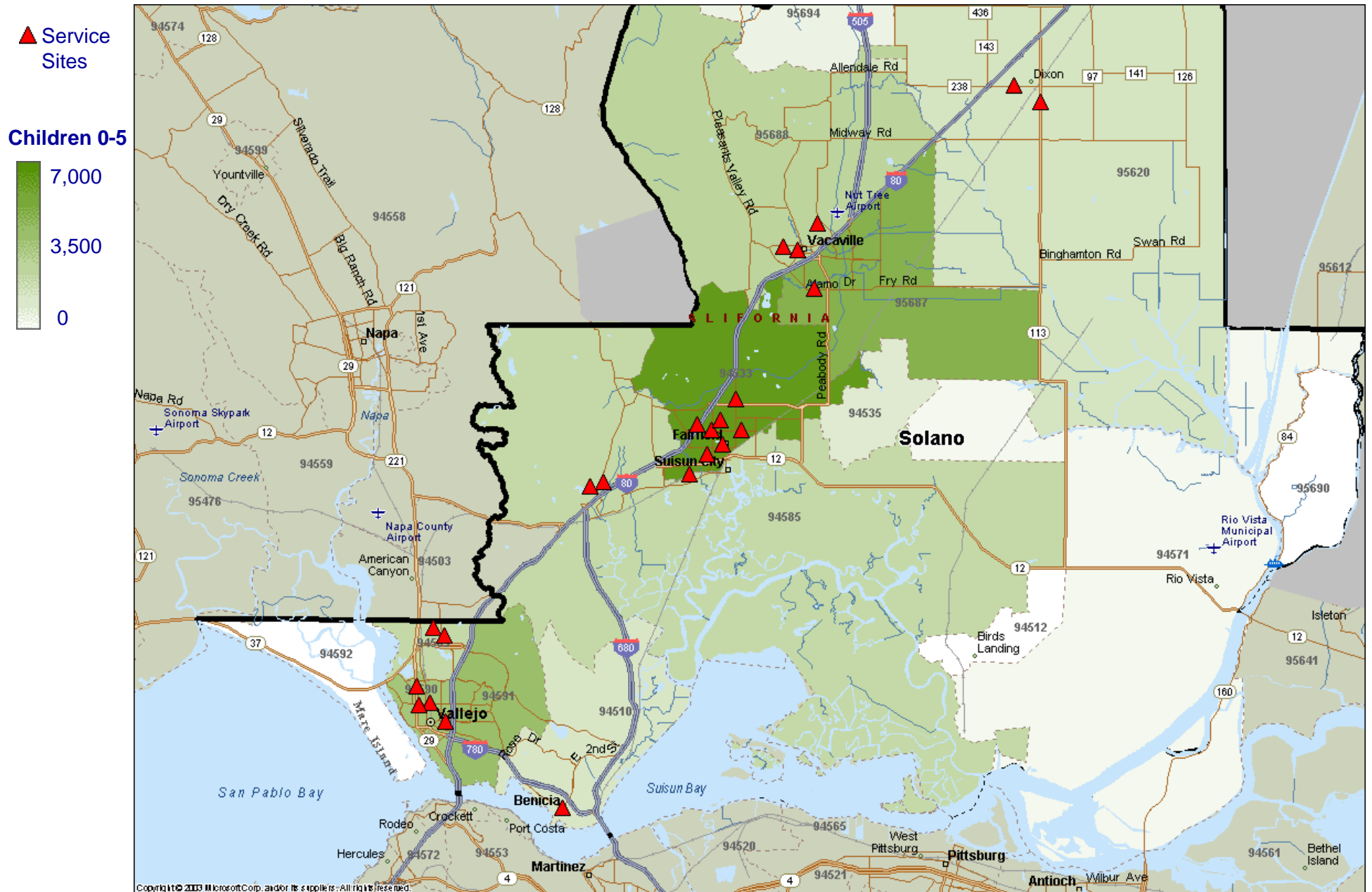
In a survey of First 5 Solano grantees conducted in conjunction with the preparation of the FY 04-05 Annual Report, eight First 5 Solano-funded programs reported targeted services to **401 children ages 0-5 with special needs** in FY 04-05. Exhibit 1-3 shows the specific types of special needs these eight programs address in their service provision.

Exhibit 1-3
Types of Childhood Special Needs Addressed By First 5 Solano Grantees
 (n=8)

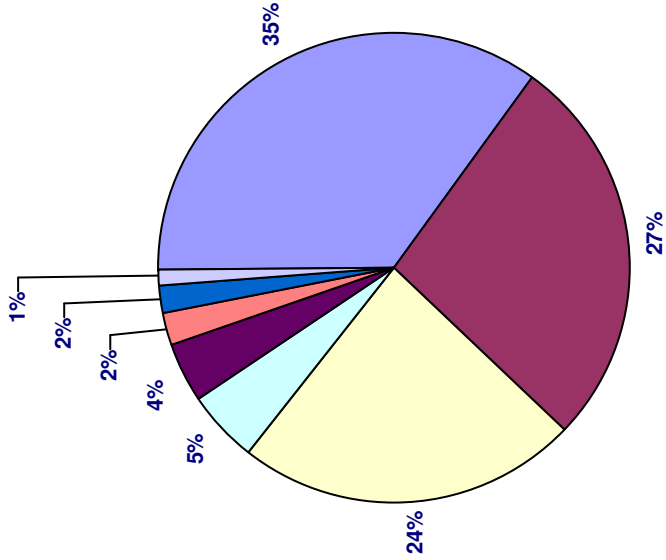
- Developmental Delays (6 programs)
- Serious Emotional Disturbances (6 programs)
- Speech Impairments (4 programs)
- Specific Learning Disabilities (3 programs)
- Deafness or Other Hearing Impairments (1 program)
- Autism or Pervasive Developmental Disorder (1 program)
- Orthopedic Impairments (1 program)
- Blindness or Other Visual Impairments (1 program)
- Other Health/Cognitive Impairments (1 program)

The following exhibit maps First 5 Solano’s grantee partners in relation to concentrations of children ages 0-5 in the county. The remaining exhibits demonstrate demographic characteristics of grantee partners’ clients, as well as the types of services provided by grantee partners.

Solano Service Sites and Concentrations of Children 0-5

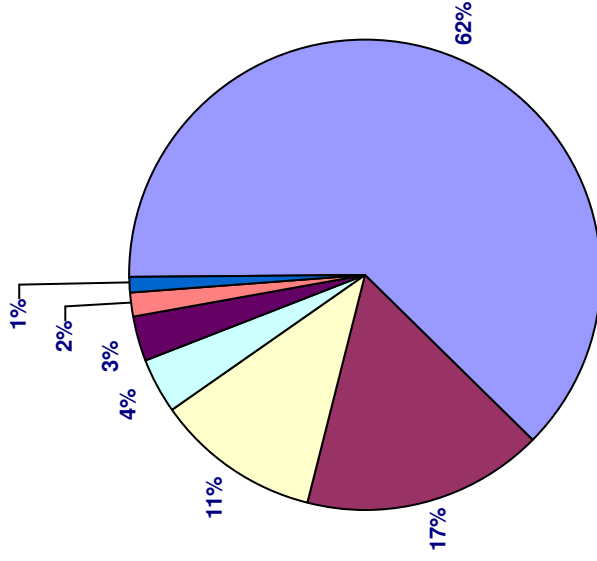


Children 0-5



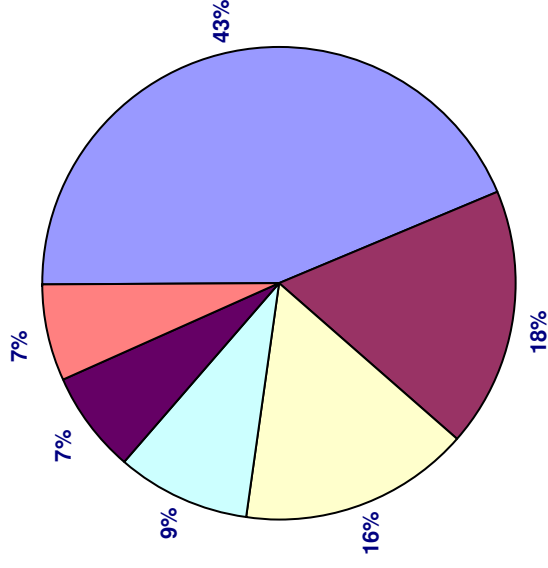
- Hispanic/Latino
- Black/African American
- White
- Pacific Islander
- Multiracial
- Asian
- Unknown/not applicable
- Other

Parents/Guardians



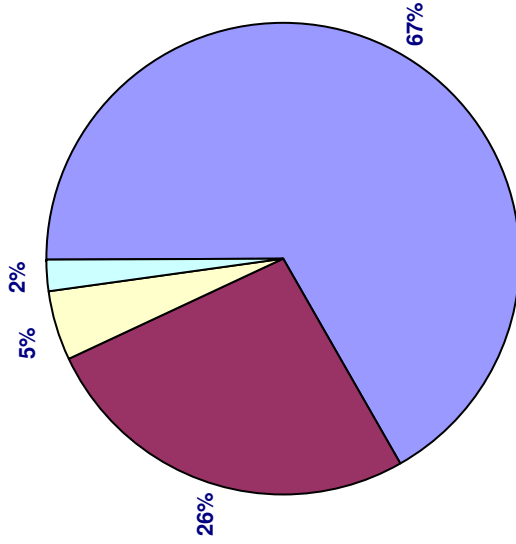
- Hispanic/Latino
- White
- Black/African American
- Unknown/not applicable
- Multiracial
- Other
- Pacific Islander

Other



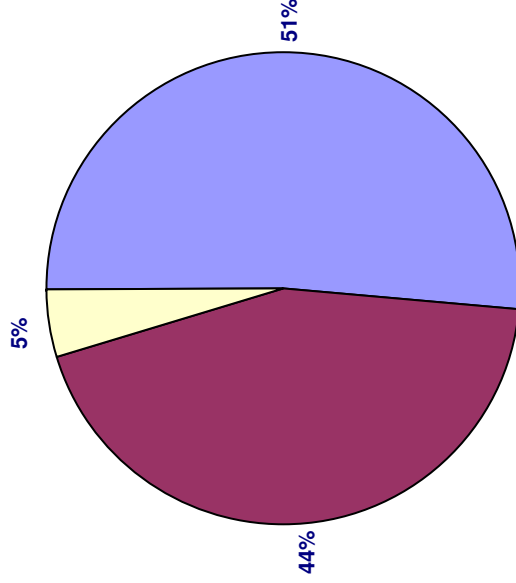
- Black/African American
- White
- Pacific Islander
- Hispanic/Latino
- Multiracial
- Asian

Children 0-5



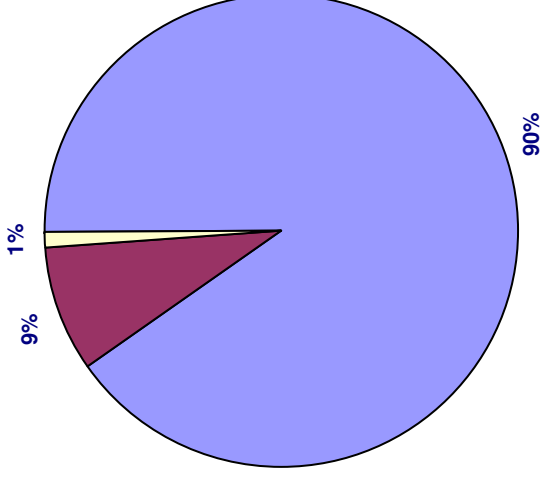
- English
- Spanish
- Unknown/not applicable
- Tagalog

Parents/Guardians



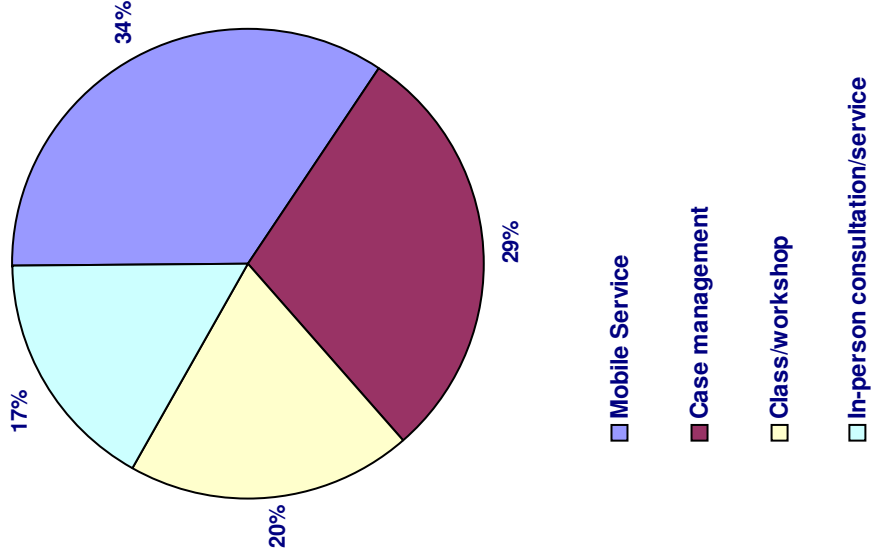
- Spanish
- English
- Unknown/not applicable

Other

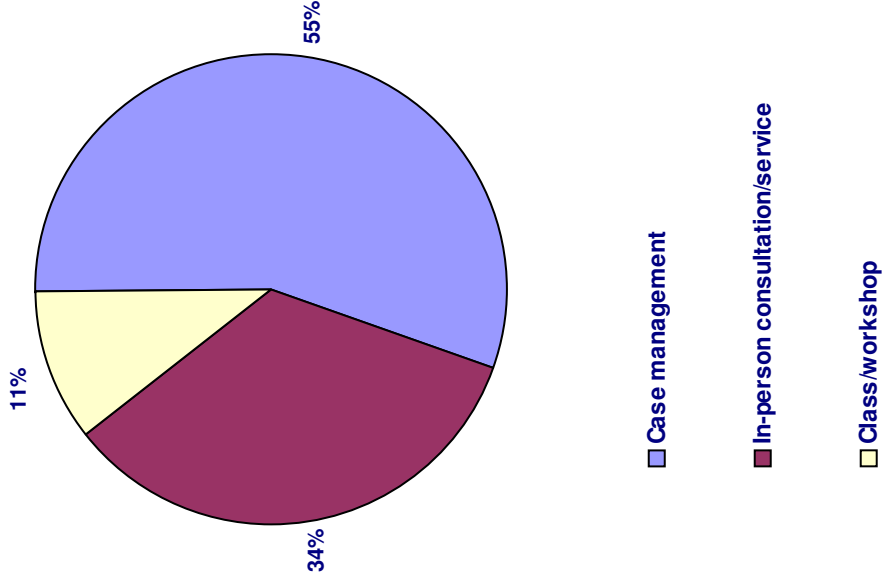


- English
- Tagalog
- Spanish

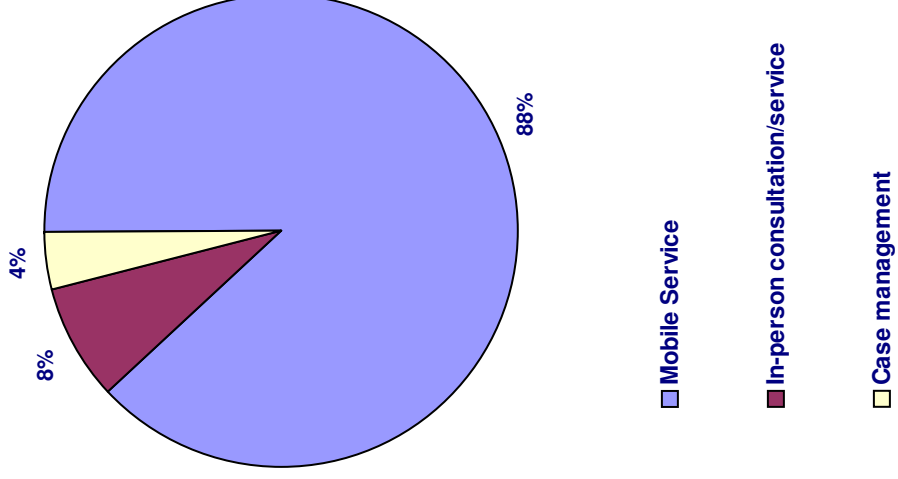
Children 0-5



Parents/Guardians



Other



Overview: First 5 Solano Key Accomplishments in FY 04-05

In FY 04-05 First 5 Solano Children and Families Commission accomplished a number of important goals in the areas of strategic and financial planning, evaluation, funding and training. Taken together, First 5 Solano's FY 04-05 accomplishments represent a profile of an organization moving into a new lifecycle stage characterized by steadily increasing intention, reflection, and community investment.

Funding/Programming

- **Direct Service Grant Continuation.** First 5 Solano extended for one year its direct service grants (Children's Network, Child Haven, Youth and Family Services, and Child Start) to support sustainability efforts and help toward the transition to a new funding cycle.
- **Family Support Grants.** First 5 Solano oversaw the second year of implementation of eight 1-2 year family support grants.
- **School Readiness Implementation.** All four of First 5 Solano's School Readiness sites became active in FY 04-05, hiring staff, supporting parenting education and beginning significant community support activities such as:
 - ✓ **Health and Literacy Fairs.** All four School Readiness sites held community Health and Literacy Fairs.
 - ✓ **Pre-Kindergarten Academies.** Three of four School Readiness sites held Pre-K Academies to prepare children for kindergarten entry.
 - ✓ **Support for Health-Related Services in School Readiness Areas.** First 5 Solano sold the previously supported medical mobile van and developed plans to fund health-related services in School Readiness neighborhoods with the proceeds.
- **Prenatal Services Initiative/Prenatal Care Collaborative.** The Prenatal Initiative, funded in 2003-04, was fully implemented in this fiscal year and has began recording early success in connecting teens, Latinas, African-American and other potentially high-risk pregnant women to prenatal care.
- **Child Care Quality Improvement Project.** Over 150 child care providers were trained on the ECERS/ITERS/FDCRS rating scales and 44 mini-grants were awarded for child care quality improvement.
- **Preschool For All Planning.** First 5 Solano launched the Preschool For All planning process this past fiscal year.
- **Substance Abuse Services Ad Hoc Committee.** This Committee met and developed a recommendation, adopted by the Commission in September 2005, to allocate resources for substance abuse-related parent education and for a professional substance abuse specialist to provide services for high-risk families and to build system capacity in school readiness neighborhoods.
- **Community Engagement Ad Hoc Committee.** This Committee was formed to help implement the First 5 Solano Communications Plan (approved in June 2005) and to explore ways to more closely connect First 5 Solano with its community partners.

- **Linking First 5 Solano Funded Programs.** To strengthen the collaborative and referral processes, and ultimately improve the system of care, First 5 Solano was and is supporting collaboratives, forging strategic connections among funded programs (i.e., Prenatal Collaborative, SKIP, and Family Resource Center Network).
- **Constructing Connections Program.** First 5 Solano invested in the Low Income Investment Fund's Affordable Buildings for Children's Development (ABCD) "Constructing Connections" Program, a multi-year effort headed by the Children's Network of Solano County to create a streamlined process for child care facilities financing and development that increases children and families' access to quality child care and development services.
- **Customization and Distribution of New Parent Kits.** First 5 Solano customized the New Parent Kits to include a window shade and distributed a total of 5,613 kits in FY 2004-05.

Strategic and Financial Planning

- **Updated Strategic Plan.** Through a process of public input and review of early data, information on funded programs and demographic data, First 5 Solano updated its Strategic Plan in January 2004. With an overarching goal of systems change, the Plan continues to be based on three Priority areas—Health and Well-Being, Early Childhood Learning and Development, and Family Support and Parent Education—connecting Goals and Results to each. In October 2004 the Plan was reviewed with the goal of establishing funding priorities for the FY 05-07 funding cycle. These grant awards were made in April 2005 with new services beginning July 1, 2005.
- **Long-Term Financial Plan.** First 5 Solano created a long-term financial plan as a framework to support future decisions regarding how to best use all its resources to make a sustained difference for Solano children and families.
- **2005-2008 Three-Year Program Investment Plan.** This plan guides the transitional funding period during which First 5 Solano's annual grantmaking will be adjusted over a three-year period to reach a sustainable level for the long-term plan.
- **Community Investment Strategies and Funding Allocations.** Based on the updated Strategic Plan and Long-Term Financial Plan, First 5 Solano made funding allocations for FY 05-07 that included renewed commitments to children's health access, quality and affordable child care and family support services and new, targeted early mental health and mental health services in school readiness communities.

Evaluation

- **Established the First 5 Solano Evaluation Framework.** First 5 Solano and their evaluation team developed an evaluation framework that links measurable indicators to Strategic Plan Results.
- **"Logic Model" Scope of Work.** Based on the evaluation framework, First 5 Solano developed a new Scope of Work template for grantees that includes components of the logic model and an evaluation plan and features a consistent template to regularly report both service targets (monthly) and results achieved (quarterly). This is expected to result in more current outcome and program information for Commission review and tracking and for assistance to grantees in program improvement.

- **New Data Collection System.** First 5 Solano conducted an extensive review and evaluation process resulting in the selection of a new data collection system, Persimmony, which is less expensive, easier to use and is expected to reduce the data collection burden on grantees while increasing capacity to measure and analyze outcomes.
- **Participation in the Statewide Evaluation Workgroup.** First 5 Solano’s Executive Director participated on the year-long work group effort resulting in a revised statewide Evaluation Framework, approved by First 5 California in July 2005.

Training and Technical Assistance

- **Quarterly Grantee Meetings.** First 5 Solano sponsored four grantee training and technical assistance meetings on topics including tobacco cessation, community-based organization provider support, grantwriting and other sustainability activities and utilizing the “logic model” for program improvement.
- **“Spring Learning Fair”.** To commemorate the National Week of the Young Child, First 5 Solano sponsored Spring Learning Fair featuring parent/caregiver resources, storytelling and children’s entertainment.
- **Co-Sponsorship and Training Fund.** To support grantee and program sustainability, First 5 Solano increased its co-sponsorship and training fund by \$20,000 to provide grantees with access to support for grantwriting services.



Overview: Grantee Partner Key Accomplishments

First 5 Solano’s grantee partners accomplished a remarkable spectrum of work in each of the Priority Areas identified in the Strategic Plan to improve the health and well-being of children 0-5 and their families and to improve the system of care in Solano County. Highlights of these accomplishments can be found on the following pages. Detailed accounts of each grantee’s services, challenges and accomplishments are provided in the grantee chapters of this report.

Grantee/Initiative	Key Accomplishment Highlights
PRIORITY 1: Health and Well-Being	
<p>Prenatal Care Collaborative Initiative</p> <p>Solano Health and Social Services: Black Infant Health</p> <p>Planned Parenthood: Adolescent Family Life Program</p> <p>California Hispanic Commission (see program highlight following this table)</p> <p>Everlasting Hope Ministries (see vignette following this table)</p> <p>Solano Health and Social Services: Prenatal Care Guidance-Teens</p> <p>Youth and Family Services Prenatal Program for Teens & African-American Women</p>	<ul style="list-style-type: none"> ✓ Expanded culturally competent case management in Solano County ✓ Implemented an organizational structure including steering and issues specific committees ✓ Clarified each participating partners roles and responsibilities ✓ Developed several protocols and processes including referral, outreach and media ✓ 100% of clients attended at least 60 percent of their prenatal care visits (project objective) and nearly 90 percent attend 100 percent of their visits ✓ 100% of infants born to clients in BIH having a medical home ✓ 65 families and 29 children ages 0-5 years were served ✓ Case managed 100 clients ✓ Implemented the “Role of Men” program targeting African-American fathers ✓ 82.3% of clients entered prenatal care in the 1st trimester ✓ 93.7% of clients attended 60% or more of their scheduled prenatal care appointments ✓ Served 96 families and 27 children ages 0-5 years ✓ 58% of clients entered prenatal care in the 1st trimester ✓ 86% of clients attended at least 75% of their scheduled prenatal appointments ✓ Served 57 families and 35 children ages 0-5 years ✓ 75% of clients increased their knowledge of healthy pregnancies and their own bodies and health ✓ Served 15 families and 1 child ages 0-5 years ✓ 98.2% of PCG-Teen clients attend at least 60% of their scheduled prenatal care appointments ✓ 96% of infants born to client in PCG-Teens having a medical home ✓ 85.7% of clients entered prenatal care in the 1st trimester ✓ 100% of infants born to teens have a medical home ✓ Served 37 families and 37 children ages 0-5 years

Grantee/Initiative	Key Accomplishment Highlights
SCBH-SKIP	<ul style="list-style-type: none"> ✓ Achieved 100% health insurance enrollment of students and birth-to-five siblings in the 4 School Readiness sites (as well as many other elementary schools) ✓ Handled more than 300 health access-related situations for 0-5 families requiring intensive, hands-on case management ✓ Provided application assistance for a total of 3,227 children and adults countywide
PRIORITY 2: Early Childhood Learning and Development	
<p>School Readiness Initiative</p> <p>Anna Kyle/Fairfield USD</p> <p>Loma Vista/Vallejo CUSD (see vignette following this table)</p>	<ul style="list-style-type: none"> ✓ As of Fall 2004, parents at First 5 Solano School Readiness sites reported they are engaging in various school readiness-related activities with their child (baseline year) and parents reported a significant amount of contact with schools prior to their child's enrollment in kindergarten. ✓ Kindergarteners in the First 5 Solano School Readiness Catchment Areas had average or close-to-average competencies across all four MDRDP dimensions when compared to kindergarteners in other First 5 School Readiness programs throughout California. ✓ In a few categories, competencies reported for children in Solano catchment areas were higher than the state average for school readiness communities, including: Uses pretend writing during play activities and Comforts self and controls the expression of emotion with adult guidance. ✓ Served over 150 families and 200 children ages 0-5 years ✓ The partnership with the Family Resource Center and the Community Leadership Council contributed to the development and distribution of the Literacy Packets ✓ Provided 31 subsidized preschool slots to 124 duplicated low-income children and parents ✓ Served over 240 families and their children ages 0-5 years ✓ Provided parent education and support, health and social services and resources and referrals through the Parent Resource Center to 266 children and their families ✓ Loma Vista Elementary kindergarteners had average competencies across all four MDRDP dimensions and scored higher than in other First 5 Solano School Readiness Catchment Areas ✓ The program met the needs of Spanish-only speaking parents by linking them to parent education programs in Spanish and providing other materials and resources in Spanish

Grantee/Initiative	Key Accomplishment Highlights
<p>Markham/Vacaville USD (see program highlight following this table)</p> <p>Silveyville/Dixon USD</p>	<ul style="list-style-type: none"> ✓ Taught 47 new and prospective parents developmentally appropriate stimulating activities and effective parenting techniques ✓ Provided 134 health screenings ✓ Bilingual Story Hour was held once a week instead of once a month as originally planned in order to meet demand ✓ Served over 200 families and 600 children ages 0-5 ✓ Provided health screenings, immunizations and referrals for free or low-cost health or social services to 150 families ✓ Made 47 home visits and in-home consultations ✓ Served over 150 families and 200 children ages 0-5 years
<p>ABCD Constructing Connections</p>	<ul style="list-style-type: none"> ✓ An additional 105 child care slots are under potential development through the Constructing Connections project ✓ Determined the community's child care facilities needs through needs assessment process ✓ Prepared Resource Guide utilizing the expertise of a variety of local and state partners
<p>Child Care Quality Improvement Mini-grants</p>	<ul style="list-style-type: none"> ✓ Trained over 150 local family day care and center-based child care providers in the application of the widely accepted Early Childhood (ECERS), Infant Toddler (ITERS), and Family Day Care (FDCRS) Environmental Rating Scales ✓ 44 quality improvement mini-grants totaling \$198,131 were awarded to child care centers and family child care homes
<p>Children's Network/CARES</p>	<ul style="list-style-type: none"> ✓ Year 4 CARES participants completed 5,715.5 professional growth hours ✓ Since CARES, ECE/human development classes available at Solano Community College increased by 13% and the number of new students in these classes increased by 66%. ✓ The turnover rate for CARES participants has decreased from 25-27% before CARES to 12%. ✓ Recipients of the most recent CARES stipends (Year 4) serve approximately 11,000 children aged 0-5 in Solano County
<p>Child Start/Head Start (see program highlight following this table)</p>	<ul style="list-style-type: none"> ✓ 75% of families in literacy programs reported reading or telling stories to their children ✓ 80% of children served were proficient in all of the eight domain areas of child outcomes ✓ 45 children in 38 low-income families received full-day year-round child care
<p>City of Benicia - Stepping Stones</p>	<ul style="list-style-type: none"> ✓ Provided 550 hours of child care for five children

Grantee/Initiative	Key Accomplishment Highlights
PRIORITY 3: Family Support and Education	
<p>Integrated Family Support Initiative (IFSI)</p> <p>The Children’s Network/IFSI (see Fairfield FRC vignette following this table)</p> <p>Child Haven/IFSI</p>	<ul style="list-style-type: none"> ✓ Provided 10,242 units of service to nearly 2,000 unduplicated families, providing such services as helping families access community resources; strengthening parent/child relationships; assessing the developmental progress of infants and children; linking parents to child care and to resources for school-readiness; and health screenings. ✓ In all areas of the Family Development Matrix assessment, at least half of families who were in crisis moved out of the crisis level ✓ Trained and provided technical support and coordination services to 8 FRCs (Family Resource Centers) serving 1,904 families and 2,518 children ages 0-5 ✓ 100% of clients assessed in Parent-Child Interaction Therapy showed improvement ✓ Child Haven provided 412 families and 618 children with home visits, case management, developmental screenings, mental health screenings, therapeutic and educational mental health groups, activities and support services, and individual therapy
<p>Vacaville Police Department: Child Abuse Response Team (CART)</p>	<ul style="list-style-type: none"> ✓ Served 584 families and 596 children ages 0-5 years ✓ Provide in-home services to 50 families and their children ✓ Provide parenting programs that focus on reducing the risk of child abuse and neglect for 93 families and their children ✓ 93.3% of participants in parent education classes increased their knowledge of healthy child-rearing practices
<p>North Bay Health Care/Children’s Health Access Program (CHAP)</p>	<ul style="list-style-type: none"> ✓ 362 children received appropriate appointments and medical interventions ✓ CHAP provided immunization services for children age 0-5, targeting each School Readiness site
<p>FamiliesFirst Extended Family Support Services Program</p>	<ul style="list-style-type: none"> ✓ Ages and Stages questionnaire was administered to 70 children ✓ 12 educational workshops were conducted ✓ 87% (9) of participants increased their knowledge of the legal implications of guardianship through FamiliesFirst’s information and services

Grantee/Initiative	Key Accomplishment Highlights
Kids Xpress	<ul style="list-style-type: none"> ✓ Provided 6,061 transports for low-income children's access to preschool, child care and medical appointments
Latino Commission on Drug and Alcohol Abuse – Casa Natal	<ul style="list-style-type: none"> ✓ 1971 residential bed days provided to pregnant and parenting Latinas and their children ✓ Served 10 families and 11 children ages 0-5 years ✓ 100 % of clients remained clean and sober for 21 days or more while in the program
MATRIX Parent Network	<ul style="list-style-type: none"> ✓ Facilitated 28 ongoing Parent Support Groups focusing on various disabilities/issues ✓ Served 247 children ages 0-5 years ✓ 83.5 % of parents increased their knowledge of how to advocate for their children with special needs
Planned Parenthood Teen Parent Family Resource Center	<ul style="list-style-type: none"> ✓ 52 teen parents served ✓ 100 % (94) of participants increased their knowledge of basic infant care ✓ 100 % (47) of clients have increased their job skills ✓ Provide housing information and transportation vouchers to 67 teen parents
Youth and Family Services – Substance Abuse Outreach and Services to Pregnant/Parenting Mothers	<ul style="list-style-type: none"> ✓ 100% of clients enrolled in level 3 treatment remained in substance abuse treatment for 21 days or more (First 5 Solano funded the outreach to get these clients into treatment) ✓ 100% of parent-child dyads showed an improvement in parent-child attachment ✓ 85% of parenting class participants showed an increase in parenting skills ✓ 54% of women gave birth to drug-free babies

Each year First 5 California requests counties submit program highlights and vignettes on select funded programs. First 5 Solano's FY 04-05 program highlights and vignettes follow.

Program Highlight
California Hispanic Commission – It's About My Baby

- a. **What is the name of the program, and in which agency is it housed?** Its About My Baby is run by the department of Latino Family Services through the California Hispanic Commission.
- b. **Is this a School Readiness Initiative program?** No
- c. **What identified need or issue does the program address?** The identified need is that all pregnant teens get into prenatal care as early as possible and are case managed throughout their pregnancy, which includes prenatal education. They are then referred to additional services for further assistance.
- d. **Is the program research based? What was the rationale for the program's design?** This program is not research based; however, First 5 along with California Hispanic Commission found that there was a need in Solano County to create a culturally sensitive program that addressed the unique needs of pregnant Latina's as well as all pregnant teens.
- e. **On which of the four result areas does the program focus?** Improved child health. If the teen has a healthy pregnancy then their children is more likely to have a healthy birth which will lead to better health outcomes for the baby.
- f. **For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?** The program is designed for Latina teens ages 19 or younger. The primary focus is on the mother and preparing her for childbirth. Program participants are seen up to 2 months postpartum. After the baby is born, program staff ensures that the baby is linked to a medical home and has appointments scheduled for immunizations. For the teens, staff ensures they attend their 6 week follow-up appointment.
- g. **If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages, having staff who reflect the languages and ethnicities of groups being served, adapting materials in other ways)?** All of our staff are bilingual and bicultural. All of the activities provided to the teens are in Spanish/English.
- h. **What specific results-based outcomes does the program aim to achieve?** By teaching pregnant teens about how to take care of themselves, this program aims to increase the number of healthy pregnancies, decrease the number of low birth rates, and reduce infant mortality.
- i. **What activities or resources are offered through the program?** Three case managers work individually with the 58 teens currently in the program. Case managers see the teens at least once a week at either the weekly group meetings or by providing transportation to their medical or WIC appointments. The program also provides individual counseling for the teen and their parents if needed. Incentives, such as car seat, strollers, clothes and other necessary items, are provided to the teens for attending to the weekly meetings.
- j. **Who staffs the program? What professional or other special training do the staff members have (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?** All staff have degrees in either social work, psychology, or counseling. Staff has had professional training on breastfeeding, nurturing parenting, and nutrition.
- k. **In what special ways does the program meet the needs of your county (e.g., has it been designed or adapted for a specific population)?** Within the Latina population, there has

been as increase in the number of teenage pregnancies. There were services available in the community but none that focus on the Latina population. The program was designed to reach these teens in the county. The program teaches these pregnant teens about the importance of a healthy pregnancy which includes early and continued medical care.

- l. **What types of positive impacts has the program had on children and families? (If quantitative data are not available, please describe any anecdotal findings about results of the program.)** The program teaches teens to value their bodies and the progression of the baby. Teens leave the program equipped with the skills to be better mothers.
- m. **How were these impacts measured or documented?** Program staff completes a Postpartum Checklist on all the teens that captures the baby's weight and inches. Each participant has a case log that keeps a history of the services received.

Program Highlight Markham Elementary School Readiness Program (Vacaville)

- a. **What is the name of the program, and in which agency is it housed?** Markham School Readiness is a program offered by Markham Elementary School in Vacaville.
- b. **Is this a School Readiness Initiative program?** Yes
- c. **What identified need or issue does the program address?** This program addresses the need to provide services to bilingual Latino children ages 0-5 and their families.
- d. **Is the program research based? What was the rationale for the program's design?** The program is not researched based. Community meetings were held in the neighborhood surrounding the school and families reported needing more community resources. The program was designed around the needs of the community.
- e. **On which of the four result areas does the program focus: improved child health, improved child development, improved family functioning, or improved systems of care?** improved child health, improved child development, and improved family functioning.
- f. **For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?** The program is designed for children ages 0-5 and their families. The program provides services to help parents prepare their young children to enter school healthy, learning and ready to reach their greatest potential.
- g. **If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages, having staff who reflect the languages and ethnicities of groups being served, adapting materials in other ways)?** The program focuses on Latino children and families in the Markham School district catchment area. All staff are bilingual and all program materials are available in English and Spanish.
- h. **What specific results-based outcomes does the program aim to achieve?** Our goal is to inform our community of the resources available to them. Give parents the tools to be able to raise their children in this society and to increase their child's ability to learn at home. The program validates that the parents are members of the school community by teaching them what is expected of them as parents. As parents they share the responsibility of educating their children.

- i. **What activities or resources are offered through the program?** The program offers a variety of services for families such as help and follow-up with enrollment into SKIP (Solano Kids Insurance Program). Bilingual story time is offered weekly. Story time provides an opportunity for children and parents to learn together. Every summer the program hosts a pre-K academy for incoming kindergarteners. The program offers over the year, two eight week parenting classes in English and Spanish. The class focuses on teaching the parents appropriate developmentally activities that they can do with their children. At the end of each class, the children and parents come together and do an activity together. Starting in September, the program will be working with the Vacaville police department and will have a Family Support worker on staff to provide counseling and classes for women. A Parent Liaison completes developmental assessments on children and follow-ups up with home visits for children who need additional support. She also holds meetings with the preschooler's parents to talk about developmentally appropriate activities they can do with their children. She shows them activities they can do at home and addresses any other topic area the parents are interested in such as tooth health and nutrition. The program also provides health screenings and immunizations for children.
- j. **Who staffs the program? What professional or other special training do the staff members have (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?** The program is staffed by a program coordinator, a nurse, a family support worker, parent liaison, and 1 SKIP insurance enrollers. All staff are up to date on their required continuing education units. The family support worker has 20 years experience working with families and providing counseling. The Parent Liaison has worked in the community for the last 10 years conducting developmental assessments and working to empower women in the community.
- k. **In what special ways does the program meet the needs of your county (e.g., has it been designed or adapted for a specific population)?** This is the only program in Vacaville designed to reach Latino families. From the community meeting that were held, the school developed a plan to create a program based on the needs of the community. Some of the big concerns for the community was safety and the need for a preschool. Having the family support worker on campus allows the families to be able to connect to the police department in an environment that they feel comfortable in.
- l. **What types of positive impacts has the program had on children and families? (If quantitative data are not available, please describe any anecdotal findings about results of the program.)** The Bilingual story hour has had the greatest success. We now need two teachers for the hour because we have so many attendees. Participants enjoy learning activities they can do at home with their children. Parents are learning that children need to express themselves and as parents they do not need to direct the children all the time. Story hour is also a place for parents to talk and share their experiences with their children with other parents.
- m. **How were these impacts measured or documented?** We use an informal evaluation at the weekly bilingual story time to see what the parents liked or disliked. At the parent workshops parents complete a pre and post test and also complete a written evaluation form.

**Program Highlight
Child Start, Inc.**

- a. **What is the name of the program, and in which agency is it housed?** Head Start Full Day Full Year (HSFDFY) and Mental & Behavioral Health Training Project (MBHTP) are programs offered by the Child Start, Inc.
- b. **Is this a School Readiness Initiative program?** No
- c. **What identified need or issue does the program address?** The HSFDFY supports 40 children and their families with access to child care and comprehensive services so parents can work or go to school. The MBHTP provides support to Head Start teachers and families to help improve the child's social and emotional development.
- d. **Is the program research based? What was the rationale for the program's design?** Head Start has conducted many research projects to look at how effective the program is at preparing children for entering school. With changes in the welfare system in the mid-90's, Welfare to Work prompted Head Start to look at providing programs to support parents who worked or attended school. At this time, Head Start was only a part day program operated during a typical school year so services were expanded to be able to meet the needs of the community. MBHTP is not research based, but the program has been in existence for the past eight years in Napa classrooms and will begin in Solano County this September.
- e. **On which of the four result areas does the program focus?** HSFDFY improved child development and MBHTP improved family functioning.
- f. **For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?** HSFDFY and MBHTP are both designed to provide direct services to children ages 3-5 and their families.
- g. **If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup?** All program materials are available in Spanish. Program staff represents the cultures we are serving and have experience serving clients with disabilities or other special needs. Program staff provide activities for families that are linguistically and culturally appropriate and have enhanced the curriculum to meet the needs of the families.
- h. **What specific results-based outcomes does the program aim to achieve?** HSFDFY program aims to improve the social emotional development of children, improve language and literacy skills, increase interest and awareness of numbers and counting, determining quantity, and helping children learn the daily routines of the classroom. The program also aims to help parents understand the temperament of their child and help them understand that children learn through play. MBHTP aims to increase Head Start staffs knowledge on the importance of improving the behavioral health of its families, to assist teachers and families in identify strategies to address behavior, and to increase referrals to community resources.
- i. **What activities or resources are offered through the program?** In addition to child care, HSFDFY offers Raising a Reader – a family literacy program, dental, vision, hearing, and developmental screenings, and workshops/meetings for parents focusing on developmentally appropriate activities for their children. HSFDFY believes the best way to support the child is to partner with the families and to link the entire family to needed services. MBHTP provides 11 trainees and 4 advanced trainees, students working towards their PhD in Psychology, in the Head Start classrooms. The advanced trainees work with families who need more intensive

services. All trainees work with the Family Advocate assigned to families to determine the family needs and goals. Staff enters into a partnership with the parent and assists with referrals to parenting classes, mental health services, and other resources needed.

- j. **Who staffs the program? What professional or other special training do the staff members have (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?** All program staff are provided with staff development training. Staff is trained on the appropriate assessment tools they will be using in the field. We support them in acquiring the skills needed to be a member of multidisciplinary team. For the MBHTP all trainees are enrolled at the California School of Professional Psychology working towards their PhD in Psychology.
- k. **In what special ways does the program meet the needs of your county (e.g., has it been designed or adapted for a specific population)?** Every three years, a community assessment mapping is conducted to look at the community needs to ensure we are providing services in the areas where our clients live. On a yearly basis, staff reviews and updates the community assessment mapping based on the results from the child and family outcomes data.
- l. **What types of positive impacts has the program had on children and families?** Every year, Child Start Inc., produces a Program Information Report which speaks to our results and benefits. Our success has been attributed to the stability of our staff and their high skill level and providing a quality child care center where families have a sense of ownership and belonging.
- m. **How were these impacts measured or documented?** For both programs staff complete several assessments on the children. The results are reported in our Annual Program Information Report.

Program Vignette Fairfield Family Resource Center

- a. **What type(s) of participant(s) are you describing (e.g., child, family, child care provider)? Please give the ages of the children involved.** The primary family unit served was a teenage mother, who is now 17, and her two young daughters, ages one and two. The young woman's immediate family was also affected by services because she lived with several family members including her father, her two brothers, ages 16 and 18, and her two sisters, ages 11 and 15. The 15 year-old became pregnant around the time her sister was connected to the FRC so she also received services.
- b. **What are the demographic characteristics of the participant(s) (e.g., gender, ethnicity, age, primary language, disabilities and other special needs)?** The family was Hispanic. The father was monolingual Spanish speaking; the young woman and her four siblings were bilingual. The mother did not live in the area. The young woman, her father, and her siblings were all undocumented citizens. The teen's two children were US citizens as they were born in the United States; one of them was suspected of having a developmental delay.
- c. **Describe the factors that contributed to the child's or family's participation in the program. What needs were addressed?** This large family resided in a trailer that was in a poor state of repair. Child Protective Services (CPS) was notified because of the crowded and generally poor conditions in which the teen's two young children were living. CPS did not find the case to require intervention on their part but did see that the family needed assistance. This county is working with the child welfare agency to help families like this, that are referred to CPS

but don't need CPS intervention, get linked with the assistance they need. As an outcome of this work, CPS referred this family to the Fairfield Family Resource Center (FRC).

The Fairfield FRC is part of the Family Support Services, a multi-disciplinary, multi-agency team in Solano County that provides services to families in need. The group receives referrals not just from CPS, but from many other agencies throughout the county. The group includes a public health nurse and CPS worker who serve the entire county and staff from the FRC nearest the family being served.

The multidisciplinary team had several concerns regarding this family. First and foremost was that the 17-year-old had two children at such a young age. The group learned that with the mother of this family not in the home, the young woman had taken over much of the work of running the household including cooking, cleaning, and seeing that her younger siblings went to school. She had dropped out of school during her first pregnancy and had not returned since. The 15-year-old had also dropped out of school upon becoming pregnant. The group was also concerned that with the teens' mother out of the area, the young mothers lacked a valuable source of assistance and support. Other concerns included the poor economic outlook for the teens and their children, the poor conditions of their home, and that, during home visits, the young women's father was not present.

- d. **Which services did the participant(s) receive and through what activities?** A case conference was held which included the two teenage girls, their father, their home visitor from the Adolescent Family Life Program (AFLP), the CPS worker, the public health nurse, and a representative from the FRC. The meeting was conducted in Spanish with translation to English for the two attendees who were not fluent in Spanish. Having the meeting in Spanish made it much easier for the teens' father to participate.

The purpose of the meeting was to find out how best to help this family and to develop a plan of care. The plan included the following:

1. School enrollment. Both girls were counseled on the importance of getting their high school diplomas and on the impact having a diploma would have on their future financial prospects. The team assisted the teens with the process of re-enrolling in school. Finding childcare for the teens' children was challenging because, as undocumented aliens, they were not eligible for federal childcare benefits. Through their work with the family, the team learned that the young women had a supportive extended family and helped the girls tap into that resource. Both girls identified family members who were willing to care for their children while they were in school. The team also helped the girls obtain the necessary school supplies and materials.
2. Child development concerns. There was concern that one of the 17-year-old's two children might have a developmental delay. The public health nurse arranged for developmental assessments of the children to be conducted in the family's home by the North Bay Regional Center. Happily, both the children were found to be developmentally on target. One of the girls was found to have a problem with her legs; the public health nurse continues to assist the teen in getting medical care for this issue. For example, the child is scheduled to see a specialist regarding her orthopedic problem. The nurse will go with the child and her mother to this appointment to offer support and assistance during what can be an intimidating and overwhelming experience.

3. Health care and insurance. The FRC assisted the teens in obtaining health insurance and a regular source of health care for their children. Since the young women's children were eligible for Medi-CAL, the FRC helped them apply for and receive this important benefit. Once the children had been linked to Medi-CAL, the Medi-CAL system linked them to physicians for their children. The FRC also helped the teens get their children up-to-date on their physicals and vaccinations.
4. Parenting support. The AFLP provided regular parenting support for the teens through in-home training. When they learned that the 17-year-old didn't have car seats for her two children, they registered her for a car seat training class through the local health department. The AFLP further assisted her by obtaining funds from a local church to buy the two car seats she needed.
5. Basic needs. The FRC helped the teens apply for and receive food stamps.

An unplanned benefit of the meeting was that it helped the teens' father gain a better understanding of the importance of making changes for his daughters. He told the girls how much he loved them and wanted to help. This was very important to the girls and brought this family closer together.

- e. **What positive outcomes resulted from participation? (Please include whether outcomes are based on staff observations, evaluation measures, or participant comments. Include quotes from participants or staff, if available.)** Perhaps the most important benefit resulting from the teens' participation in the FRC/multidisciplinary program is that both teens are now attending school. Not only does this greatly improve their and their children's future financial prospects, it is also giving these young women a chance to be teenagers. An FRC staff member described one of her favorite days with this family as being the day she visited the 17-year-old at school. The teen had her hair done and with her backpack and books she really looked like a teenager for the first time.

Also very important are the health benefits the teens' children have received. The children now have health insurance, a regular doctor, and are up-to-date on their immunizations. The child with an orthopedic problem is linked to services for this issue. The children are healthy and thriving.

The teens continue to receive parenting support through the AFLP. The multidisciplinary team is also looking ahead and plans to link the teen's 2-year-old to preschool when she turns three. In addition, the two teens are moving out of the trailer and into an apartment.

- f. **How did the services/activities received by the child/family promote school readiness or the supporting conditions for school readiness? Examples of efforts that support school readiness are early care and education services with kindergarten transition services; parenting/family support services; health and social services; improving schools' capacity to prepare children and families for school success; and strengthening program infrastructure, administration, and evaluation.** The children of these teens now have health insurance and a regular health care provider and are receiving the medical attention they need. Their mothers are on track to finish high school which greatly improves the financial outlook for the families. The young women and their children are moving out of the crowded trailer in which they were living and into their own apartment. The young mothers are getting support and training from the AFLP which is improving their parenting skills and assuring that

the children have access to basic safety equipment like car seats. In addition, the teens' children will be linked to preschool when they turn three.

- g. **How representative of the experiences of other individuals/families in your county is the vignette?** The issues faced and services received by these two teens are common among young Hispanic women in this county.

Program Vignette Loma Vista School Readiness Program (Vallejo)

- a. **What type(s) of participant(s) are you describing (e.g., child, family, child care provider)?** Participants were a family of five which included a husband, wife, and their three daughters, ages one, three, and five.
- b. **What are the demographic characteristics of the participant(s) (e.g., gender, ethnicity, age, primary language, disabilities and other special needs)?** This was an African American, English speaking family. No family members had disabilities or other special needs.
- c. **Describe the factors that contributed to the child's or family's participation in the program. What needs were addressed?** The father, who was the sole financial provider for this family, was unemployed and the family was living in a residential motel. The family's immediate need was for financial assistance to pay for their motel room for a few nights so they wouldn't be evicted. In addition, the residential motels in this area tend to have a lot of crime and are not considered a good environment for children.
- d. **Which services did the participant(s) receive and through what activities?** A teacher gave this family the phone number for the program's Parent Liaison. The Parent Liaison has been in this school district for 20 years and is well known and connected to the community. The liaison got the family in touch with the local Family Resource Center (FRC) which has a program that allows them to give families in need a one time financial allowance of up to \$200. Although the FRC doesn't like to use these funds for families to stay at residential motels (because they consider them poor environments for children), they made an exception for this family because of the immediacy of their need. The FRC paid for the family to stay 2 nights at the motel.

After the immediate needs of the family were taken care of, the liaison continued to work closely with this family for about two months with the primary objective of getting the family out of the residential motels and into a stable, more child friendly environment. The family didn't think they could afford an apartment but they were paying \$500 every 2 or 3 weeks at the motel. The liaison knew several landlords in the area and used these contacts to help the family find an apartment. She also helped them access resources to come up with the deposit for the apartment.

The liaison also linked the family to other services. They were linked to school services (these were outside the catchment area of this program because the family was linked to schools close to their new apartment). The liaison linked the family to health care for the children – both for general health care needs and so children could get the vaccinations and physicals they needed to start school. The liaison made an appointment for the family and gave them directions to the Vallejo City Unified School District Student Health Center, which provides free vaccinations and physicals. The Health Center also links families to health insurance and providers: the Center determines the type of insurance for which children are eligible (i.e., Medi-Cal, Healthy

Families, etc.), helps the families apply for this insurance, and connects them to a medical provider who accepts this insurance. The liaison linked the family to parenting classes which they attended on a short term basis. The liaison also helped the father find employment: she helped him with job skills counseling and gave him the name of someone to contact at Marine World for a job. Through out the whole process of linking the family to resources, the liaison also gave this family a lot of support counseling and encouragement.

- e. **What positive outcomes resulted from participation? (Please include whether outcomes are based on staff observations, evaluation measures, or participant comments. Include quotes from participants or staff, if available.)** This family is now living in an apartment which is a much better environment than the residential motel was for the whole family, and especially for their three young children. The family has been linked to the local school system and to health insurance and services. The father obtained a job at Marine World and is still employed there today. Finances are still tight for this family and they occasionally still need help to buy necessities like diapers but they are in a much safer and more stable environment. The liaison mentioned that the client still calls her “to check in and thank me for the support in getting them into an apartment.”
- f. **How did the services/activities received by the child/family promote school readiness or the supporting conditions for school readiness? Examples of efforts that support school readiness are early care and education services with kindergarten transition services; parenting/family support services; health and social services; improving schools’ capacity to prepare children and families for school success; and strengthening program infrastructure, administration, and evaluation.** The children in this family are now in a much safer environment and have a stable home. They have access to health care and have been linked to the school system. Their father is employed which also contributes to the stability of their home.
- g. **How representative of the experiences of other individuals/families in your county is the vignette?** The services this family received are typical of what other families in the county receive. This family’s services were unique only in the degree of services received; they were given more services that usual because of the extent of their needs.

Program Vignette Everlasting Hope Ministries Nubian Mentoring Program

- a. **What type(s) of participant(s) are you describing (e.g., child, family, child care provider)? Please give the ages of the children involved.** Participant was a pregnant woman who had primary responsibility for two children: her daughter (age 6) and her sister (age 13).
- b. **What are the demographic characteristics of the participant(s) (e.g., gender, ethnicity, age, primary language, disabilities and other special needs)?** The participant was a single mother in her mid-twenties and was African American. Her 6-year-old daughter was receiving special education services. English was the primary language of all family members.
- c. **Describe the factors that contributed to the child’s or family’s participation in the program. What needs were addressed?** This young woman was pregnant and caring for two children. Her mother and father were not available to give her support. She had recently ended an abusive relationship but was considering moving back in with her ex-boyfriend. The primary

need the program addressed was empowering and supporting this woman during a challenging period in her life.

- d. **Which services did the participant(s) receive and through what activities?** The major service provided to this woman by the Nubian Mentoring Program was linking her to a mentor who provided her with one-on-one support during her pregnancy and for a short period after she delivered her baby. (Currently, the program has funding to work with these women until their children are 2 months old. They are hoping to extend the period of time they can support their participants postpartum.) Towards the end of her pregnancy, the participant moved outside the service area of this program. Her mentor traveled a considerable distance so that she could be with the participant during her delivery to offer support and encouragement.

This woman also participated in other activities offered by the program. The program has a resource library which includes books that encourage empowerment. The participant used the library materials and consulted the staff for clarification of questions she had about the books she read. This woman also participated in some of the social functions offered by the Nubian Mentoring Program. The program has movie nights which feature movies with an inspirational or encouraging message. Activities like jewelry making take place and “Resource Mixers” are held where participants can get information on community supports and services. The program also links participants with other community supports and services such as smoking cessation programs, the Prenatal Collaborative, and Black Infant Health, which provides information on breastfeeding, nutrition, and prenatal issues.

- e. **What positive outcomes resulted from participation? (Please include whether outcomes are based on staff observations, evaluation measures, or participant comments. Include quotes from participants or staff, if available.)** One of the positive outcomes that may be due to this participant’s participation in the Nubian Mentoring Program is that she did not return to her abusive relationship. Instead the participant moved into a home of her own. Another positive outcome is that the participant and her children are all healthy and doing well, including her new infant who was born at a healthy birth weight.
- f. **How did the services/activities received by the child/family promote school readiness or the supporting conditions for school readiness? Examples of efforts that support school readiness are early care and education services with kindergarten transition services; parenting/family support services; health and social services; improving schools’ capacity to prepare children and families for school success; and strengthening program infrastructure, administration, and evaluation.** Because the participant did not move her family back into the home with her abusive ex-boyfriend, the children in this family are in a more stable and safe home environment. In addition, the participant’s newfound empowerment and the information she has learned at the program will give her the courage and knowledge to support her new baby and the other children in her care.
- g. **How representative of the experiences of other individuals/families in your county is the vignette?** The services this participant received are typical of what other women in the program receive.

Chapter 2: First 5 Solano – Partnering for System Change

First 5 Solano’s overarching goal is *“system change”*—investments that contribute to a stronger, better integrated, accessible, and highest quality network of services that support the health and well-being of children 0-5 and their families. To accomplish this goal, First 5 Solano plays multiple roles in the community—including those of convener, technical assistance provider, participant, partner, coach, and advocate—in addition to making decisions for the strategic and effective use of First 5 funds.

First 5 Solano’s FY 04-05 grantees not only developed and provided *services* for children 0-5 and their families, they also implemented *strategies* for enhancing the early childhood system by performing activities to integrate and coordinate services, collaborate, and ultimately improve service quality. This chapter provides a summary across First 5 Solano grantees of the strategies they implemented to change and enhance the system of care for children 0-5 and their families in Solano County.

Service Integration, Coordination, and Collaboration

Grantees implemented a broad variety of strategies to integrate and coordinate services, collaborate, build provider capacity to improve service quality and access to services. Exhibit 2-1 displays the percentage of organizations reporting on each strategy as well as the subset that attributes assistance from First 5 Solano in implementing the strategy.

**Exhibit 2-1:
First 5 Solano Grantees’ Strategies for
Service Integration, Coordination, Collaboration, and Quality Improvement
With Percent Attributing Change to First 5 Solano Assistance**

Strategy for Service Integration, Coordination, and/or Quality Improvement	Grantees Implementing Each Strategy		Subset Helped By First 5 Solano
	Number of Grantees	Percent of Total	Of these, % Helped By First 5 Solano
Establish and/or strengthen contacts with other organizations who serve children 0-5 and their families (n=21)	20	95.2%	80.0%
Collaborate with other organizations to identify children’s needs (n=20)	19	95.0%	63.2%
Collaborate with other organizations to develop or refine services (n=20)	18	90.0%	27.8%
Participate in interagency training (n=20)	18	90.0%	61.1%
Share data about families across programs (n=14)	12	85.7%	66.7%
Share best practices with other organizations (n=19)	16	84.2%	12.5%
Collaborate with other agencies on initiatives or applications for funds (n=18)	14	77.8%	42.9%
Conduct more outreach with other providers (n=18)	14	77.8%	13.3%
Expand/begin providing services at your organization (n=18)	11	61.1%	36.4%
Co-locate services with other agencies (n=16)	9	56.3%	11.1%
Pool dollars with other agencies to serve young children and their families (n=15)	4	26.7%	25.0%

There is distinct variation in how commonly these strategies are implemented. Four of the strategies are virtually universal among First 5 Solano grantees. On average, *at least* nine out of ten grantees: established and/or strengthened their relationship with other organizations serving children 0-5 and their families; collaborated with other organizations to identify children's needs; collaborated with other organizations to develop or refine services; and participated in interagency training. Furthermore, the majority of organizations reporting they established or strengthened relationships with other providers in the system of care, and that they collaborated with other organizations to identify children's needs, attribute assistance from First 5 Solano in implementing these system-enhancing strategies.

Sharing best practices is one of the most efficient ways of improving service quality and building provider capacity and improving service quality. About four out of five grantees (84.2%) shared best practices with other providers.

Taken together, these findings illuminate the existing *community of practice* among providers serving children 0-5 and their families in Solano County. While First 5 Solano has contributed to the increasing strength of this community through its system-change investments (such as the IFSI and Prenatal collaboratives and School Readiness Network), note that collaboration was and continues to be a strong element of the Solano children and family service system structure, predating the advent of First 5. Grantees noted that their ongoing efforts to improve systems span grants and funding sources and they work on many fronts to improve at the system level both because it is in the best interest of the people they serve, and because by doing so they make greater strides in achieving their organizations' missions.

Improving Service Quality and Access: Increases in Specific Aspects of Service Delivery

First 5 Solano grantees experienced a broad range of increases in various aspects of their service delivery that contribute to improvements in service quality and access.

Improving Service Quality

Overall, four out of five (89.5%) First 5 Solano grantees implemented a targeted effort to improve the quality of services for children 0-5 and their families in FY 04-05. Specifically, grantees most commonly (two out of three or 63.2%) increased the extent to which they use evaluation data to inform program improvement. Though not asked to attribute assistance from First 5 Solano, using evaluation information for program refection and improvement has been a consistent message and theme First 5 Solano has communicated to grantees in the past few years. About half of grantees made changes in how they provide services in order to enhance quality, such as focusing on the family unit as a whole instead of an individual member of the family, and/or providing prevention services in contrast to crisis intervention. Exhibit 2-2 below provides these findings.

Exhibit 2-2
Service Delivery Components Contributing to *Improved Service Quality*
Reported Among First 5 Solano Grantees in FY 04-05

Aspect of Service Delivery (n=19)	FY 04-05 Increases	
	Number of Programs	Percentage of Total
Frequency of specific efforts to improve the quality of services children or families can receive	17	89.5%
Extent to which evaluation data are used to inform program improvement	12	63.2%
Frequency of serving family units (in contrast to individual participants)	11	57.9%
Frequency of providing preventative services (in contrast to crisis intervention)	11	57.9%
Frequency with which program staff share relevant information about children and families among themselves	9	47.4%

Improving Service Access

Families with young children in Solano County experience a spectrum of barriers to accessing the services they need. An effective system of care is one that is first and foremost accessible to and appropriate for those who need it. First 5 Solano grantees have made concerted efforts to address these barriers and improve service access.

Exhibit 2-3
Service Delivery Components Contributing to *Improved Service Access*
Reported Among First 5 Solano Grantees in FY 04-05

Aspect of Service Delivery	FY 04-05 Increases	
	Number of Programs	Percentage of Total
Public awareness of program services and resources (n=21)	18	85.7%
Cultural sensitivity of staff (n=21)	16	76.2%
Number of referrals for services your program gets (n=20)	14	70.0%
Number of referrals for services your program makes (n=19)	13	68.4%
Number of children/families your program serves (n=19)	13	68.4%
Staff who are culturally and linguistically reflective of the clients they serve (n=21)	13	61.9%
Frequency of providing services in families' homes (n=21)	9	42.9%
Appropriateness of services for children with disabilities and other special needs (n=18)	2	11.1%
Hours of operation (n=20)	2	10.0%

To address lack of knowledge about services as a barrier to receiving them, about nine out of ten (85.7%) of grantees implemented strategies to increase public awareness of their offerings. Likewise, about two-thirds (68.4%) increased the number of referrals made through their programs.

To address cultural appropriateness and competency as a barrier to accessing services, three-quarters (76.2%) of First 5 Solano grantees implemented efforts to increase the cultural sensitivity of staff providing services and just under two-thirds (61.9%) increased the number of staff they have who are culturally and linguistically reflective of the clients they serve. Given the rapidly shifting demographics of Solano County, these service enhancements are expected to “pay off” in dividends for the most vulnerable children and families in the County for years to come.

Not insignificantly, two programs increased the appropriateness of their services for children with disabilities and other special needs. This means that two programs that were not previously adapted to children with special needs are now offering services appropriate for children with special needs. There are now two more programs in the County added to those providers who already had the capacity to serve children with special needs.

Improving Quality and Access

Some strategies First 5 Solano grantees implemented in FY 04-05 serve dual purposes of improving service quality and access.

Exhibit 2-4
Service Delivery Components Contributing to *Improved Service Quality and Access*
Reported Among First 5 Solano Grantees in FY 04-05

Aspect of Service Delivery	FY 04-05 Increases	
	Number of Programs	Percentage of Total
Staff awareness of other community services/resources (n=21)	19	90.5%
Frequency with which program staff share relevant client information with staff from other agencies (n=19)	11	57.9%
Appropriateness of services for families with different ethnic backgrounds (n=20)	11	55.5%

Staff of nearly all (90.5%) grantees became more aware of other services and resources in the community. The more knowledgeable staff are of available resources the better they are able to serve clients and act as a connector to needed services. A little over half of grantees also report their staff more frequently share relevant information with staff from other agencies to coordinate services and support referrals. Similarly, just over half of grantees increased the appropriateness of services for families of different ethnic backgrounds, enhancing service quality and access at the same time.

Leveraging Funds

By making strategic grants on First 5 Solano’s part, and by making strategic use of grant funds on grantees’ part, the funder/grantees partnership can leverage additional dollars for services in the County. These leveraged dollars can both support grantee’s efforts in the short-term as well as contribute to program sustainability in the long-term. Overall, about two-thirds (63.2%) of First 5 Solano grantees say that First 5 Solano funding enabled their program to attract funds from other sources. **First 5 Solano estimates that grantees were eligible to leverage about \$2 million in First 5 California, state/federal, and/or foundation matching funds from their First 5 Solano grants in FY 04-05ⁱⁱⁱ.**

ENDNOTES

ⁱ The estimations were calculated using the following methods:

- An average population change was calculated using data from 1990-1999. This change was -128 children.
- To estimate population for 2000-2003, the average yearly change was subtracted from previous year.

For years 2000-2002, state population estimates were available for children 0-4. No data were available for 2003.

Using available data, evaluators estimated the number of children 0-5 in California for 2000-2003. The estimations were calculated using the following methods:

- To estimate population for 2000-2002: Assuming constant birth rates for each year, evaluators added 25% to the Census estimates for the population of children 0-4.
- An average population increment was calculated using data from 1990-1999. This increment was +2869 children.
- To estimate population for 2003: The average yearly change was added to the 2002 population.

ⁱⁱ Totals based on unduplicated counts of families and children served within funded programs but duplicated across funded programs. In other words, one family could be served by multiple programs in the same fiscal year.

ⁱⁱⁱ Including but not limited to the following: IFSI Child Welfare/Public Health Nurse state/federal match: \$250,000 annually; School Readiness First 5 California match: up to \$200,000 per site annually; CARES First 5 California match: 25% or about \$200,000 annually; ABCD Constructing Connections \$51,000 annually in foundation funds match; Head Start federal matching funds estimated at \$666,538; and Prenatal Services state/federal match estimated at \$350,000 annually.

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Initiative and Grantee Partners

**Prenatal Care Initiative:
Prenatal Collaborative**

**Planned Parenthood:
Adolescent Family Life Program (Prenatal Care Initiative)**

**Solano County Health & Social Services:
Black Infant Health (Prenatal Care Initiative)**

**CA Hispanic Commission/Latino Family Services:
It's About My Baby (Prenatal Care Initiative)**

**Everlasting Hope Ministries:
Nubian Prenatal Mentoring Program (Prenatal Care Initiative)**

**Solano County Health & Social Services:
Prenatal Guidance – Teens (Prenatal Care Initiative)**

**Youth and Family Services:
Prenatal Program for Teens & African-American Women (Prenatal Care Initiative)**

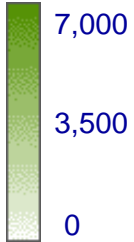
Solano Coalition for Better Health: Solano Kids Insurance Program (SKIP)



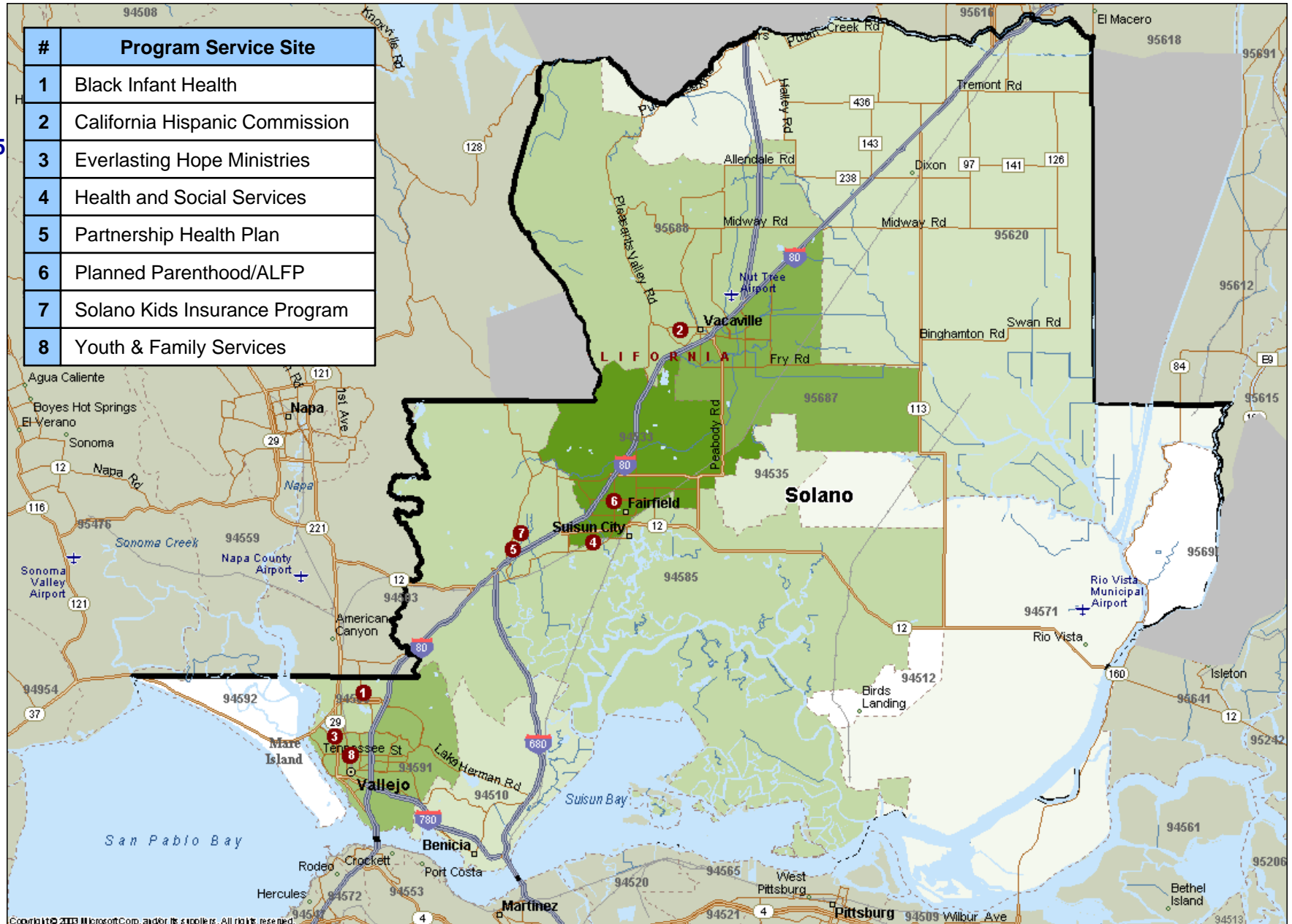
Solano Priority 1 Service Sites and Concentrations of Children 0-5

1 Service Sites

Children 0-5



#	Program Service Site
1	Black Infant Health
2	California Hispanic Commission
3	Everlasting Hope Ministries
4	Health and Social Services
5	Partnership Health Plan
6	Planned Parenthood/ALFP
7	Solano Kids Insurance Program
8	Youth & Family Services



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**Chapter 3: Prenatal Care Initiative:
Prenatal Collaborative**

Collaborative Partners	Funded Amount
Prenatal Collaborative	
Health and Social Services	\$223,776
Partnership Health Plan of California	\$129,957
Teen Prenatal Initiative	
Adolescent Family Life Program, Planned Parenthood: Shasta-Diablo	\$397,720
Youth and Family Services	\$24,275
Prenatal Care Guidance – Teens, Health and Social Services	\$192,972
It's About My Baby, Latino Family Services *	\$357,500
African American Focus Initiative	
Black Infant Health, Health and Social Services	\$1,013,056
Youth and Family Services	\$31,232
Nubian Prenatal Mentoring Program, Everlasting Hope Ministries *	\$196,668
TOTAL Funded Amount	\$2,567,156

* Not included in the Initiative outcome data submitted by Health and Social Services.

Collaborative Overview

The Prenatal Care Collaborative is a public and private partnership, committed to improving birth outcomes for infants born to teens and African Americans in Solano County. With funding for Prenatal Care II starting in FY 2005-06, increased attention will be directed towards women at risk with or abusing substances during pregnancy. The partnership is working to coordinate services, increase public awareness, partner with health care providers, identify barriers to care, and promote positive birth outcomes for Solano infants. The comprehensive services include case management, mentoring, education, father involvement, family support and planning, and assistance with accessing health care and social services.

Collaborative partners include those funded by First 5 Solano and others in the county who are committed to working together to provide an integrated and streamlined system of services to support healthy birth outcomes in Solano. Over the past year, the initial collaborative members have identified and recruited new partners, thus expanding the network of public and private providers and community-based health and social services organizations that are aware of the value and need for prenatal care and the services being offered by the Collaborative.

The primary focus of the Collaborative in FY 2004-05 was increasing awareness and enhancing prenatal care services and support to teens and African-American women while building an administrative and programmatic infrastructure to coordinate and integrate efforts among the Collaborative as a whole. In addition to the two initiatives within the broader Collaborative—Teen Prenatal and African American focus—the Collaborative, through the leadership of the Project Manager, developed several committees comprised of Collaborative members charged with specific functions, summarized as follows:

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- Steering Committee

The Steering Committee includes a representative (manager level) for each of the Collaborative partner agencies and is charged with overseeing the Collaborative as a whole, including developing policy recommendations about access to and quality of prenatal care in Solano County.

Outreach Committee

The Outreach Committee is comprised of members from Adolescent Family Life Program, Black Infant Health, and PCG-Teens and has focused its efforts this year on developing a coordinated outreach plan and strategy that leverages the resources of the Collaborative, shares best practices among partners, and enhances its ability to increase awareness of its services.

- Referral/Care Coordination Committee.

The Referral Committee is comprised of members at least one lead staff person from partner organizations, including Adolescent Family Life Program, Black Infant Health, Latino Family Services, Nubian Prenatal Mentoring Program, Prenatal Care Guidance-Teens, and Youth and Family Services, and is charged with designing and implementing processes and systems that support the work of the Collaborative including defining roles and responsibilities for each Collaborative partner.

Each of these committees meets monthly, and the whole Collaborative meets quarterly. In addition to staffing the Collaborative committees, the Project Manager meets regularly with current Collaborative partners, coordinates data collection and reporting, identifies, shares and responds to potential funding opportunities, and coordinates training and other learning opportunities for Collaborative members and the community.

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Data Sources

The evaluation team reviewed the following data sources in compiling this report.

**Exhibit 3–1
Data Sources Available for This Chapter**

Program Name	Data Sources					
	Progress Report	Custom Program Evaluation Outcomes	First 5 Solano CBO Survey	OCERS Data	Client Focus Group	Key Informant Interview
Planned Parenthood	✓	✓	✓	✓	✓	✓
Youth and Family Services, HSS	✓	✓	✓	✓		✓
Adolescent Family Life Program	✓	✓	✓	✓		✓
Prenatal Care Guidance - Teens	✓	✓	✓	✓	✓	✓
Black Infant Health, HSS	✓	✓	✓	✓	✓	✓
Latino Family Services	✓	✓	✓	✓	✓	✓
Youth and Family Services	✓	✓	✓	✓		✓

Services Provided

The following provides a summary of the Prenatal Collaborative’s target objectives which support the administrative and programmatic infrastructure of the broader Collaborative. Specific service delivery objectives for Collaborative members are included in their individual chapters of this report.

Target Objective	Exceeded	Met	Partially Met	Not Met
Create defined collaborative partners’ roles and responsibilities		✓		
Create a system to share population level outcomes		✓		
Create a system of coordinated outreach and referral targets.		✓		
Ensure health care providers are knowledgeable and skilled in delivering services to collaborative target populations		✓		

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Challenges to and Successes in Effective Service Provision

The following summarizes some of the challenges to and successes in increasing access to and delivering coordinated and integrated prenatal care services to teens and African-American women in Solano County through a collaborative model.

Challenges

Multiple partners identified the following challenges as they reflected on the initial development of the Collaborative and its primary outcome of improving birth outcomes through increased access to prenatal care services and supports:

- *Building trust and understanding among partners.*

Although there are several providers in Solano County that provide prenatal care and related health and social services to pregnant teens and women, they did not necessarily know of each other. A key first step in doing this work was to increase the knowledge of and comfort among the providers of each others services and supports so that they could clarify how they would best work together to support their clients.

Some of the initial challenges we thought we would have addressed early on as we worked together to submit the proposal. Our relationships are so much better now than they were in all instances.

—Prenatal Collaborative Member

- *Clarifying partner roles and responsibilities.*

Once providers knew of each other and their various strengths and focus areas, it was important to clarify how they would work together. This took time and effort but resulted in statements of roles and responsibilities for each partner. As new partners are added, roles and responsibilities continue to be refined.

There have been quite a few challenges: getting to know each other, how we fit together as individuals and a collective. It is a running agenda item.

—Prenatal Collaborative Member

- *Increasing awareness of services among providers and the community*

Promoting the existence of a collaborative—a coordinated and comprehensive system of care—has been a significant undertaking and will continue to be a focus of the Collaborative in FY05-06. Coordinated outreach efforts, media coverage and word-of-mouth will continue to be strategies used by the Collaborative to increase awareness of its services to both providers and the community.

- *Limited Prenatal Care Provider (PCP) capacity in Solano County.*

A more robust and sizeable prenatal care provider community is needed to complement the Collaborative's efforts in increasing awareness of the need for and facilitating access to prenatal care. Anecdotal information from prenatal care clinic staff reveals they are overwhelmed by the number of women needing services in Solano, and that since more than half of CPSP providers have closed in the past two years, there is not the capacity to meet the demand.

The prenatal care system is sort of falling apart in spite of us. Services for low-income women are very challenging for clinics/providers to sustain. The reimbursement rates don't support providers to serve these clinics. There are more supports to clients but still less actual medical service.

—Prenatal Collaborative Member

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- *Involving OB/GYN Providers.*

OB/GYN providers can play an integral role in this work as they may be the first contact with a woman or teen who has learned that she is pregnant. Educating and engaging them in how to effectively work with these potentially high-risk populations and get them into prenatal care as early as possible is a critical component of this process.

I really think one of the largest challenges is getting the OB providers involved. It is difficult getting them to give more than the 7 minutes per client.

—Prenatal Collaborative Member

- *Transportation services for clients.*

The efforts of YFS and the other collaborative members in getting their target populations into prenatal care continue to be hindered by the lack of accessible prenatal care providers in Solano County that accept MediCal. In Rio Vista in particular, there are no providers who accept MediCal insurance. Providers are available in Fairfield, but transportation between the two cities is limited.

Successes

In its first full year of implementation with the support of a Project Manager, the Collaborative effectively accomplished change at three levels: 1) administrative, 2) program and 3) system, all in support of its goal of improving birth outcomes and increasing access to prenatal care for teens and women in Solano County. The following summarizes the highlights in some of those areas:

Administrative Successes

- ✓ **Project Manager** – Organizing, convening and nurturing a collaborative requires vision and full attention. The hiring of a project manager charged with shepherding the development of the Collaborative and its ongoing development and expansion has been invaluable. Every Collaborative member interviewed expressed the importance of this position and the effectiveness of the current Project Manager in identifying issues, finding solutions and strengthening relationships in order to improve access to care and birth outcomes.

It has been invaluable. You can give a lot of lip service to collaboration but it takes time. People have other jobs that need to get done. The whole oversight and administration of a collaborative is huge. The person we hired is doing a great job.

—Prenatal Collaborative Member

- ✓ **Organizational Structure** – Developing the Committee structure has been very helpful in managing the efforts of the Collaborative including identifying key issues, developing solutions and coordinating efforts. Currently there are three standing committees (Steering, Outreach and Referral/Care) that meet monthly. The full Collaborative meets quarterly. All Committees are staffed by the Project Manager.

In the beginning, a 30-person group met. It was difficult to focus that many people. The monthly Steering Committee meetings and sub committee structure works better.

—Prenatal Collaborative Member

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- ✓ **Sustainability Planning – How to leverage and sustain the Collaborative has been a primary focus** of the Project Manager and some key members of the Collaborative. This sub-group attended The Finance Project’s Sustaining Your Initiative; Planning for the Future sponsored by First 5 Solano and is continuing its work to develop a plan and process for leveraging additional funds and for integrating the work of the Collaborative into the system of care in Solano County. \$221,148 is the estimated leverage amount this fiscal year.

Programmatic Successes

- ✓ **Case Management** – Collaborative members identified more and better integrated case management identified as a community need as this is recognized as an essential strategy in getting pregnant teens and women into prenatal care early and keeping them in care. Through increased knowledge and understanding of services the Collaborative provides, as well as the development of protocols and processes to streamline services, clients are receiving appropriate care more quickly and by a provider that feels more knowledgeable about the array of support services available in Solano County.

The community asked for more case management for specific populations. CBO’s knew that by working together through a collaborative, linkage and integration of services and information would be improved and overall knowledge of populations and issues would be enhanced.
—Prenatal Collaborative Member

- ✓ **Cultural Competency/Appropriateness** – A key element of the design of the Collaborative and the two initiatives was to build upon and enhance service delivery to teens and African-American women and teens by supporting programs (BIH, PCG-Teens, AFLP, It’s About My Baby, Nubian Prenatal Mentoring Program) designed specifically to work with these populations. By working together, members of the Collaborative have increased their understanding of how to more effectively outreach to and work with these populations. In addition, the formalized referral process has clarified among these providers how their services complement and differ from each other.

Several agencies involved (such as BIH and AFLP) primarily focus on specific populations and as such their entire program model is designed to be culturally appropriate.
—Prenatal Collaborative Member

- ✓ **Expanded Staff Capacity** – The ability to provide culturally appropriate services (i.e., BIH, AFLP, It’s About My Baby) to pregnant teens and women, particularly those identified as high risk, has been expanded. Each partner brings to the Collaborative a specific set of skills and approaches that has proven to be effective. Now, as a collective, they can work together to refer clients to partners who are best suited to meet their needs and are able to enhance the overall capacity of the Collaborative by sharing best practices. In addition, three specific positions have had particular impact: 1) BIH Social Worker III provides psychosocial assessments, 2) AFLP and BIH PHN’s provides medical consultation to teen clients and 3) PCG-Teens Social Worker III providers’ consultation services regarding high-risk psycho-social clients.

There is a level of expertise now available to collaborative members which were not available before; for instance, case conferencing models.
—Prenatal Collaborative Member

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- ✓ **Information and Trainings** – Through the Collaborative, partners have easy access to information and trainings that they would likely not have as individual community based organizations or programs. For example, PCG has shared data about access to prenatal care within Solano County, increasing awareness about the barriers pregnant women face accessing care, informing our policy work around these issues. Additionally, the Collaborative engaged in two discussions about developing a media plan for the Collaborative—the Collaborative’s input informed the development of the plan. Furthermore, general information sharing and exposure to model programs, such as AFLP and BIH, provides important information to other partners about best practices. Overall, each program has a niche in the community and a level of expertise about the clients they serve, thus their input into discussions about delivery of care to teens and African Americans improves the effectiveness of the program and how we serve clients.

System Change

- ✓ **Establishment of the Collaborative** – Every Collaborative member interviewed stated that the existence of the collaborative itself is the most significant accomplishment. Having a place to share information, increase knowledge and develop an integrated and coordinated approach to serving a community in need is highly valued among the Collaborative members.

I think initially just meeting was an accomplishment but now we have moved to more of a working body that really tries to tackle issues.

—Prenatal Collaborative Member

- ✓ **Outreach Strategy** – The Outreach Committee developed an outreach strategy which includes assigning specific agencies targets in the community. In addition, Collaborative members

This year BIH was represented at 17 health fairs events, last year it was about half that number.

—Prenatal Collaborative Member

are working together to increase awareness by representing each other at community events. A draft media plan has been developed and a media consultant will be brought on in FY 2005-06 to refine the plan, develop a brand and related collateral materials including a web site.

- ✓ **Provider Trainings** – Partnership HealthPlan of California (PHC) provided a variety of trainings in FY 2004-05 including seven on-site trainings to providers on outreach and the Comprehensive Perinatal Services Program audit. In addition, PHC held two provider work shops focusing on best practices regarding servicing high-risk populations including teens and African Americans. At the last training, nearly 40 health care providers and leaders attended the event.

- ✓ **Referral Processes** – The Referral Committee developed several key protocols that further clarify how Collaborative members work together. The Teen and African American Referral Process documents identify how agencies in those two initiatives will screen and refer clients based on their eligibility criteria and the types of services and supports they provide. Additional forms developed by the committee include those related to HIPAA, a Universal Referral Form (to be implemented in FY05-06) and Release of Information forms. It is anticipated that as the Collaborative matures, these processes and protocols will continue to evolve.

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✓ **Communication and Information Sharing**

All Collaborative members interviewed report the most important change resulting from the development of the Collaborative was increased and improved communication among providers. The Collaborative has set the framework for multi community and private-partners to come together and maximize and streamline how services are provided to mutual clients.

For me and for a lot of us, it is a great place to learn from one another and we are not searching for services in the dark. It helps my clients with a more rounded community that is focusing on the same goal.

—Prenatal Collaborative Member

How are Children and/or Families Better Off as a Result of this Program?

Initiative Outcomes

The Prenatal Collaborative tracked the following outcomes for program participants and found the following results for the period from July 1, 2004 to June 30, 2005.

Note: A data system has now been developed that will aggregate data across all members of the Collaborative and the two initiatives for those indicators they have in common. However, for this report, aggregate data is provided only for those partners who are part of/or are subcontractors of Solano County Health and Social Services and are so noted. Outcomes for the other programs are included in their individual chapters.

**Exhibit 3-2
African American Prenatal Care Initiative Outcomes**
(Black Infant Health and Youth and Family Services)

1	Trimester client entered care	1st	2nd	3rd	Total
	Number	50	23	8	81
	Rate	61.7%	28.4%	9.9%	
2	Number of infants born before or after 37 weeks of gestation	> 37	< 37	Total	
	Number	42	3	45	
	Rate	93.3%	6.7%		
3	The number of infants born greater than or less than 2500 grams	> 2500 grams	< 2500 grams	Total	
	Number	42	3	45	
	Rate	93.3%	6.7%		
4	The number of clients who attended at least 60% of their scheduled prenatal care appointments	At least 60%	Below 60%	Total	
	Number	79	2	81	
	Rate	97.5%	2.5%		

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**Exhibit 3-3
Teen Prenatal Care Initiative Outcomes**
*(Adolescent Family Life Program, Prenatal Care Guidance-Teens,
Youth and Family Services)*

1	Trimester client entered care	1st	2nd	3rd	Total
	Number	129	33	6	168
	Rate	76.8%	19.6%	3.6%	

2	The number of clients who attended at least 60% of their scheduled prenatal care appointments	At least 60%	Below 60%	Total
	Number	163	11	174
	Rate	93.7%	6.3%	

3	Infant linked to medical home provider	YES	NO	Total
	Number	71	2	73
	Rate	97.3%	2.7%	

In addition to the outcomes quantified above, Collaborative members also shared their perspectives on how clients and the community have benefited. The following quotes reflect opinions shared by more than one individual:

- *People can get services quicker. Much needed case management.*
- *The Role of Men is likely to contribute to improved parenting and awareness of their value (African American men) as fathers.*
- *They (clients) are getting in to prenatal care. Women are having health babies. Men (In Role of Men) are really excited about the opportunity to talk about issues and how to support their partner during pregnancy, post partum and parenting in general.*
- *On the teen side, program can provide more comprehensive services through leveraging resources from other collaborative members. Now they can access substance abuse...etc.*
- *Before there were always waiting lists for African American women and teens. Now they can get in to services.*
- *They (clients) are getting services which are not traditionally funded (case management, linkages, follow-up) and the warm hand-off to wrap around support services.*

Client Experiences and Perceptions

The evaluation team conducted three client focus groups, including teens and women from Black Infant Health (BIH), It's About My Baby (LATINO FAMILY SERVICES), Planned Parenthood and Adolescent Family Life Program (PP). Participants (some of whom were pregnant or parenting and new to the program and some of whom were progressing towards graduation) responded to a variety of questions about: 1) what they knew about the Collaborative, 2) their experiences with the

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Collaborative, 3) reason for seeking care, 3) program/collaborative impact on them and 4) any recommendations for improvement.

▪ *Lack of Awareness of the Prenatal Collaborative.*

None of the clients were aware of a Prenatal Collaborative; rather, most only knew of the specific program in which they were a participant. Several clients had been referred to a Collaborative member from organizations not in the Collaborative (e.g., Great Beginnings, ABC Clinic and Kaiser).

▪ *Reason for Seeking Care.*

Many of the clients were either referred by other community-based organizations or sought prenatal care and supports because they knew of other women who had received services; in some cases, this was a 2nd or 3rd child and the clients recognized that there was new information out there and/or they needed assistance.

- *Because my daughter is 13 and it's starting all over again...I'm having another one. —BIH Client*
- *Being pregnant for the first time, I am able to resources here and they help me to deal with different emotions and just for support in general. —BIH Client*
- *My brother's girlfriend referred me to this program. She also graduated already. She said this program really helped her. —LFS Client*
- *I signed up, but I've been through Planned Parenthood...and Kaiser was instrumental. —PP Client*

▪ *Experience with the Prenatal Collaborative*

Clients were unanimously pleased with the range and type of services they had received through the Collaborative organization with which they worked. They also felt program staff was responsive, able to understand their needs, and communicate appropriately and effectively.

- *I get phone calls from the Public Health Nurse and advice about different things. —BIH Client*
- *They help me keep with my doctors appointments. We get food and certificates for going to the appointments on time. —BIH Client*
- *They are very understanding and welcoming. —BIH Client*
- *I received transportation services, took classes on how to breast feed my baby, they showed us how to properly adjust the car seat. —LFS Client*
- *I really needed the transportation. —5 LFS Clients*
- *You can tell that they care about you and your baby. They also care about what you are going through. —LFS Client*
- *They speak our language and that is important. —All LFS Clients*
- *If you have questions or need health with things they'll help us with WIC, health care trying to get Section 8, child support...etc. —LFS Client*
- *I like that they come to our house, we don't have to go there. —PP Client*

▪ *Impact of Program Participation*

Clients expressed a variety of ways in which participation in the programs had impacted them including: feeling more confident, having more knowledge and information, expanding their support network, and knowing where to go for more information and support.

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- *I never had patience for babies before and they helped with that. Like, if the kid doesn't want one thing try another and another...* —**LFS Client**
 - *We have support. I had support before now I have more.* —**LFS Client**
 - *A lot about SIDS (Sudden Infant Death Syndrome).* —**BIH Client**
 - *I have more awareness in my pregnancy—just knowing that they were there to give me feedback and information on what to do and not do was great.* —**BIH Client**
 - *They give me a lot of support... so you should do this or go here or there. I think [if I didn't have this program] I would be trying to do what I need to do, but since they're involved they are motivating me even more. I get advice on housing and other things, and they are making me feel ready to be a mom. Before, I wasn't feeling for sure about this and taking on more responsibility, but after I feel more secure. I can take care of my baby. During this group thing, it's showing me how to be a family.* —**BIH Client**
 - *I took all the classes they offered - classes on what to expect from a newborn, what to expect during labor, how to breast feed, and everything that had to do with pregnancy – such as what you have to eat [group agrees that they all took nutrition classes] how to take care of a baby – that you have to be patient with your baby.* —**LFS Client**
 - *I learned about the nutrition for both the baby and myself – before I never used to eat green beans or veggie—now I do.* —**Several LFS Clients**
 - *I learned about a lot of different resources. By being in this program they teach you about a lot of other resources you can go to to get help for yourself or for the baby. Through them they also help you reach out and learn a lot more through other services.* —**PP Client**
- *Recommendations for Improvement*
- Recommendations for improvement to services were limited and primarily had to do with access, transportation and housing resources.
- *If they could have more places [locations]... a place like this in our area. We live way on the other side of town.* —**BIH Client**
 - *I haven't had any complaints about the program. I like the way they involve the men and invite them and encourage them to come around.* —**BIH Client**
 - *A gas card, bus passes, gas money.* —**Several PP Clients**
 - *Homes that they have, low-income housing, or easier ways to get section 8 quicker.* —**Several PP Clients**

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How are Providers and/or Systems Better Off as a Result of this Program?

In terms of impact on providers and systems, the Prenatal Collaborative accomplished the following with First 5 Solano support:

Service Integration and Collaboration

- Establishing and/or strengthening contacts with other organizations who serve children 0-5 and their families, sharing data about families across programs, collaborating with other organizations to identify children's needs, and collaborating with other agencies on initiatives or applications for funds.
- Collaborated with other organizations by collaborating with other organizations to develop or refine services and conducting more outreach with other providers.

Use of Research-based Best Practices and Tools

- Shared best practices with other organizations.

Provider Capacity

- Increased the appropriateness of services for families with different ethnic backgrounds.
- Increased the cultural sensitivity of its staff.
- Increased staff awareness of other community services/resources.

In addition to the above findings, interviews with Collaborative representatives who have participated from the beginning provide additional context and perspectives. The following quotes reflect opinions that were shared from more than one individual:

- *There is greater knowledge and coordination. It is very powerful.*
- *Not so much duplication as before. The more formal referral process has helped reduce any duplication if there was any.*
- *There were (outreach) efforts prior but communications have become much more effective and coordinated.*
- *Agencies have more clarity on the network of services available in the county through the collaborative.*
- *It's been very interesting. We all talk a different language but we are learning what each other means and do.*
- *Members are more knowledgeable and able to make better (quicker and more effective) choices about referrals to clients.*
- *They (members) have a greater voice and presence in the community. There are connected to larger projects and are less isolated. They can also access training and information on community resources that most likely would not have been available.*

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Strengthening the Collaboration

Collaborative members identified several areas of ongoing development and include: continued refinement of scopes of work and clarification of roles and responsibilities; enhancing the internal referral process; and expanding services delivery to teens and women with other high risk behaviors and circumstances. The following quotes support these areas of needed attention:

- *Should talk more openly about agency strengths (as we do with clients). It is also important to discuss mandated program participation and how to ensure that clients who are required to participate in programs are doing so regardless of who the initial program contact may have been.*
- *Continue to reference scopes of work to see if what we said still holds.*
- *Improve intra-collaborative referral process. Could be due to agency capacity but not quite sure. I do know Universal referral forms have just been finalized and that should help.*
- *Increase knowledge (and comfort with) about substance abuse among pregnant women and teens and how to address.*
- *Continue to develop strategies and resources to address homeless pregnant and parenting women and teens.*

Changes in Service Delivery Over the 2004-05 Fiscal Year

In the 2004-05 fiscal year, the Prenatal Collaborative experienced an increase in the following aspects of their service delivery:

- Public awareness of program services and resources;
- Frequency of specific efforts to improve the quality of services children or families can receive; and
- The extent to which evaluation data are used to inform program improvement.

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**Chapter 4: Planned Parenthood: Adolescent Family Life
Program (Prenatal Care Initiative)**

Project Name	Funded Amount
Adolescent Family Life Program Planned Parenthood: Shasta-Diablo	\$397,720 10/2003 to 06/2007

Program Overview

The Adolescent Family Life Program (AFLP II) provides comprehensive services to pregnant and parenting teens under age 20 living in Solano County. A multi-disciplinary team, including case managers, public health nurse, and social worker, provides case management and care coordination to high-risk teens in Solano County. In the Bay Area region, Solano County has the highest teen birth rate. Additionally, teen birth rates vary by race—African American, Latina, and Pacific Islander teens have significantly higher teen birth rates than their counterparts. Over the past decade teen birth rates have significantly dropped due to successful programs such as the AFLP II, however, much work remains. AFLP II assists teens with:

- ✓ Having a healthy pregnancy;
- ✓ Attaining educational goals;
- ✓ Preventing repeat pregnancies by creating a family plan; and
- ✓ Parenting infants and young children.

Data Sources

Planned Parenthood provided the following data for this evaluation report.

**Exhibit 4-1
Data Sources Available for This Chapter**

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Custom Program Evaluation Outcomes	<input checked="" type="checkbox"/>
First 5 Solano CBO Survey	<input checked="" type="checkbox"/>
OCERS Data	<input checked="" type="checkbox"/>
Key Informant Interview	<input checked="" type="checkbox"/>

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Services Provided

The following provides a summary of the Adolescent Family Life Program’s target objectives for service delivery as well as the actual progress achieved during the 2004-05 fiscal year.

Target Objective	Exceeded	Met	Partially Met	Not Met
Direct Services - Case Management.		✓		
Planned Parenthood peer educators will conduct 12 outreach group presentations.	✓			
Planned Parenthood Peer educators will contact 16 schools and other providers to connect pregnant teens to services.	✓			
Planned Parenthood-Systems Change Support Activities.		✓		

Challenges to Effective Service Provision¹

The efforts of AFLP II and the other collaborative members in getting their target populations in to prenatal care continue to be hindered by the lack of prenatal care providers in Solano County that accept MediCal.

A more robust and sizeable prenatal care provider community is needed to complement the efforts of AFLP II (and others) in increasing awareness of the need for and facilitating access to prenatal care. However, neither AFLP II nor any members of the Collaborative have been specifically funded to increase the number of prenatal care providers in Solano County.

During the 2004-2005 Fiscal Year, AFLP II needed to hire two case managers (at least one bilingual). This was a challenge to recruit qualified staff for these positions. By March 2005, two bilingual staff were hired to provide case management to teen clients, including Latina teens. Additionally, AFLP II needed the two additional staff to serve the expanded number of clients (100). By the end of the FY, AFLP II met its caseload goals (96).

What are the Characteristics of Clients Served?

- Served **96 families** and **27 children** ages 0-5 years in the time period from July 1, 2004 to June 30, 2005.
 - Of the families served, 88% were eligible for MediCal
 - Of the children served, 88 % of the total number of children were eligible for MediCal.

- At least 30% of AFLP II’s clients received services in Spanish. Materials designed and services adapted to be culturally appropriate for Hispanic/Latino clients, African-American clients, and teens.

¹ First 5 Solano Year End Report for FY2004-2005

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How are Children and/or Families Better Off as a Result of this Program?

AFLP II tracked the following data in the Lodestar data system, client health records, and the OCERs data system.

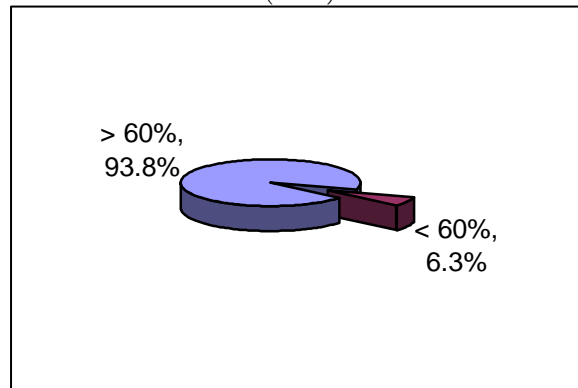
Planned Parenthood tracked the following outcomes for program participants and found the following results for the period from July 1, 2004 to June 30, 2005.

**Exhibit 4-2
Trimester In Which AFLP II Clients
Entered Prenatal Care**

Trimester Client Entered Care	1st	2nd	3rd	Total
Number	79	14	3	96
Rate	82.3%	14.6%	3.1%	100.0%

In general, teens do not often realize that they are pregnant early in their pregnancy. Thus, linking them into care during the 1st trimester is a challenge. Additionally, recent data from the Prenatal Care Guidance program (PCG) reveals that half the women that enter the program do not enter prenatal care within 30 days¹. Additionally, over the past two years, the number of Comprehensive Perinatal Service Providers (CPSP) in Solano County was reduced by half, thus presenting significant challenges to increasing the number of women entering early care².

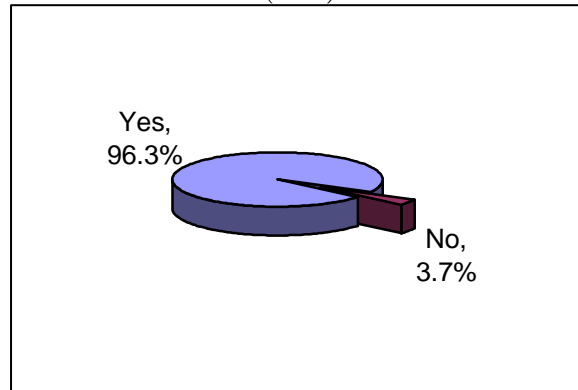
**Exhibit 4-3
Percent of AFLP II Clients Attending At Least 60% of
Scheduled Prenatal Care Appointments
(n=96)**



As illustrated in the chart above, 93.7% of the teen clients (90) attended at least 60 percent of the scheduled prenatal care appointments. Effective strategies in achieving this outcome include case management and linking client to the array of services that may support both the mother, child and the new family unit including securing/locating housing, providing transportation and enrolling in to health insurance. The AFLP II Public Health Nurse (PHN) AFLP II provides medical consultation to clients, as well as to other teen programs within the Collaborative.

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**Exhibit 4-4
Percent of Infants of Teens in Program
Who Are Linked to Medical Home Provider
(n=27)**



Case management has been a highly effective strategy in linking newborns to a medical home provider (primary care physician), resulting in 96.3%. Since Solano Kids Insurance Program (SKIP) joined the Prenatal Collaborative, AFLP II and other Teen Initiative members have received training on insurance eligibility and enrollment which has increased their understanding of the process and their ability to access resources for their clients.

How are Providers and/or Systems Better Off as a Result of this Program?

In terms of impact on providers and systems, AFLP accomplished the following with First 5 Solano support:

Service Integration and Collaboration

- First 5 Solano assisted AFLP II with establishing and/or strengthening contacts with other organizations who serve children 0-5 and their families, sharing data about families across programs, and collaborating with other organizations to identify children's needs.
- Collaborated with other organizations by collaborating with other organizations to develop or refine services, conducting more outreach with other providers, and co-locating service with other agencies.
- Increased the frequency with which program staff shares relevant client information with staff from other agencies.

Service Access

- Services were specialized or adapted to meet the needs of children with disabilities or other special needs – services offered were for children with disabilities including serious emotional disturbances, high-risk pregnancies, and medical issues post delivery.
- Materials available in Spanish for clients.

Use of Research-Based Best Practices and Tools

- Shared best practices with other organizations.

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Provider Capacity

- Increased the appropriateness of services for families with different ethnic backgrounds.
- Increased the cultural sensitivity of its staff.
- Increased the number of staff who are culturally and linguistically reflective of the clients they serve.
- Increased staff awareness of other community services/resources.

Funds Leveraged

As a result of First 5 Solano funding, AFLP II has been able to leverage additional funds in the past 12 months from federal and state matching funds, Maternal and Child Health. During the 2004-2005 FY, AFLP II secured an estimated \$41,564 for this project.

Additional ways providers and systems are better off as a result of First 5 Solano's support for AFLP II:

- Expanding/beginning the provision of services at this organization and participating in interagency training.
- Teens are more aware of the importance of prenatal care through targeted and coordinated outreach and public education efforts of not only AFLP II but all members of the Collaborative.
- Providers have received training and information about how best to meet the needs of teens through a partnership with Partnership Health Plan.

Changes in Service Delivery Over the 2004-05 Fiscal Year

In the 2004-05 fiscal year, AFLP II experienced an increase in the following aspects of their service delivery:

- The number of referrals for services the program gets;
- The number of referrals the program makes;
- The number of children/families the program serves;
- Frequency of serving family units (in contrast to individual participants);
- Frequency of providing preventive services (in contrast to crisis intervention);
- Frequency of providing services in families' homes;
- Frequency with which program staff share relevant information about children and families among themselves;
- Public awareness of program services and resources;
- Frequency of specific efforts to improve the quality of services children or families can receive; and
- The extent to which evaluation data are used to inform program improvement.

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**Chapter 5: Solano County Health & Social Services:
Black Infant Health (Prenatal Care Initiative)**

Project Name	Funded Amount
Solano County Health & Social Services Black Infant Health	\$1,013,056 ³ 11/01/2003 to 06/30/2005

Program Overview

Black Infant Health provides comprehensive services to pregnant and parenting African American women 18 years of age and older to a year postpartum living in Fairfield, Vacaville and Vallejo areas of Solano County. In Solano County, African American infants are nearly twice as likely to be born at low birth weight (5 pounds, 8 ounces or less) and more likely to die before their first birthday than their counterparts. A multi-disciplinary team including a Public Health Nurse, Social Worker, and Health Assistant see all clients, seeking to provide the services, support and expertise for the client to increase the likelihood of a healthy pregnancy. In addition, BIH provides “Role of Men” class for African American fathers expecting a child or with a child less than one year of age. All programs work with clients in order to assist them with:

- ✓ Having a healthy pregnancy;
- ✓ Having a healthy birth outcome;
- ✓ Attaining work and educational goals; and
- ✓ Parenting infants and young children.

Data Sources

Solano County Health & Social Services provided the following data for this evaluation report.

**Exhibit 5-1
Data Sources Available for This Chapter**

Data Source	Available for This Chapter
Progress Report	☑
Custom Program Evaluation Outcomes	☑
First 5 Solano CBO Survey	☑
OCERS Data	☑
Key Informant Interview	☑

**Priority 1:
Health and Well-Being**

Services Provided

The following provides a summary of Black Infant Health’s target objectives for service delivery as well as the actual progress achieved during the 2004-05 fiscal year.

Target Objective	Exceeded	Met	Partially Met	Not Met
HSS-Direct Services – Case Management. 100 clients.	✓			
HSS-Direct Services – Class/Workshops.	✓			
HSS-Systems Change Support Activities.		✓		

Challenges to Effective Service Provision

As noted below, nearly two out of five clients are entering prenatal care in the second and third trimester. BIH has added a second outreach worker to the team in the 2005-2006 FY and plans to increase outreach activities and target reaching women early in their pregnancy. Additionally, the Collaborative is launching a media campaign urging women to seek early, regular prenatal care (targeted towards teens and African American women).

The project also faced challenges securing approval to carry out pieces of the BIH scope of work, including hiring a second health assistant and securing a contract with a media consultant. This delayed the implementation of key aspects of the project.

For our clients, they face challenges securing affordable housing. Despite BIH offering housing incentives under this grant, some clients still cannot take advantage of the incentive because housing costs are too high.

What are the Characteristics of Clients Served?

- 100% of clients are African American.
- **65 families** and **29 children** ages 0-5 years were served in the time period from July 1, 2004 to June 30, 2005.
 - Of the families served, 90% (60) were eligible for MediCal
 - Of the children served, less than 1% (.07% or 2 children) was low or very low birth weight. 90% of the total numbers of children were eligible for MediCal.
- Services and materials have been designed and services adapted to be culturally appropriate for African-American clients.

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How are Children and/or Families Better Off as a Result of this Program?

Black Infant Health program tracked the following outcomes for program participants through monthly OCERs reports, the Black Infant Health “Green Book” and data system, and client files and found the following results for the period from July 1, 2004 to June 30, 2005.

**Exhibit 5-2
Trimester In Which BIH Prenatal Program Clients
Entered Prenatal Care**

Trimester Client Entered Care	1st	2nd	3rd	Total
Number	36	21	8	65
Rate	55%	32%	12%	100.0%

Pregnant women in Solano County face challenges to entering early prenatal care (first trimester entry). In Solano County, one out of four pregnant women do not enter prenatal care in the first trimester, optimal time for entry into care. Recent data from the Prenatal Care Guidance program (PCG) reveals that half the women that enter the program do not enter prenatal care within 30 days.⁴ Additionally, over the past two years, the number of Comprehensive Perinatal Service Providers (CPSP) in Solano County was reduced by half, thus presenting significant challenges to increasing the number of women entering early care.⁵

In the BIH program, more than half of the high-risk clients (55%) are entering care in the first trimester and 87 percent are entering care in the first or second trimester. None of the clients had any prenatal care prior to entering the program. *100 percent of clients attended at least 60 percent of their prenatal care visits (project objective) and nearly 90 percent attend 100 percent of their visits.*

Case management has been a highly effective strategy in linking newborns to a medical home provider (primary care physician), resulting in *100 percent of infants born to clients in BIH having a medical home.* Since Solano Kids Insurance Program (SKIP) joined the Prenatal Collaborative, BIH and other partners have received training on insurance eligibility and enrollment, which has increased their understanding of the process and their ability to access resources for their clients. SKIP has been a very useful resource in linking clients, their newborns and other eligible family members with medical insurance.

How are Providers and/or Systems Better Off as a Result of this Program?

In terms of impact on providers and systems, Black Infant Health accomplished the following with First 5 Solano support:

Integration and Collaboration

- Establishing and/or strengthening contacts with other organizations who serve children 0-5 and their families, sharing data about families across programs, and collaborating with other organizations to identify children’s needs, and collaborating with other agencies on initiatives or applications for funds.

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- Collaborated with other organizations by collaborating with other organizations to develop or refine services, conducting more outreach with other providers, and co-locating services with other agencies.
- Increased the frequency with which program staff shares relevant client information with staff from other agencies.

Service Access

- Services were specialized or adapted to meet the needs of children with disabilities or other special needs – services offered were for children with disabilities including serious emotional disturbances, premature children, and low birth weight children/infants.
- Increased their hours of operation.

Use of Research-Based Best Practices and Tools

- Shared best practices with other organizations.

Provider Capacity

- Increased the appropriateness of services for families with different ethnic backgrounds.
- Increased the cultural sensitivity of its staff.
- Increased the number of staff who is culturally and linguistically reflective of the clients they serve.
- Increased staff awareness of other community services/resources.

Funds Leveraged

As a result of First 5 Solano funding, Black Infant Health has been able to leverage additional funds in the past 12 months from federal and state matching funds. As the lead agency, Solano County Health & Social Services secured an additional \$176,687 in matching funds (estimated) for prenatal services for teens and African American women.

Additional ways providers and systems are better off as a result of First 5 Solano's support for Black Infant Health:

- Expanding/beginning the provision of services at this organization and participating in interagency training.
- African-American men have been included in the outreach and programming efforts of BIH through the development of the Role of Men. A coordinated effort involving numerous community partners including Mental Health Services, Child Welfare Services, Solano Partnering Partnership, WIC and other Prenatal Collaborative members, a series of classes have been developed which focus on educating and supporting partners in their pregnancies. To increase awareness about the Role of Men and the classes being offered, a community event was planned at the Melvin Thompson Center.
- African American teens and women are more aware of the importance of prenatal care through targeted and coordinated outreach and public education efforts of not only BIH but all members of the Collaborative.
- Providers have received training and information about how best to meet the needs of African American women and teens through a partnership between BIH and Partnership Health Plan.

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Changes in Service Delivery Over the 2004-05 Fiscal Year

In the 2004-05 fiscal year, Black Infant Health experienced an increase in the following aspects of their service delivery:

- The number of referrals for services the program gets;
- The number of referrals the program makes;
- The number of children/families the program serves;
- Frequency of serving family units (in contrast to individual participants);
- Frequency of providing preventive services (in contrast to crisis intervention);
- Frequency of providing services in families' homes;
- Frequency with which program staff share relevant information about children and families among themselves;
- Frequency with which program staff share relevant client information with staff from other agencies;
- Public awareness of program services and resources;
- Frequency of specific efforts to improve the quality of services children or families can receive; and
- The extent to which evaluation data are used to inform program improvement.

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**Chapter 6: CA Hispanic Commission/Latino Family Services:
It's About My Baby (Prenatal Care Initiative)**

Project Name	Funded Amount
CA Hispanic Commission/Latino Family Services It's About My Baby	\$357,500 7/1/04 to 6/30/05

Program Overview

It's About My Baby provides case management and care coordination services to pregnant and parenting Latina women and teens under age 20 living in Northern Solano County two months post partum in order to assist them with:

- ✓ Having a healthy pregnancy;
- ✓ Attaining educational goals; and
- ✓ Parenting infants and young children.

Data Sources

CA Hispanic Commission – Latino Family Services provided the following data for this evaluation report.

**Exhibit 6-1
Data Sources Available for This Chapter**

Data Source	Available for This Chapter
Progress Report	☑
Custom Program Evaluation Outcomes	☑
First 5 Solano CBO Survey	☑
OCERS Data	☑
Key Informant Interview	☑

**Priority 1:
Health and Well-Being**

Services Provided

The following provides a summary of It's About My Baby's target objectives for service delivery as well as the actual progress achieved during the 2004-05 fiscal year.

Target Objective	Exceeded	Met	Partially Met	Not Met
Staff will develop outreach and marketing materials to recruit teens and providers.		✓		
Staff will actively participate in the 8 Prenatal Collaborative meetings.	✓			
Staff will maintain referral protocols and systems with Prenatal Collaborative, healthcare providers, schools and other community partners.		✓		
Staff will plan a community education campaign to prevent pregnancy and promote early prenatal care with media materials and public relations activities.		✓		
Staff will recruit and enroll 50 pregnant teens into case management.	✓			
Staff will assess and develop a social support plan 50 clients.	✓			
Staff will conduct 360 individual counseling sessions with clients.	✓			
Staff will conduct 48 group counseling sessions (weekly).	✓			
Staff will provide weekly on-going case management review for 50 clients.	✓			
Staff will conduct 24 prenatal and/or parenting education sessions for pregnant teen, family members and/or fathers in conjunction with North Bay ABC.	✓			
50 new clients will be linked to prenatal care.	✓			
Staff will enroll 50 clients in medical insurance programs and other available financial support as available.	✓			
Staff will provide 400 transportation services for medical visits and education and support sessions.	✓			
Staff will provide child care services for medical visits and education and support sessions.		✓		
Staff will conduct 1 home visits with each client.	✓			
Teens will be linked to job readiness and skills development classes and school completion.		✓		
Staff will provide 1 individual postnatal sessions for those who deliver during the contract period.	✓			
Staff will refer new parents to parenting classes and other on-going support services.		✓		

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Health and Well-Being**

Challenges to Effective Service Provision

Grantee

The following on-going challenges were reported:

- Outreach to potential clients as well as providers about the availability and type of services;
- Difficulty in getting speakers for the group educational sessions (particularly those that keep the interest of teens); and
- Eliminating cultural myths among participants about the importance of prenatal care.

What are the Characteristics of Clients Served?

- Client racial/ethnic breakdown is as follows: 50% Latino, 6% White, 1% Biracial/Multiracial/Other, and the remaining 43% unknown.
- **57 families** and **35 children** ages 0-5 years were served in the time period from July 1, 2004 to June 30, 2005:
 - Of the families served, 100% were eligible for MediCal and WIC and 10.5% were eligible for CalWORKS.
- Additionally, 30% of clients received services in Spanish. Materials and services were designed and adapted to be culturally appropriate for Hispanic/Latino clients.

How are Children and/or Families Better Off as a Result of this Program?

CA Hispanic Commission – Latino Family Services tracked the following outcomes for program participants through client records including intake and follow-up assessments and found the following results for the period from July 1, 2004 to June 30, 2005.

Outcome Indicator	Number	Percent
Number and percent of program participants who entered prenatal care in the FIRST trimester	33	58%
Number and percent of program participants who entered prenatal care in the SECOND trimester	18	32%
Number and percent of clients who have attended at least 75% of their scheduled prenatal appointments	49	86%

**Priority 1:
Health and Well-Being**

Outcome Indicator	Number	Percent
Number and percent of participants who increased their knowledge of healthy pregnancies and their own bodies and health	49	86%
Number and percent of participants who increased their knowledge of how to care for their infant's health and safety	49	86%
Number and percent of participants' babies who have a medical home	49	86

86% of clients regularly attended at least 75% of their scheduled prenatal care appointments. The provision of regular transportation to and from appointments contributed to the high success rate.

Similarly, 86% of clients reported/demonstrated (which one is it) increased knowledge of their bodies, pregnancy and birth, as well as infant care. Through a combination of individual counseling and group educational sessions, clients were provided with information on a broad range of topics including CPR, Lamaze, nutrition, immunizations and more.

How are Providers and/or Systems Better Off as a Result of this Program?

In terms of impact on providers and systems, It's About My Baby accomplished the following with First 5 Solano support:

Service Integration and Collaboration

- Establishing and/or strengthening contacts with other organizations who serve children 0-5 and their families,
- Collaborating with other organizations to develop or refine services,
- Collaborating with other organizations by conducting more outreach with other providers.

Service Access

- Materials were available in Spanish for clients.

Provider Capacity

- Increased the appropriateness of services for families with different ethnic backgrounds.
- Increased the cultural sensitivity of its staff.
- Increased the number of staff who are culturally and linguistically reflective of the clients they serve.
- Increased staff awareness of other community services/resources.
- Participation in interagency training.

**Priority 1:
Health and Well-Being**

Changes in Service Delivery Over the 2004-05 Fiscal Year

In the 2004-05 fiscal year, It's About My Baby experienced an increase in the following aspects of their service delivery:

- The number of referrals for services the program gets;
- The number of referrals the program makes;
- The number of children/families the program serves;
- Frequency of serving family units (in contrast to individual participants);
- Frequency of providing preventive services (in contrast to crisis intervention);
- Frequency of providing services in families' homes;
- Public awareness of program services and resources; and
- Frequency of specific efforts to improve the quality of services children or families can receive.

**Priority 1:
Health and Well-Being**

Chapter 7: Everlasting Hope Ministries: Nubian Prenatal Mentoring Program (Prenatal Care Initiative)

Project Name	Funded Amount
Everlasting Hope Ministries Nubian Prenatal Mentoring Program	\$180,000 10/01/2003-06/30/2005

Program Overview

The Nubian Prenatal Mentoring Program provides mentoring services to pregnant African American women between the ages of 18-35 in order to support them in:

- ✓ Having a healthy pregnancy;
- ✓ Attaining educational goals; and
- ✓ Parenting infants and young children.

Data Sources

Everlasting Hope Ministries provided the following data for this evaluation report.

**Exhibit 7-1
Data Sources Available for This Chapter**

Data Source	Available for This Chapter
Progress Report	☑
Custom Program Evaluation Outcomes	☑
First 5 Solano CBO Survey	☑
OCERS Data	☑

**Priority 1:
Health and Well-Being**

Services Provided

The following provides a summary of the Nubian Prenatal Mentoring Program's target objectives for service delivery as well as the actual progress achieved during the 2004-05 fiscal year.

Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Staff will distribute recruitment materials for mentors through local churches and organizations.		✓			
8 mentors will be recruited and selected from the community as needed.	✓				
Staff will develop 10-hour training curriculum.		✓			
Staff will provide 10 hours of training to mentors.		✓			
Staff will develop a resource library to provide on-going information for mentors.					
Staff will provide monthly training and TA meetings for mentors.		✓			
Staff will implement community outreach through 10 local programs, community events, churches and healthcare providers to recruit pregnant women.	✓				
Staff will contact interested women.		✓			
Staff will contact women referred from BIH and community organizations and contact 100 percent of referrals.			✓		Objective was partially met due to the transitory nature of clients (clients have unstable living situations and often leave the area).
Staff will enroll and assess needs of 15 women.		✓			
Staff will develop individualized mentoring plans for 15 women.		✓			
Mentors will provide mentoring weekly sessions with 15 women.			✓		Objective was partially met due to the transitory nature of clients.
Staff will coordinate case management with BIH or other providers.			✓		Referrals were provided but lack of an MOU prevented the inter-agency coordination
Staff will attend Prenatal Consortium Meetings.	✓				
Mentors and staff will provide 1 prenatal and 1 postnatal home visits for 20 women.			✓		Objective was partially met due to the transitory nature of clients.
Staff and mentors will implement monthly group activity sessions with pregnant women.		✓			
Staff will develop plans for social support and healthy alternatives for 15 women and their families.		✓			
Staff will develop plan for an annual graduation, reunion and volunteer recognition event.	✓				
Referral plans will be developed for 8 postpartum women.	✓				
Staff will develop 16-hour prenatal educational curriculum.	✓				
Staff will recruit practitioners to present education sessions.	✓				
Staff will implement 4 educational sessions for 20 women.			✓		2 sessions were held for 20 women. Staff expanded the timeframe and curriculum of the sessions.

**Priority 1:
Health and Well-Being**

Challenges to Effective Service Provision

The following challenges were reported:

- For several of the program’s clients, homelessness is a real issue and presents real challenges in terms of focusing their attention on the health and well-being of themselves and their children.
- The design of the program, a mentoring format, has been difficult for some of Solano’s social services agencies to understand and with which to become comfortable. As a consequence, building trust within the community with both providers and clients has been a focus.
- Recruiting clients who are in the early stages of their pregnancy has been challenging as they often don’t know that they are pregnant or they are not ready to deal handle the responsibility and the implications.
- Challenges in stabilizing and retaining program staff were experienced by this program and impacted their ability to meet several service objectives.

What are the Characteristics of Clients Served?

- The racial/ethnic breakdown of client’s is as follows: 100% African American.
- **15 families** and **1 child** ages 0-5 years were served in the time period from July 1, 2004 to June 30, 2005.
 - Of the families served, 80% were eligible for MediCal and 93% were eligible for CalWORKS .
- Materials and services were designed and adapted to be culturally appropriate for African-American clients.

How are Children and/or Families Better Off as a Result of this Program?

Everlasting Hope Ministries tracked outcome data through client logs, and pre and post test assessments for program participants and found the following results for the period from July 1, 2004 to June 30, 2005.

Outcome Indicator	Number	Percent
Number and percent of mentors who increased their skills and knowledge to provide mentoring to at-risk pregnant African-American women	6	60%
Number and percent of participants who increased their knowledge of healthy pregnancies and their own bodies and health	15	75%

**Priority 1:
Health and Well-Being**

Outcome Indicator	Number	Percent
Number and percent of participants who increased their knowledge of how to care for their infant's health and safety	15	75%

Through nurturing meaningful and personal relationships between the mentor and mentee (client) and linkages with other service providers including Black Infant Health, Nubian Prenatal Mentoring Program has been very effective given that it is the early stages of implementation (4 months). Efforts to build awareness of the program and trust among the provider and client community will continue.

How are Providers and/or Systems Better Off as a Result of this Program?

In terms of impact on providers and systems, Everlasting Hope Ministries accomplished the following with First 5 Solano support:

Service Integration and Collaboration

- Sharing data about families across programs (BIH), collaborating with other organizations to develop or refine services, and conducting more outreach with other providers.
- Increased the frequency with which program staff shares relevant client information with staff from other agencies.

Service Access

- Decreased the distance of service locations from participants.

Use of Research-Based Best Practices and Tools

- Shared best practices with other organizations.

Provider capacity

- Increased staff awareness of other community services/resources.
- Participation in interagency training.

Changes in Service Delivery Over the 2004-05 Fiscal Year

In the 2004-05 fiscal year, Everlasting Hope Ministries experienced an increase in the following aspects of their service delivery:

- The number of referrals for services the program gets;
- The number of referrals the program makes;
- The number of children/families the program serves; and
- Public awareness of program services and resources.

**Priority 1:
Health and Well-Being**

**Chapter 8: Solano County Health & Social Services:
Prenatal Care Guidance-Teens
(Prenatal Care Initiative)**

Project Name	Funded Amount
Solano County Health & Social Services Prenatal Care Guidance-Teens	\$192,972 ⁶ 11/01/03 to 6/30/07

Program Overview

The Prenatal Care Guidance (PCG)-Teen program provides comprehensive services to high-risk psycho-social pregnant and parenting teens under age 20, including clients who are homeless, have mental illness, post partum depression and/or have experienced domestic violence. Additionally, the PCG-Teen program provides consultation services to the other teen programs, and may co-case manage a client that is experiencing psychosocial issues. PCG-Teen assists teens with:

- ✓ Having a healthy pregnancy;
- ✓ Attaining educational goals;
- ✓ Linking to necessary mental health services;
- ✓ Preventing repeat pregnancies by creating a family plan; and
- ✓ Parenting infants and young children.

Data Sources

Solano County Health & Social Services provided the following data for this evaluation report.

**Exhibit 8-1
Data Sources Available for This Chapter**

Data Source	Available for This Chapter
Progress Report	☑
Custom Program Evaluation Outcomes	☑
First 5 Solano CBO Survey	☑
OCERS Data	☑
Key Informant Interview	☑

**Priority 1:
Health and Well-Being**

Services Provided

The following provides a summary of Prenatal Care Guidance-Teen’s target objectives for service delivery as well as the actual progress achieved during the 2004-05 fiscal year.

Target Objective	Exceeded	Met	Partially Met	Not Met
HSS-PCG - Direct Services – Case Management	✓			
HSS-PCG will conduct 3 outreach events in hot spot areas	✓			
HSS-PCG will conduct 5 monthly outreach and education contacts, including community meetings and to services providers to promote referrals to PCG-Teens	✓			
HSS-PCG Systems Change Support Activities	✓			

Challenges to Effective Service Provision²

As mentioned above, the PCG-Teen program serves high-risk psychosocial pregnant and parenting teens. We are pleased to be reaching a level of teen clients traditionally hard-to-reach in this community. As mentioned above, some clients are homeless, abusing substances during pregnancy, and/or associated with the criminal justice system. These clients need intensive services to stabilize them in order to support a healthy pregnancy. The case management is intensive and the numbers of clients in need are high (as noted by the year to date caseload).

What are the Characteristics of Clients Served?

- Served **57 families and 25 children** ages 0-5 years in the time period from July 1, 2004 to June 30, 2005:
 - Of the families served, 88% were eligible for MediCal
 - Of the children served, 88 % of the total numbers of children were eligible for MediCal.
- Materials designed and services adapted to be culturally appropriate for Hispanic/Latino clients, African-American clients, White rural clients, and teens.

² First 5 Solano Year End Report for FY04-05

**Priority 1:
Health and Well-Being**

How are Children and/or Families Better Off as a Result of this Program?

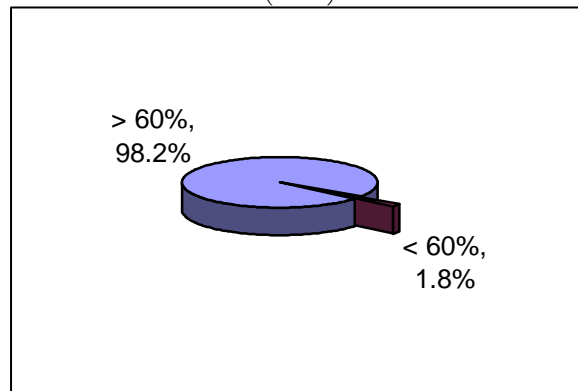
PCG-Teen tracked the following outcome data in the PCG data system, client health records, and the OCERs data system for program participants and found the following results for the period from July 1, 2004 to June 30, 2005.

**Exhibit 8-2
Trimester In Which Prenatal Care Guidance-Teen Clients
Entered Prenatal Care**

Trimester Client Entered Care	1st	2nd	3rd	Total
Number	32	16	3	51
Rate	62.7%	31.4%	5.9%	100.0%

In general, teens do not often realize that they are pregnant early in their pregnancy. Thus, linking them into care during the first trimester is a challenge. Additionally, recent data from the Prenatal Care Guidance program (PCG) reveals that half the women that enter the program do not enter prenatal care within 30 days.⁷ Additionally, over the past two years, the number of Comprehensive Perinatal Service Providers (CPSP) in Solano County was reduced by half, thus presenting significant challenges to increasing the number of women entering early care.⁸

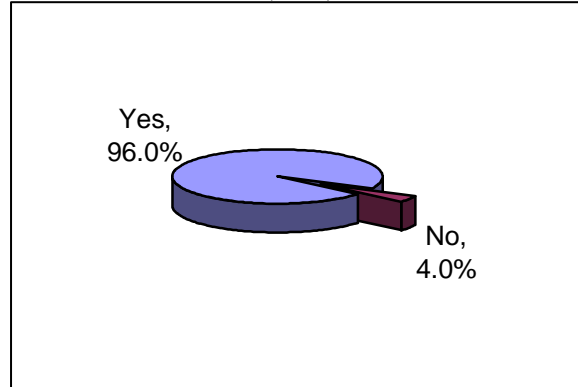
**Exhibit 8-3
Percent of Prenatal Care Guidance-Teen Clients Attending At Least 60% of
Scheduled Prenatal Care Appointments
(n=57)**



98.2% of PCG-Teen clients attend at least 60% of their scheduled prenatal care appointments. The provision of a Social Worker III that provides consultation to clients as well as to partner agencies has been an effective addition to the program and the Teen Collaborative.

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Health and Well-Being**

**Exhibit 8-4
Percent of Infants of Teens in Program
Who Are Linked to Medical Home Provider
(n=25)**



Case management has been a highly effective strategy in linking newborns to a medical home provider (primary care physician), resulting in 96% of infants born to client in PCG-Teens having a medical home. Since Solano Kids Insurance Program (SKIP) joined the Prenatal Collaborative, PCG-Teen and other Teen Initiative members have received training on insurance eligibility and enrollment which has increased their understanding of the process and their ability to access resources for their clients. SKIP has been a very useful resource in linking teens, their newborns and other eligible family members with medical insurance.

How are Providers and/or Systems Better Off as a Result of this Program?

In terms of impact on providers and systems, Prenatal Care Guidance-Teens accomplished the following with First 5 Solano support:

Service Integration and Collaboration

- First 5 Solano assisted Prenatal Care Guidance-Teen with establishing and/or strengthening contacts with other organizations who serve children 0-5 and their families, sharing data about families across programs, and collaborating with other organizations to identify children's needs.
- Collaborated with other organizations by collaborating with other organizations to develop or refine services, pooling dollars with other agencies to serve young children and their families, conducting more outreach with other providers, and co-locating service with other agencies.
- Increased the frequency with which program staff shares relevant client information with staff from other agencies.

Service Access

- Services were specialized or adapted to meet the needs of children with disabilities or other special needs – services offered were for children with disabilities including serious emotional disturbances.
- Materials were available in Spanish for clients.

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Use of Research-Based Best Practices and Tools

- Shared best practices with other organizations.

Provider Capacity

- Increased the appropriateness of services for families with different ethnic backgrounds.
- Increased the cultural sensitivity of its staff.
- Increased the number of staff who are culturally and linguistically reflective of the clients they serve.
- Increased staff awareness of other community services/resources.

Funds Leveraged

As a result of First 5 Solano funding, Prenatal Care Guidance-Teen has been able to leverage additional funds in the past 12 months from federal and state matching funds, Maternal and Child Health. During the 2004-2005 FY, PCG-Teen secured an estimated \$36,144 for this project.

Additional ways providers and systems are better off as a result of First 5 Solano's support for Prenatal Care Guidance-Teen:

- Expanded and began providing services at this organization.
- Participation in interagency training.
- Provided consultation services to other pregnant/parenting teen Collaborative partners for their high-risk teen clients.
- Teens are more aware of the importance of prenatal care through targeted and coordinated outreach and public education efforts of not only AFLP but all members of the Collaborative.
- Providers have received training and information about how best to meet the needs of teens through a partnership with Partnership Health Plan.

Changes in Service Delivery Over the 2004-05 Fiscal Year

In the 2004-05 fiscal year, Prenatal Care Guidance-Teen experienced an increase in the following aspects of their service delivery:

- The number of referrals for services the program gets;
- The number of referrals the program makes;
- The number of children/families the program serves;
- Frequency of serving family units (in contrast to individual participants);
- Frequency of providing preventive services (in contrast to crisis intervention);
- Frequency of providing services in families' homes;
- Frequency with which program staff share relevant information about children and families among themselves;
- Public awareness of program services and resources;
- Frequency of specific efforts to improve the quality of services children or families can receive; and
- The extent to which evaluation data are used to inform program improvement.

**Priority 1:
Health and Well-Being**

**Chapter 9: Youth and Family Services: Prenatal Program for Teens
& African-American Women (Prenatal Care Initiative)**

Project Name	Funded Amount
Youth and Family Services Prenatal Program for Teens & African-American Women	\$31,232 10/2003 to 06/2007

Program Overview

Youth and Family Services (YFS) Prenatal Care Program- Teens (PCG-Teens) provides comprehensive services to pregnant and parenting teens and African American women or who are two months post partum that may have difficulty being compliant in other programs. In addition, clients may be associated with the criminal justice system or at risk of or abusing substances during pregnancy, assisting them with:

- ✓ Having a healthy pregnancy;
- ✓ Attaining educational goals;
- ✓ Providing life skills, substance abuse assessments and linkages to treatment; and
- ✓ Parenting infants and young children.

Data Sources

Youth and Family Services provided the following data for this evaluation report.

**Exhibit 9-1
Data Sources Available for This Chapter**

Data Source	Available for This Chapter
Progress Report	☑
Custom Program Evaluation Outcomes	☑
First 5 Solano CBO Survey	☑
OCERS Data	☑
Key Informant Interview	☑

**Priority 1:
Health and Well-Being**

Services Provided

The following provides a summary of PCG-Teens' target objectives for service delivery as well as the actual progress achieved during the 2004-05 fiscal year.

Target Objective	Exceeded	Met	Partially Met	Not Met
Direct Services - Case Management	✓			
Systems Change Support Activities		✓		

Challenges to Effective Service Provision

Youth and Family Services did not report any challenges to service delivery for this reporting period.

What are the Characteristics of Clients Served?

- Client racial/ethnic breakdown is as follows: at least 43% African American, and the other 57% unknown.
- Served **37 families** and **37 children** ages 0-5 years in the time period from July 1, 2004 to June 30, 2005:
 - Of the families served, 88% were eligible for MediCal
 - Of the children served, 88 % of the total numbers of children were eligible for MediCal.
- Materials were designed and services adapted to be culturally appropriate for African-American clients, substance abusing women/mothers, and teens.

How are Children and/or Families Better Off as a Result of this Program?

Youth and Family Services tracked the following outcomes for program participants through client screening and follow-up assessments, OCERS data and service logs and found the following results for the period from July 1, 2004 to June 30, 2005.

**Exhibit 9-2
Trimester In Which PCG-Teens Teen Clients
Entered Prenatal Care**

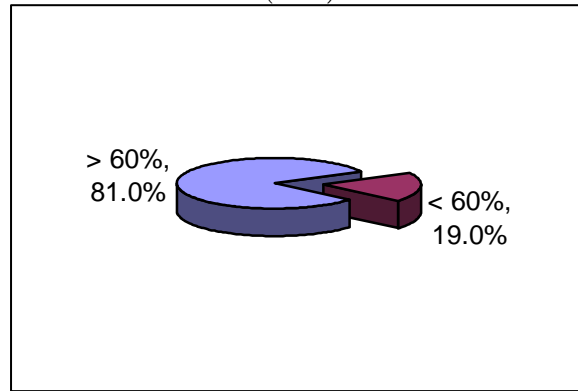
Trimester Client Entered Care	1st	2nd	3rd	Total
Number	18	3	0	21
Rate	85.7%	14.3%	0%	100.0%

In general, teens do not often realize that they are pregnant early in their pregnancy. Thus, getting them into early care (first trimester) can be difficult. Recent data from the Prenatal Care Guidance

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Health and Well-Being**

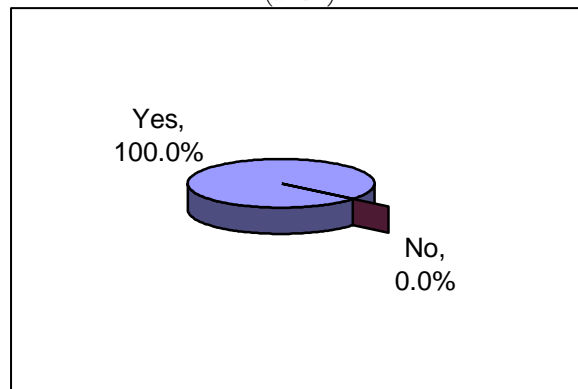
program (PCG) reveals that half the women that enter the program do not enter care within 30 days. NOTE: the PCG program is different from the PCG-Teen program. PCG aims to link pregnant women to insurance and a prenatal appointment. PCG-Teens provides case management and care coordination for pregnant parenting teens. Both programs are Collaborative partners, but only PCG-Teens is a funded agency. Over the past two years, the number of Comprehensive Perinatal Service Providers (CPSP) in Solano County has reduced by half, thus presenting significant challenges to increasing the number of women entering care early. .

**Exhibit 9-3
Percent of PCG-Teens Clients Attending At Least 60% of
Scheduled Prenatal Care Appointments**
(n=21)



81% of PCG-Teens clients attend at least 60% of their scheduled prenatal care appointments, thus meeting their objective for this initiative. Many of the clients served are at risk of or are abusing substances during pregnancy and/or may be associated (or their partner) with the criminal justice system.

**Exhibit 9-4
Percent of Infants of Teens in PCG-Teens
Who Are Linked to Medical Home Provider**
(n=21)



Case management has been a highly effective strategy in linking newborns to a medical home provider (primary care physician), resulting in 100% of infants born to clients in PCG-Teens having a medical home. Since Solano Kids Insurance Program (SKIP) joined the Prenatal Collaborative,

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YFS and other Teen Initiative members have received training on insurance eligibility and enrollment, which has increased their understanding of the process and their ability to access resources for their clients. SKIP has been a very useful resource in linking teens, their newborns and other eligible family members with medical insurance.

**Exhibit 9-5
Trimester in Which PCG-Teens African-American Clients
Entered Prenatal Care**

Trimester Client Entered Care	1st	2nd	3rd	Total
Number	14	2	0	16
Rate	88%	12%		100%

These data measure the number and percent of clients entering prenatal care each trimester. The optimal time to enter prenatal care is the first trimester (early care). In Solano County, nearly a quarter (24.2%) of all pregnant women do not enter early prenatal care. PCG-Teens and other Collaborative partners surpassed the overall County data, despite the challenges pregnant women face entering care early (see above).

In addition, 88% of African American clients in the program attended at least 60% of the scheduled prenatal care appointments.

How are Providers and/or Systems Better Off as a Result of this Program?

In terms of impact on providers and systems, YFS Prenatal Program accomplished the following with First 5 Solano support:

Service Integration and Collaboration

- First 5 Solano assisted YFS Prenatal Program with establishing and/or strengthening contacts with other organizations who serve children 0-5 and their families, sharing data about families across programs, and collaborating with other organizations to identify children’s needs.
- Collaborated with other organizations by collaborating with other organizations to develop or refine services, collaborating with other agencies on initiatives or applications for funds, and conducting more outreach with other providers.
- Increased the frequency with which program staff shares relevant client information with staff from other agencies.

Service Access

- Services were specialized or adapted to meet the needs of children with disabilities or other special needs – services offered were for children with disabilities including serious emotional disturbances.

Use of Research-Based Best Practices and Tools

- Shared best practices with other organizations.
- Did not use common assessments among organizations.

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Provider Capacity

- Increased the appropriateness of services for families with different ethnic backgrounds.
- Increased the cultural sensitivity of its staff.
- Increased the number of staff who are culturally and linguistically reflective of the clients they serve.
- Increased staff awareness of other community services/resources.

Funds Leveraged

As a result of First 5 Solano funding, YFS Prenatal Program has been able to leverage additional funds in the past 12 months from federal and state matching funds. As the lead agency, Solano County Health & Social Services secured an additional \$7,248 (estimated) for prenatal services for teens and African American women.

Additional ways providers and systems are better off as a result of First 5 Solano's support for YFS Prenatal Program:

- Expanded/began providing services at this organization.
- Participation in interagency training.
- YFS Provided information and referral linkage for substance abuse services and children mental health services

Changes in Service Delivery Over the 2004-05 Fiscal Year

In the 2004-05 fiscal year, YFS Prenatal Program experienced an increase in the following aspects of their service delivery:

- Frequency of serving family units (in contrast to individual participants);
- Frequency of providing preventive services (in contrast to crisis intervention);
- Frequency of providing services in families' homes;
- Frequency with which program staff share relevant information about children and families among themselves;
- Frequency with which program staff share relevant client information with staff from other agencies;
- Public awareness of program services and resources;
- Frequency of specific efforts to improve the quality of services children or families can receive; and
- The extent to which evaluation data are used to inform program improvement.

**Priority 1:
Health and Well-Being**

**Chapter 10: Solano Coalition for Better Health:
Solano Kids Insurance Program (SKIP)**

Project Name	Funded Amount
Solano Coalition for Better Health Solano Kids Insurance Program	\$200,000 10/01/2003-12/31/2004

Program Overview

Solano Kids Insurance Program (SKIP) provides health insurance application assistance to children at 300% or below the federal poverty level. SKIP provided application assistance for a total of 3,227 children and adults in 2004. Of this number, 748 were for age 5 and under (23% of total enrollment).

Data Sources

This evaluation is based on progress reports that SKIP submitted to First 5 Solano.

Services Provided

Enrollment

SKIP assigned workers to community and county clinics to screen and enroll eligible children in partnership with clinic staff. The goal of the **clinic strategy** was to increase marketing and outreach to uninsured children, ensuring that anyone who came into a clinic and was eligible for publicly funded health insurance was enrolled.

SKIP representatives are also assigned to each of the seven Solano County school districts. Under the **school strategy**, SKIP and school representatives identified 12 target schools including First 5 Solano's four School Readiness sites with a goal of achieving a 100% health insurance rate for students. **For 25 Solano County schools, including the four First 5 Solano School Readiness sites, 100% of students and their siblings now have health insurance coverage.** Once a school achieves the 100% insured rate, SKIP returns annually to re-check each school and work to return it to 100%. SKIP is finding that in the re-checks there is generally a higher insured rate than when they first screened the school and new schools are showing higher start rates, which SKIP attributes to increased awareness in each school district. According to SKIP: "The school strategy may prove to be one of our best retention tools as the process becomes more institutionalized."

SKIP staff also participated in more than 30 community events, including the CARES Forums.

Retention

To promote health insurance retention, SKIP intended to conduct health insurance education classes, but moved to one-on-one health insurance education at the time of enrollment because getting families to attend classes was very difficult. SKIP found that classes were effective when

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provided in conjunction with parent education classes already in existence in the community such as those at the Anna Kyle School Readiness site.

In terms of retention rates, at the time of the progress report writing, State retention rates for MediCal and Healthy Families were not available. Solano County staff did check 6-month retention rates for clients assisted by SKIP and found an 80% retention rate for MediCal and a lower 55% retention rate for Healthy Families. SKIP explains the lower retention rate is likely due in large part to disenrollment for non-payment of premium, suggesting this could also indicate an affordability issue. In 2005, SKIP is developing and implementing a focused strategy to retain these members. California Kids enrolment is showing a very high retention rate of 97-98%. According to SKIP: “This is a testament to local control of enrollment and disenrollment through SKIP and the connection SKIP staff have with the community it serves, particularly Latino families which is most of the California Kids enrollment.”

Utilization

SKIP also assists families with the utilization of health services. In 2004, SKIP handled more than 300 health access-related situations for families requiring intensive, hands-on case management.

SKIP also coordinated with Children’s Health Access Program (CHAP) and other community resources to facilitate immediate health care services for uninsured sick children. CHAP referred uninsured children to SKIP for health insurance screening and enrollment, and SKIP referred sick children to CHAP for access to needed health care services. SKIP reports receiving 10-20 referrals per month from CHAP.

Awareness

SKIP staff provided more than 80 orientations (exceeding the goal of providing 10 orientations) to various groups in the County including chambers, rotaries, school teachers, principals, superintendents, employees, public health nurses, eligibility staff and other community-based organizations.

Challenges to Effective Service Provision

SKIP encountered initial start-up challenges related to office space for SKIP clinic workers, office equipment, computer networking and modifying workflows for each clinic from long-established workflows. A strong commitment from each clinic has allowed SKIP to continue to move forward nonetheless.

During the funded period, a SKIP clinic representative took an unexpected four-month medical leave of absence, and the SKIP Director took a two-month leave of absence.

Also, as more children are insured, SKIP found an increasing need for case management assistance with either access to care or enrollment. Further, SKIP is now assisting more families with maintenance of their health coverage through the renewal process.

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ENDNOTES

¹ The Prenatal Care Guidance program provides services to pregnant clients in need of medical insurance and links them to prenatal care provider. Additionally, PCG plays a key role within the Collaborative by routing referrals to the appropriate partner agencies to services, including case management and care coordination.

² Comprehensive Perinatal Service Providers provide “enhanced” prenatal care services to Medi-Cal clients. The enhanced services include nutrition, health education, and psychosocial services, as well as prenatal care services

³ The total award for the African American Prenatal Initiative for 2004-2005 Fiscal Year was \$425,000. Of this amount, \$8,903 was awarded to YFS and \$69,677 to the Collaborative (H&SS as the lead agency). BIH was awarded \$346,420 for the 04-05 FY.

⁴ The Prenatal Care Guidance program provides services to pregnant clients in need of medical insurance and links them to prenatal care provider. Additionally, PCG plays a key role within the Collaborative by routing referrals to the appropriate partner agencies to services, including case management and care coordination.

⁵ Comprehensive Perinatal Service Providers provide “enhanced” prenatal care services to MediCal clients. The enhanced services include nutrition, health education, and psychosocial services, as well as prenatal care services.

⁶ The total award amount for the Teen Prenatal Initiative for the 04-05 FY was \$246,000. \$63,440 was awarded specifically to the PCG-Teen program.

⁷ The Prenatal Care Guidance program provides services to pregnant clients in need of medical insurance and links them to prenatal care provider. Additionally, PCG plays a key role within the Collaborative by routing referrals to the appropriate partner agencies to services, including case management and care coordination.

⁸ Comprehensive Perinatal Service Providers provide “enhanced” prenatal care services to MediCal clients. The enhanced services include nutrition, health education, and psychosocial services, as well as prenatal care services.

Priority 2

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Initiative and Grantee Partners

School Readiness Initiative

Fairfield-Suisun USD:
Anna Kyle Elementary School Readiness Program

Vallejo City USD:
Loma Vista Elementary School Readiness Program

Vacaville USD:
Markham Elementary School Readiness Program

Dixon USD:
Silveyville Primary School Readiness Program

ABCD Constructing Connections

First 5 Solano/International Child Resource Institute:
Child Care Quality Improvement Project/Mini-Grants

Children's Network:
Compensation and Retention Encourages Stability (CARES) Program

Child Start:
Head Start Program Full-Day Child Services

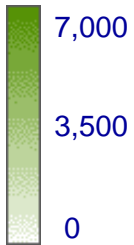
City of Benicia Parks and Community Services:
Stepping Stones Family Support Services Program



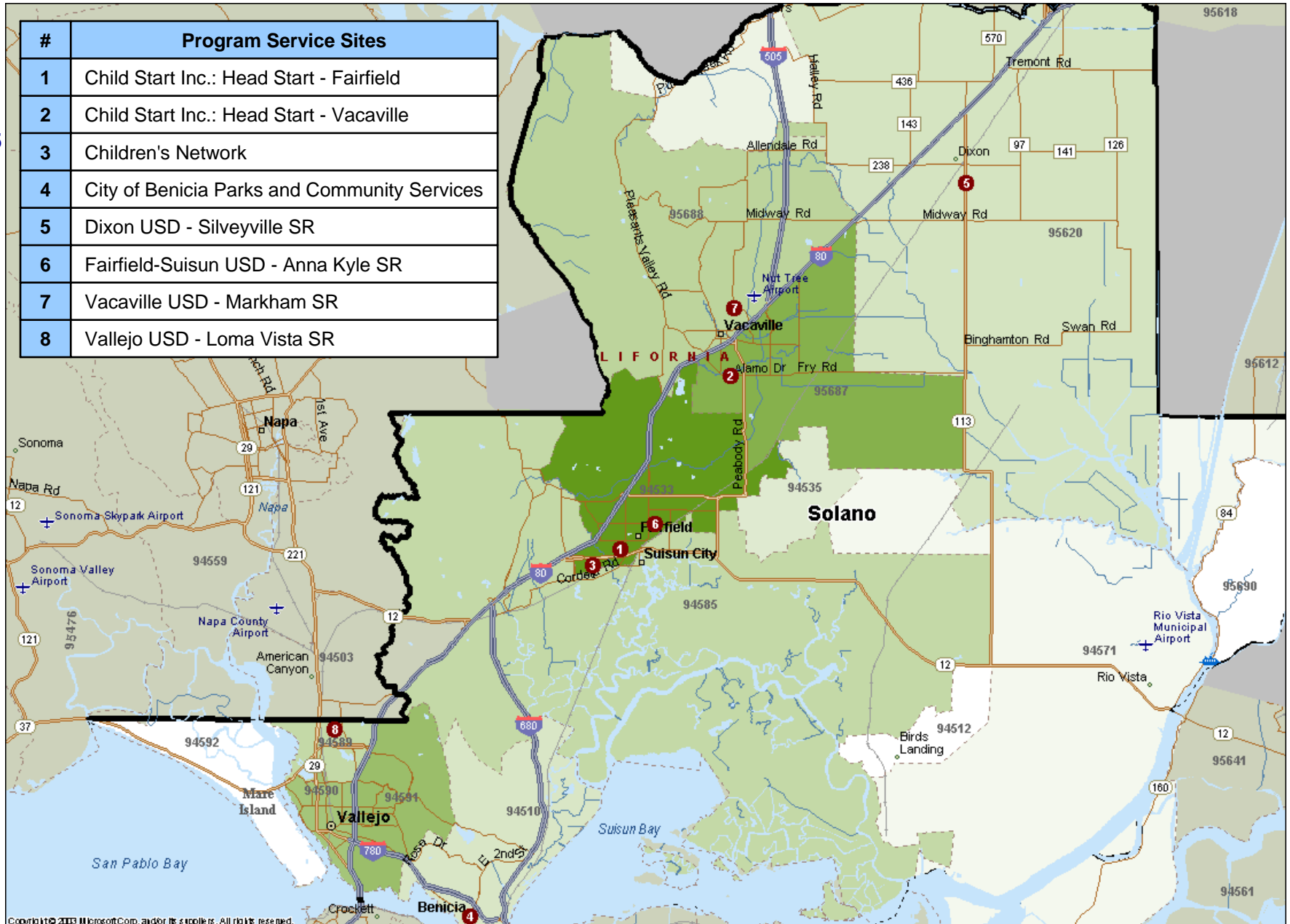
Solano Priority 2 Service Sites and Concentrations of Children 0-5

1 Service Sites

Children 0-5



#	Program Service Sites
1	Child Start Inc.: Head Start - Fairfield
2	Child Start Inc.: Head Start - Vacaville
3	Children's Network
4	City of Benicia Parks and Community Services
5	Dixon USD - Silveyville SR
6	Fairfield-Suisun USD - Anna Kyle SR
7	Vacaville USD - Markham SR
8	Vallejo USD - Loma Vista SR



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Chapter 11: School Readiness Initiative

Initiative Component	Funded Amount
School Readiness Initiative	\$3,237,044
Fairfield-Suisun Unified School District: Anna Kyle Elementary	\$837,044
Vallejo City Unified School District: Loma Vista Elementary	\$800,000
Vacaville Unified School District: Markham Elementary	\$800,000
Dixon Unified School District: Silveyville Primary School	\$800,000

Initiative Overview

The First 5 Solano School Readiness Initiative exists to provide services that help parents prepare their young children to enter school healthy, learning and ready to reach their greatest potential. First 5 Solano funds four school readiness programs in four catchment areas in Solano County (see sites listed above). The programs are designed to improve the transition from early care settings to elementary school and increase the parents', schools' and communities' capacity to promote the success of young children. The School Readiness Initiative engages families, community members, and educators in the important work of preparing children, birth to age five, for elementary school.

Data Sources

Each School Readiness site provided the following data for this evaluation report.

**Exhibit 11-1
Data Sources Available for This Chapter**

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
KRA Assessment (Child and Parent Data)	<input checked="" type="checkbox"/>
First 5 Solano CBO Survey	<input checked="" type="checkbox"/>
OCERS Data	<input checked="" type="checkbox"/>
Key Informant Interviews	<input checked="" type="checkbox"/>

Services Provided

Each school readiness site is funded separately through First 5 Solano and has its own target objectives and activities that it is responsible for meeting. While the School Readiness Initiative as a whole does not have explicitly stated objectives or activities, the four sites and the First 5 Solano School Readiness Coordinator do meet on a monthly basis as a group to coordinate activities and share information. Additionally, there are several common objectives and activities across each school readiness site, as shown below.

Priority 2: Early Childhood Learning and Development

Activities conducted at all four First 5 Solano school readiness sites:

- Provide materials and enrollment information to parents with children entering kindergarten
- Provide child care referrals
- Provide parent education workshops and support (information about child care, child development, and child abuse prevention)
- Provide an Academy for children entering kindergarten
- Hold community health and informational fairs

For a summary of target objectives for each school and their progress made towards those objectives in Fiscal Year 2004-05, please refer to those individual grantee chapters.

How are Children and/or Families Better Off as a Result of this Program?

In 2004, evaluators conducted a Kindergarten Entry Profile (KEP) study¹ at each School Readiness site funded through First 5 Solano: Silveyville, Anna Kyle, Markham, and Loma Vista Elementary Schools². The study consists of assessments of individual children by kindergarten teachers (the Modified Desired Results Developmental Profile Child Survey) and a survey of kindergarteners' parents. The data from the study provide a profile of kindergarteners' readiness to begin school in those regions targeted by First 5 Solano. The MDRDP is a cohort study, providing a "snapshot" of readiness among a group of kindergarteners at School Readiness sites at a point in time. With each subsequent year the MDRDP is administered in First 5 Solano School Readiness Catchment Areas, the results will provide an over-time evolutionary picture of school readiness among the groups of children studied across years.

Children

The Modified Desired Results Developmental Profile Child Survey (MDRDP)—a subset of questions from Desired Results Developmental Profile developed by the California Department of Education—is a teacher-completed observation checklist. It includes items about four of the five dimensions of children's readiness for school: Cognition and General Knowledge; Communicative Skills; Emotional Well-Being and Social Competence; and Approaches to Learning. (The fifth dimension, Health, is covered in the parent survey.)

Each dimension includes between three and twelve items (see report sections on individual dimensions for listings of items). Teachers assess the level of mastery for each individual child according to a four-point scale. Children that demonstrate a "3" or "4" are assessed as having "Almost" or "Fully" mastered an item, respectively.

Overall, kindergarteners in the First 5 Solano School Readiness Catchment Areas had average or close-to-average competencies across all four MDRDP dimensions when compared to kindergarteners in other First 5 School Readiness programs throughout California, as seen in Exhibit

¹ The complete 2004-2005 Kindergarten Readiness Assessment is included in the appendix of this report.

² Silveyville Elementary participates in the state's School Readiness evaluation and therefore was not included in the data collection conducted by local evaluators. The state did provide raw data for Silveyville and it is incorporated into this report with the other school data..

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11-2 below. The percentage of children at Solano School Readiness sites who almost or fully mastered each dimension ranged from 39 to 70 percent.³

Exhibit 11-2

Percentage of Children Who Fully Mastered or Almost Mastered All Items in each Dimension		
Dimension	Percent Fully Mastered or Almost Mastered	
	Statewide	First 5 Solano School Readiness Catchment Areas
Approaches to Learning	39%	35%
Emotional Well-Being	37%	32%
Communicative Skills	33%	30%
Cognition and General Knowledge	25%	21%

In some specific categories, scores for children in catchment areas are higher than state averages, as seen below.

Exhibit 11-3

<p>Cognitive and General Knowledge</p> <ul style="list-style-type: none"> ▪ Uses pretend writing during play activities (55% compared to 54%) ▪ Uses pictures and letters to express thoughts and ideas (59% compared to 56%) <p>Emotional Well-Being</p> <ul style="list-style-type: none"> ▪ Follows rules when participating in routine activities (68% compared to 67%) ▪ Comforts self and controls the expression of emotion with adult guidance (70% compared to 66%)
--

When looking at individual school data, rather than looking at the School Readiness Catchment area as a whole, evaluators found different competencies for children based on the developmental stage of the School Readiness program. Competencies for children are higher at schools where the School Readiness program has been in operation longer. Findings related to MDRDP scores for individual school sites are presented in each school’s individual chapter of this report.

Parents

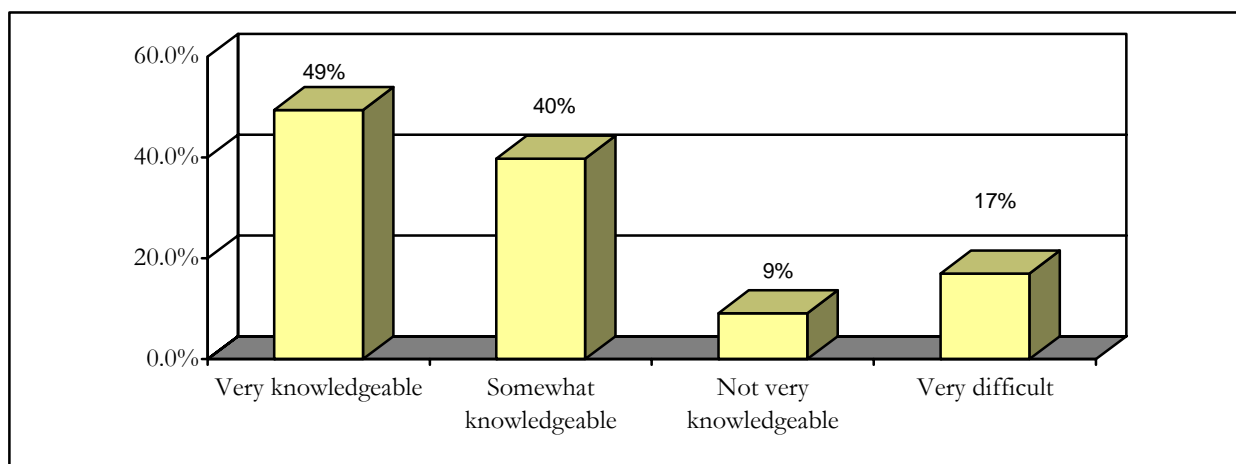
The Parent Survey administered as part of the Kindergarten Entry Profile collects parent-reported information about their child’s health and physical development, preschool and home experiences prior to kindergarten, and kindergarten transition activities.

³ Note that only schools rated lowest on the Academic Performance Index (API), usually in high-poverty neighborhoods with high-risk families, qualify for inclusion in the First 5 School Readiness program.

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Overall, parents rated their knowledge of child development very high. Eighty-nine percent of parents say they are either somewhat or very knowledgeable about child development.

Exhibit 11-4



Parents reported that they engaged frequently in development activities with their child. On a scale of 1 to 4 with 1 being “not at all” and 4 being “frequently (daily),” the mean for each of the following activities ranged from 3.0 to 3.7.

Exhibit 11-5	
In the 12 months before this child started kindergarten, how often did you or anyone else in this household...	First 5 Solano School Readiness Catchment Areas
Practice counting with this child (n=174)	3.7
Practice daily routines of getting ready for school with this child (e.g. bedtime, morning schedule) (n=175)	3.7
Practice kindergarten skills with this child (such as holding a pencil, cutting with scissors, counting, colors, shapes, letters) (n=177)	3.6
Practice self-help skills with this child (such as zipping clothes, buttoning, tying shoes) (n=178)	3.6
Read stories to this child (n=174)	3.5
Play active games (e.g. toss a ball, skip, jump, climb) (n=179)	3.5
Play games that describe how items are the same or different (e.g. matching games or card games like “Go Fish”) (n=175)	3.1
Play games that order objects from smallest to largest (e.g. orders various circle sizes, nests cups, lines up from shortest to tallest) (n=169)	3.0

The majority of kindergarteners received at least some child care directly from their parents or a relative (70.7%), and another 52% attended preschool, Head Start or went to a childcare center.

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Exhibit 11-6	
Prior to Entry into Kindergarten, where did this child spend time on a regular basis? (n=181)	First 5 Solano School Readiness Catchment Areas
At home with his/her parent or relative	70.2%
Preschool, Head Start or childcare center	52.0%
At someone else's home under someone else's care	12.7%
In a family childcare home	7.7%
Summer camp	4.4%
Other	4.4%

*The sum of percentages is greater than 100% because respondents could check all that apply.

Most commonly (68.1%), parents received a letter or other written information from their child's school prior to the start of kindergarten. The majority (62.8%) also toured the school or visited a classroom, participated in activities at the school (53.7%) or met with the principal or other school staff (50.9%).

Exhibit 11-7	
In the 12 months prior to entry into Kindergarten, did you or anyone else in this child's household...	First 5 Solano School Readiness Catchment Areas
Meet with a kindergarten teacher (n=168)	48.8%
Meet the elementary school principal or other school staff (n=163)	50.9%
Participate in school-wide activities (n=164)	53.7%
Tour the school and/or visit a kindergarten classroom (n=164)	62.8%
Receive a letter or other written information from your child's school on how to help get your child ready for kindergarten? (n=166)	68.1%
Receive a phone call or home visit (n=163)	20.2%
Have your child's skills and development assessed (n=164)	35.2%

*The sum of percentages is greater than 100% because respondents could check all that apply.

The majority of parents enrolled their child into kindergarten a few months before kindergarten (72.1%). Only a small percent of parents (8.2%) enrolled their child on the first day or after the first day of kindergarten.

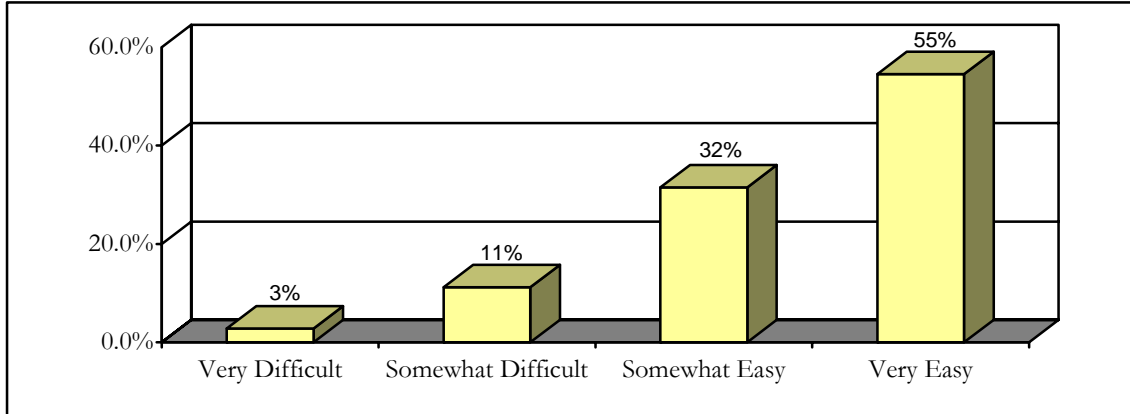
Exhibit 11-8	
When Child Enrolled in Kindergarten (n=172)	First 5 Solano School Readiness Catchment Areas
During the few months before kindergarten	72.1%
A few weeks before kindergarten began	20.0%
On the first day of kindergarten	4.1%
After school started	4.1%

*The sum of percentages is greater than 100% due to rounding.

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Only a small percentage of parents (14%) reported that the first weeks of kindergarten were somewhat or very difficult for their child. The majority (86%) reported that it was easy or very easy for their child.

Exhibit 11-9
How difficult or easy were the first weeks of kindergarten for this child?
(n=178)



KEY FINDINGS

- Parents at First 5 Solano School Readiness sites reported they are engaging in a host of school readiness activities with their child.
- Parents have a significant amount of contact with schools prior to their child's enrollment in kindergarten.
- Very few parents receive home visits or have their child's skills and development assessed prior to the start of kindergarten. This could be an area of expansion for the First 5 School Readiness Initiative in Solano County.

Evaluators looked at key school readiness activities engaged in by parents and conducted statistical analysis to determine whether any of the activities can be correlated to higher child scores on the MDRDP. **Across the board, children whose parents engaged in school readiness activities were more likely to have almost mastered or fully mastered all items within each dimension of the MDRDP** (although not all of the findings were statistically significant, it is interesting to note that this finding was consistent across each activity in each dimension).

In general children whose parents had contact with the school principal or other school staff prior to the start of kindergarten or were enrolled in preschool, Head Start or other childcare centers were more likely to have fully or almost mastered all items in dimensions of the MDRDP. Statistically significant findings are presented below.

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**Exhibit 11-10
Percentage of Kindergarteners Who Almost or Fully Mastered
All Items Within Dimension**

MDRDP Dimension	Attended preschool, Head Start or childcare center	Did Not Attend preschool, Head Start or childcare center
Communication Skills	40%	17%
Approaches to Learning	42%	20%
Cognition/General Knowledge	23%	10%
MDRDP Dimension	Met with principal prior to start of school	Did not meet with principal prior to start of school
Communication Skills	42%	19%
Approaches to Learning	41%	24%

How are Providers and/or Systems Better Off as a Result of this Program?

The major benefit of the School Readiness Initiative, as identified by the School Readiness Site Coordinators, is the increased collaboration and information-sharing that has taken place, both among the coordinators in each school readiness catchment area and among service providers within each catchment area. School Readiness Site Coordinators reported that the School Readiness Initiative has assisted their schools and communities in the following ways:

- Better able to share data about families across programs;
- Increased outreach with other service providers;
- Integrated and co-located services with other providers;
- Sharing of best practices with other organizations;
- Improved communication about skills related to school readiness between school personnel and preschool/child care providers;
- Participation in shared trainings; and
- Increased provider capacity.

Changes in Service Delivery Over the 2004-05 Fiscal Year

The School Readiness Initiative is now in its third year of implementation and has begun to refine its service delivery. The families, schools, and community in the catchment areas have benefited from the expertise of the school readiness staff and the improved delivery of the multiple services offered through the school readiness programs. In the 2004-05 fiscal year, the School Readiness Initiative experienced increases in the following aspects of their service delivery:

- Number of referrals the programs receive;
- Number of referrals the program makes;
- Number of children and families the programs serve;
- Public awareness of program services and resources;
- Cultural sensitivity of staff;

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- Appropriateness and accessibility of services for families with different cultural backgrounds; and
- Appropriateness of services for children with disabilities and other special needs.

The school readiness programs are particularly successful at serving multi-cultural families. School readiness staff have bilingual capabilities and offer programs and services in both Spanish and English. School Readiness Site Coordinators report that participation of Spanish-speaking parents in workshops and other events has increased significantly at their sites in the last year.

As the programs become more visible in their communities, the demand for services increased. The school readiness sites felt the impact of that demand this year. Service providers in the catchment areas increased their dependence on the school readiness programs and referred many of their clients to the program. The increased visibility is a positive outcome of the outreach and good work the school readiness programs are doing in their communities; but, in many cases, the demand exceeded their capacity to serve clients. At the same time, the school readiness programs continued to develop relationships with service providers in the community and were able to make appropriate referrals for clients who needed services beyond school readiness.

Challenges and Successes in Service Provision

The 2004-2005 was a significant year of development for the School Readiness Initiative. As more services were put into place and other services refined, there were more successes to report. The increase of referrals and high demand for services is certainly an indicator of success. Community fairs and outreach conducted by the School Readiness Site Coordinators increased the visibility of the programs within their communities. School Readiness Site Coordinators reported an increase in parental involvement overall, and a significant increase in Spanish-only-speaking parents in workshops and other school events.

We are most proud of the pre-k academy. When the school year started teachers could tell which kids had participated and which hadn't.

—School Readiness Site Coordinator

Even with the increased parental participation, School Readiness Site Coordinators would like to continue to increase the involvement of parents in services and programs at their sites. Their challenge moving forward is to find ways to engage those parents who are not yet aware of the services and resources available to them. The school readiness programs plan to implement new strategies to reach those parents, and have enlisted the help of already involved parents.

Developing and Strengthening the Initiative

School Readiness Site Coordinators identified areas where the Initiative could be strengthened in the coming year. Mainly, they see an opportunity to continue to develop the “collaborative,” made up of the First 5 Solano School Readiness Coordinator and the Site Coordinators and other representatives from each school readiness site. Site Coordinators appreciate the leadership and resources provided by the First 5 Solano School Readiness Coordinator in 2004-2005 at collaborative meetings. Under her leadership the group has met on a regular basis to share information about community events, best practices and training opportunities. Moving forward, the Site Coordinators see there is opportunity to support and guide each other more in the continued

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refinement of their programs. One Site Coordinator suggested that the collaborative conduct regular site visits at each school readiness site in order to get a hands-on look at what each site is doing to improve their programs. By sharing materials and strategies, the Site Coordinators believe they can strengthen the programming not only at their individual sites but in Solano County as a whole, further ensuring Solano County children are ready to succeed in kindergarten.

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**Chapter 12: Fairfield-Suisun USD: Anna Kyle Elementary
School Readiness Program**

Project Name	Funded Amount
School Readiness, Fairfield-Suisun USD Anna Kyle Elementary	\$837,044 07/01/2004 to 06/30/2008

Program Overview

The Anna Kyle Elementary School Readiness program provides services that help parents prepare their young children to enter school healthy, learning and ready to reach their greatest potential. The program is designed to improve the transition from early care settings to elementary school and increase the parents', schools' and communities' capacity to promote the success of young children. The School Readiness program engages families, community members, and educators in the important work of preparing children, birth to age five, for elementary school.

Data Sources

Fairfield-Suisun USD: Anna Kyle Elementary provided the following data for this evaluation report.

**Exhibit 12-1
Data Sources Available for This Chapter**

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Kindergarten Readiness Assessment	<input checked="" type="checkbox"/>
First 5 Solano CBO Survey	<input checked="" type="checkbox"/>
OCERS Data	<input checked="" type="checkbox"/>

**Priority 2:
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Services Provided

The following provides a summary of Anna Kyle School Readiness' target objectives for service delivery as well as the actual progress achieved during the 2004-05 fiscal year.

Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Provide 31 subsidized (if necessary) preschool slots to low-income children and parents.	✓				124 Preschool slots were provided
Create new literacy packets appropriate for use with children and parents ages 0-5 with information on activities for literacy strategies at home.		✓			100 Literacy Packets were created
Hire .5FTE Coordinator, .5 FTE Clerical, and two .5 FTE Parent Liaisons.		✓			4 Staff were Hired
Provide Child Care Program referrals to at least 100 parents including bilingual materials to aid parents in what questions to ask when considering child care options.	✓				118 child care referrals were made
Convene quarterly meetings of at least 8 parents/caregivers of special needs children and at least 3 service providers.				✓	None reported
Language specialist to serve 5 children per week and provide speech and language assessments to 25 children ages 0-5.				✓	Language specialist recruitment was unsuccessful. Re-recruitment in process.
Convene quarterly meetings with child care providers and parents/care givers to provide training and encouragement on preparing children for kindergarten	✓				4 meetings were held
Provide parents and caregivers with information on locally available culturally and linguistically appropriate resources		✓			100 parents were provided with information on culturally and linguistically appropriate resources
Provide resources regarding effective discipline, child abuse prevention and intervention		✓			2 events were held where information on effective discipline, child abuse prevention and intervention was distributed
Provide parenting and resource information to 20 expectant parents			✓		6 expectant parents received resource information
Provide 7.5 hours per week of additional school nurse time to specific children ages 0-5			✓		School Nurse recruitment not successful. Immunization and health check-ups done instead.
Provide urgent medical and dental services via CHAP Program for up to 50 children				✓	CHAP program ended during 04-05 school year. Now being reinstated.
Distribute school readiness packets to a minimum of 20 families		✓			20 families received school readiness packets
Distribute literacy packets to at least 100 parents		✓			100 parents received literacy packets

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Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Workshops on child development, age appropriate behaviors, effective parenting skills, prenatal and early childhood nutrition and health guidelines and proper care and feeding of infants and your children, preparing children for Kindergarten, effects of second hand smoke, prenatal and early childhood nutrition and health guidelines.		✓			6 workshops were held
Offer a free home-based school readiness curriculum for at least 25 parents.				✓	Purchase of the curriculum was delayed when district dollars because unavailable after April 15, 2005. Curriculum purchased August 2005.
Establish parent and community leadership council of at least 5 parents who will meet 3 times per year.			✓		2 meetings were held with parents and the community leadership council
Provide one Kindergarten Carnival annually.	✓				2 Kindergarten Carnivals were held
Conduct neighborhood forums twice a year with at least 15 parents per forum to open lines of communication between families and police and advocate for an increase in the number of bilingual police officers			✓		1 Neighborhood Forum was held
At least 2000 transportation vouchers will be made available to parents for use for medical appointments and to get to school.			✓		500 transportation vouchers were purchased but no participants requested them

Challenges to Effective Service Provision

The following on-going challenges to meeting the above target objectives were reported:

Early Child Care and Education

- Providing information for early care and education was difficult in 2004-2005 as Spanish translations are needed in advance for each meeting and such information has to be professionally translated in order to be distributed in the school district. Professional translations are slow and expensive.

Health and Social Services

- Community Outreach Worker hired went out on medical leave in April 05
- The CHAP program was not able to provide medical and dental services and the program needs to find a replacement
- Hiring School Nurse and Speech and language Specialist for 1 hour was difficult for several reasons. There was a shortage of School Nurses/Speech and Language Specialist in the school district. There were also no candidates interested in working 1 hour a week.

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Parenting/Family Support

- The budget for literacy packets was not allocated correctly and needed to be revised and this resulted in a delay in purchasing materials
- Materials for literacy packets and New Parent Kits needed to be translated and this caused delays in distribution

School's Capacity to Prepare Children and Families for School Readiness

- Parents did not request the transportation vouchers so they did not get distributed

School Readiness Program Infrastructure Administration and Evaluation

- The delay in hiring a staff member caused a delay in implementing the program objectives

Highlight of Program Successes:

The program reported the following success in 2004-2005:

- The partnership with the Family Resource Center and the Community Leadership Council contributed to many successes in 2004-2005 including the high attendance and popularity of the Kindergarten Carnival, and the development and distribution of the Literacy Packets

What are the Characteristics of Clients Served?

Anna Kyle School Readiness served over **150 families** and **200 children** ages 0-5 years in the time period from July 1, 2004 to June 30, 2005. The following describes the characteristics of these families and children based on the information available from this program.

The racial/ethnic breakdown of Anna Kyle School Readiness clients is:

- 90% Latino,
- 5% White, and
- 5% African American.

Additionally, 90% of Anna Kyle School Readiness' clients received services in Spanish. Anna Kyle School Readiness has also designed and adapted their services to be culturally appropriate for Hispanic/Latino clients, and African-American clients..

How are Children and/or Families Better Off as a Result of this Program?

In 2004, evaluators conducted a Kindergarten Entry Profile (KEP) study at each School Readiness sites funded through the First 5 Solano County Children and Families Commission, including Anna Kyle Elementary. The study consists of assessments of individual children by kindergarten teachers (the Modified Desired Results Developmental Profile Child Survey) and a survey of kindergarteners' parents. The data from the study are intended to provide a "snapshot" or point in time profile of kindergarteners' readiness to begin school in those regions targeted by First 5 Solano. The MDRDP is a cohort study, – it provides a "snapshot" of readiness among a group of kindergarteners at School Readiness sites at a point in time. Each subsequent year the MDRDP is administered in First

**Priority 2:
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5 Solano School Readiness Catchment Areas, it will provide an over-time evolutionary changing picture of school readiness among the groups of children studied across years. The following are brief highlights from findings at Anna Kyle Elementary. For full results refer the complete Kindergarten Readiness Assessment included in the appendix of this report.

Children

The Modified Desired Results Developmental Profile Child Survey (MDRDP)—, a subset of questions from Desired Results Developmental Profile developed by the California Department of Education—is a teacher-completed observation checklist. It includes items about four of the five dimensions of children’s readiness for school:

Cognition and General Knowledge;
Communicative Skills; Emotional Well-Being and Social Competence; and Approaches to Learning. (The fifth dimension, Health, is covered in the parent survey.)

When looking across all four School Readiness programs in Solano County, evaluators found different competencies for children based on the developmental stage of the School Readiness program. For those programs that have been in operation longer, scores for children are higher. It will be important to watch how scores at Anna Kyle Elementary change as the program continues to be refined.

Each dimension includes between three and twelve items (see report sections on individual dimensions for listings of items). Teachers assess the level of mastery for each individual child according to a four-point scale. Children that demonstrate a “3” or “4” are assessed as having “Almost” or “Fully” mastered an item, respectively.

Overall, Anna Kyle Elementary kindergarteners had average or close-to-average competencies across all four MDRDP dimensions when compared to kindergarteners in other First 5 Solano School Readiness Catchment Areas, as seen in Exhibit X-X below.

Exhibit 12-2

Percentage of Children Who Fully Mastered or Almost Mastered All Items in each Dimension		
Dimension	Percent Fully Mastered or Almost Mastered	
	Anna Kyle	First 5 Solano School Readiness Catchment Areas
Approaches to Learning	28%	35%
Emotional Well-Being	26%	32%
Communicative Skills	26%	30%
Cognition and General Knowledge	19%	21%

Most commonly (57.71%), parents met with a kindergarten teacher prior to their child’s entry into kindergarten. The percentage of parents who met with a kindergarten teacher at Anna Kyle is higher than all of the Solano School Readiness Catchment Areas as a whole.

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Exhibit 12-3		
In the 12 months prior to entry into Kindergarten, did you or anyone else in this child's household...	Anna Kyle	First 5 Solano School Readiness Catchment Areas
Meet with a kindergarten teacher (n=168)	57.7%	48.8%
Meet the elementary school principal or other school staff (n=163)	24.5%	51.0%
Participate in school-wide activities (n=164)	30.0%	53.7%
Tour the school and/or visit a kindergarten classroom (n=164)	45.1%	62.8%
Receive a letter or other written information from your child's school on how to help get your child ready for kindergarten? (n=166)	56.0%	68.1%
Receive a phone call or home visit (n=163)	24.0%	20.2%
Have your child's skills and development assessed (n=164)	13.9%	35.2%

* The sum of percentages is greater than 100% because respondents could check all that apply.

The majority of parents enrolled their child into kindergarten a few months before kindergarten (65.5%). Only a small percent of parent (5.5%) enrolled their child on the first day or after the first day of kindergarten.

Exhibit 12-4		
When Child Enrolled in Kindergarten (n=172)	Anna Kyle	First 5 Solano School Readiness Catchment Areas
During the few months before kindergarten	65.5%	72.1%
A few weeks before kindergarten began	23.6%	20.0%
On the first day of kindergarten	5.5%	4.1%
After school started	5.5%	4.1%

* The sum of percentages is greater than 100% due to rounding.

Parents engage frequently in development activities with their child. On a scale of 1 to 4 with 1 being “not at all” and 4 being “frequently (daily),” the mean for each of the following activities ranged from 3.0 to 3.7.

**Priority 2:
Early Childhood Learning and Development**

Exhibit 12-5		
In the 12 months before this child started kindergarten, how often did you or anyone else in this household...	Anna Kyle	First 5 Solano School Readiness Catchment Areas
Practice counting with this child (n=174)	3.5	3.7
Practice daily routines of getting ready for school with this child (e.g. bedtime, morning schedule) (n=175)	3.5	3.7
Practice kindergarten skills with this child (such as holding a pencil, cutting with scissors, counting, colors, shapes, letters) (n=177)	3.4	3.6
Practice self-help skills with this child (such as zipping clothes, buttoning, tying shoes) (n=178)	3.4	3.6
Read stories to this child (n=174)	3.4	3.5
Play active games (e.g. toss a ball, skip, jump, climb) (n=179)	3.4	3.5
Play games that describe how items are the same or different (e.g. matching games or card games like "Go Fish") (n=175)	3.1	3.1
Play games that order objects from smallest to largest (e.g. orders various circle sizes, nests cups, lines up from shortest to tallest) (n=169)	2.9	3.0

**Priority 2:
Early Childhood Learning and Development**

**Chapter 13: Vallejo City USD: Loma Vista Elementary
School Readiness Program**

Project Name	Funded Amount
School Readiness, Vallejo City USD Loma Vista Elementary	\$800,000 10/01/2003 to 06/30/2008

Program Overview

The Loma Vista Elementary School Readiness program provides services that help parents prepare their young children to enter school healthy, learning and ready to reach their greatest potential. The program is designed to improve the transition from early care settings to elementary school and increase the parents', schools' and communities' capacity to promote the success of young children. The School Readiness program engages families, community members, and educators in the important work of preparing children, birth to age five, for elementary school.

Data Sources

Vallejo City USD: Loma Vista Elementary provided the following data for this evaluation report.

**Exhibit 13-1
Data Sources Available for This Chapter**

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Kindergarten Readiness Assessment	<input checked="" type="checkbox"/>
First 5 Solano CBO Survey	<input checked="" type="checkbox"/>
OCERS Data	<input checked="" type="checkbox"/>

Services Provided

The following provides a summary of Loma Vista School Readiness' target objectives for service delivery as well as the actual progress achieved during the 2004-05 fiscal year.

Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Provide parent education and support, health and social services and resources and referrals through the Parent Resource Center to at least 150 children and their families.	✓				266 children and their families received resources and referrals

**Priority 2:
Early Childhood Learning and Development**

Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Provide child care referrals for children and families			✓		4 child care referrals were made. A delay in hiring a site coordinator resulted in not being able to capture and document referrals properly
Provide monthly (ten months per year), hour-long parent education activities		✓			10 parent education activities took place
Conduct Home Visits to 20 families, approximately 3 visits per family in order to provide outreach services				✓	A delay in hiring site coordinator (now hired) resulted in lack of conducting and documenting home visits.
Provide Academy for Entering Kindergarten Children.			✓		12 Pre-K Academy classes were held. 12 Pre-K Academy classes were held
Provide training on school readiness and early childhood education for educators, child care providers and parents				✓	Due to delay of hiring the coordinator and parent liaisons. Now hired.
Provide Pre-Kindergarten orientation for children and parents			✓		26 Pre-K orientations were held. Delay in hiring a site coordinator caused a delay in implementing this objective.
Provide Pre-Kindergarten Parent Workshop		✓			1 Pre-K parent workshop was held
Establish and hold quarterly Parent and Community Leadership Council			✓		Due to the delay in hiring the site coordinator, only 3 of the 4 meetings of the Parent and Community Leadership Council were held. Implementation of Program began in second quarter.
Institute ongoing Safe Neighborhood Forums in partnership with the Vallejo Police Department.				✓	Delay in hiring a site coordinator caused a delay in implementing this objective. Now hired.
Create community events (Annual Community Block party and Annual Kindergarten Carnival) that will bring together neighbors and break the cycle of isolation			✓		1 community event was held. Delay in hiring a site coordinator caused a delay in implementing this objective.

Challenges to Effective Service Provision

The following on-going challenges to meeting the above target objectives were reported:

- The delay in hiring a site coordinator caused a delay in implementing the program objectives

Priority 2: Early Childhood Learning and Development

- The Loma Vista School Readiness program is young in its implementation and the site coordinator is newly hired so the program is still trying to make itself known in the community
- In 2004-2005, the Pre-K Academy at Loma Vista could only be in operation while summer school was in session (the kitchen was only open during summer session) so the numbers of children attending the Pre-K Academy are lower than anticipated

Highlight of Program Successes:

The program reported the following success in 2004-2005:

- The on-site preschool program was successful in enrolling 60 children and the community need is even greater
- The program met the needs of Spanish-only speaking parents by linking them to parent education programs in Spanish and providing other materials and resources in Spanish
- The partnership with the Family Resource Center was crucial and contributed to the successful distribution of New Parent Kits

What are the Characteristics of Clients Served?

Loma Vista School Readiness served over **240 families and their children** ages 0-5 years in the time period from July 1, 2004 to June 30, 2005. The following describes the characteristics of these families and children based on the information available from this program.

The racial/ethnic breakdown of Loma Vista School Readiness clients is:

- 70% African American,
- 25% Latino, and
- 5% White.

The Loma Vista School Readiness program has also designed and adapted their services to be culturally appropriate for Hispanic/Latino clients, Filipino, and African-American clients.

How are Children and/or Families Better Off as a Result of this Program?

In 2004, evaluators conducted a Kindergarten Entry Profile (KEP) study at each School Readiness sites funded through the First 5 Solano County Children and Families Commission, including Loma Vista Elementary. The study consists of assessments of individual children by kindergarten teachers (the Modified Desired Results Developmental Profile Child Survey) and a survey of kindergarteners' parents. The data from the study are intended to provide a "snapshot" or point in time profile of kindergarteners' readiness to begin school in those regions targeted by First 5 Solano. The MDRDP is a cohort study, – it provides a "snapshot" of readiness among a group of kindergarteners at School Readiness sites at a point in time. Each subsequent year the MDRDP is administered in First 5 Solano School Readiness Catchment Areas, it will provide an over-time evolutionary changing picture of school readiness among the groups of children studied across years. The following are brief highlights from findings at Loma Vista Elementary. For full results refer to the complete Kindergarten Readiness Assessment included in the appendix of this report.

**Priority 2:
Early Childhood Learning and Development**

Children

The Modified Desired Results Developmental Profile Child Survey (MDRDP)—, a subset of questions from Desired Results Developmental Profile developed by the California Department of Education—is a teacher-completed observation checklist. It includes items about four of the five dimensions of children’s readiness for school: Cognition and General Knowledge; Communicative Skills; Emotional Well-Being and Social Competence; and Approaches to Learning. (The fifth dimension, Health, is covered in the parent survey.)

Each dimension includes between three and twelve items (see report sections on individual dimensions for listings of items). Teachers assess the level of mastery for each individual child according to a four-point scale. Children that demonstrate a “3” or “4” are assessed as having “Almost” or “Fully” mastered an item, respectively.

Overall, Loma Vista Elementary kindergarteners had average competencies across all four MDRDP dimensions and scored higher than in other First 5 Solano School Readiness Catchment Areas, as seen in Exhibit 13-2 below⁴.

Exhibit 13-2		
Percentage of Children Who Fully Mastered or Almost Mastered All Items in each Dimension		
Dimension	Percent Fully Mastered or Almost Mastered	
	Loma Vista	First 5 Solano School Readiness Catchment Areas
Approaches to Learning	49%	35%
Emotional Well-Being	32%	32%
Communicative Skills	43%	30%
Cognition and General Knowledge	26%	21%

Most commonly, parents toured the school and/or visited the kindergarten classroom (71.1%) and participated in school-wide activities (71.1%) prior to their child’s entry into kindergarten.

Exhibit 13-3		
In the 12 months prior to entry into Kindergarten, did you or anyone else in this child’s household...	Loma Vista	First 5 Solano School Readiness Catchment Areas
Meet with a kindergarten teacher (n=168)	54.3%	48.8%
Meet the elementary school principal or other school staff (n=163)	60.9%	51.0%
Participate in school-wide activities (n=164)	71.1%	53.7%

⁴ One possible explanation for Loma Vista’s high competencies may be that many children who attend kindergarten at Loma Vista were enrolled in state pre-schools and therefore may have been previously introduced to kindergarten preparedness activities.

**Priority 2:
Early Childhood Learning and Development**

Exhibit 13-3		
In the 12 months prior to entry into Kindergarten, did you or anyone else in this child's household...	Loma Vista	First 5 Solano School Readiness Catchment Areas
Tour the school and/or visit a kindergarten classroom (n=164)	71.1%	62.8%
Receive a letter or other written information from your child's school on how to help get your child ready for kindergarten? (n=166)	76.1%	68.1%
Receive a phone call or home visit (n=163)	6.7%	20.2%
Have your child's skills and development assessed (n=164)	8.5%	35.2%

*The sum of percentages is greater than 100% because respondents could check all that apply.

The majority of parents enrolled their child into kindergarten a few months before kindergarten (69.6%). Only a small percent of parent (2.2%) enrolled their child on the first day or after the first day of kindergarten.

Exhibit 13-4		
When Child Enrolled in Kindergarten (n=172)	Loma Vista	First 5 Solano School Readiness Catchment Areas
During the few months before kindergarten	69.6%	72.1%
A few weeks before kindergarten began	26.1%	20.0%
On the first day of kindergarten	2.2%	4.1%
After school started	2.2%	4.1%

*The sum of percentages is greater than 100% due to rounding.

Parents engage frequently in development activities with their child. On a scale of 1 to 4 with 1 being “not at all” and 4 being “frequently (daily),” the mean for each of the following activities ranged from 3.0 to 3.7.

**Priority 2:
Early Childhood Learning and Development**

Exhibit 13-5		
In the 12 months before this child started kindergarten, how often did you or anyone else in this household...	Loma Vista	First 5 Solano School Readiness Catchment Areas
Practice counting with this child (n=174)	3.6	3.7
Practice daily routines of getting ready for school with this child (e.g. bedtime, morning schedule) (n=175)	3.8	3.7
Practice kindergarten skills with this child (such as holding a pencil, cutting with scissors, counting, colors, shapes, letters) (n=177)	3.7	3.6
Practice self-help skills with this child (such as zipping clothes, buttoning, tying shoes) (n=178)	3.9	3.6
Read stories to this child (n=174)	3.6	3.5
Play active games (e.g. toss a ball, skip, jump, climb) (n=179)	3.6	3.5
Play games that describe how items are the same or different (e.g. matching games or card games like "Go Fish") (n=175)	3.2	3.1
Play games that order objects from smallest to largest (e.g. orders various circle sizes, nests cups, lines up from shortest to tallest) (n=169)	3.3	3.0

**Priority 2:
Early Childhood Learning and Development**

**Chapter 14: Vacaville USD: Markham Elementary
School Readiness Program**

Project Name	Funded Amount
School Readiness, Vacaville USD Markham Elementary	\$800,000 02/01/2004 to 10/31/2008

Program Overview

The Markham Elementary School Readiness program provides services that help parents prepare their young children to enter school healthy, learning and ready to reach their greatest potential. The program is designed to improve the transition from early care settings to elementary school and increase the parents', schools' and communities' capacity to promote the success of young children. The School Readiness program engages families, community members, and educators in the important work of preparing children, birth to age five, for elementary school.

Data Sources

Vacaville USD: Markham Elementary provided the following data for this evaluation report.

**Exhibit 14-1
Data Sources Available for This Chapter**

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Kindergarten Readiness Assessment (Child and Parent Data)	<input checked="" type="checkbox"/>
First 5 Solano CBO Survey	<input checked="" type="checkbox"/>
OCERS Data	<input checked="" type="checkbox"/>

**Priority 2:
Early Childhood Learning and Development**

Services Provided

The following provides a summary of Markham School Readiness' target objectives for service delivery as well as the actual progress achieved during the 2004-05 fiscal year.

Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Work with Solano County Family and Children Services to increase access and applications for catchment area families to subsidized child care slots.		✓			
Provide referrals to a minimum of 20 parents/caregivers for culturally competent counseling of special needs children for assessment, and provide referrals assessment for respite care.	✓				22 parents/caregivers received referrals
Provide necessary information to parents for Head Start.			✓		45 parents received information about Head Start
Refer 100% of children in need for 1 time assistance for basic needs that may include health related services for \$200 from Vacaville Police Department		✓			
Provide referrals for 100% of children needing referrals for dental service and direct emergency services.		✓			Dental referrals were provided
Arrange for appointments for 100% parents of uninsured children 0-5 with SKIP worker for parents who are contacted by family resource center, school or SKIP to sign up for free or low cost health coverage.		✓			Appointments with SKIP were made for parents of uninsured children
Hire staff for parent resource center.		✓			A staff person was hired
Establish physical site of Resource center, and create systems for running the center (letterhead, accounting systems, data gathering systems, networks of agencies etc).		✓			The resource center was established and systems put in place
Provide transportation vouchers to parents who need transportation to neighbor hood/community activities.		✓			Transportation vouchers were provided to parents
Provide Child Care Program referrals to 150 parents			✓		29 parents received child care referrals
Preschool providing enrichment and socialization will be offered through 2 classes			✓		147 of 160 classes were held. The preschool started late in the year because a preschool teacher was not hired. In addition, there were problems with attendance, since several students were constantly absent.
Convene quarterly meetings of parents/caregivers of special needs children and service providers				✓	Delayed – program started identifying children late in the year.
Develop, update and distribute Resource Directory for local services for parents/caregivers with costs/languages spoken to be distributed to local faith organizations, community agencies, school, etc		✓			500 parents received a resource directory
Teach at least 25 new and prospective parents developmentally appropriate stimulating activities and model effective parenting	✓				47 parents received training/information on

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Early Childhood Learning and Development**

Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
techniques through home visits or at Resource Center appointments.					developmentally appropriate parenting techniques
Hold quarterly meetings with child care providers and parents/caregivers to provider training and encouragement for inclusion of developmentally stimulating activities in daycare programs			✓		2 quarterly meetings of parents and childcare providers were held
At least 100 parents be given information or referrals regarding any issues they have for their children ages 0-5 at Resource center to be established at Markham school and staffed by a program coordinator, family liaison, clerical A, Family Support Worker from Vaca PD, SKIP worker and have other outstations for the collaborative partners to provide information, referrals and appointments.	✓				244 parents were given information and referrals
Provide 120 health screenings and nurse and Family Liaison, Family Support worker to provide referrals as needed to free or low cost medical assistance for children 0-5.	✓				134 children received health screenings
Provide information to 10 pregnant women about health care in the first trimester, and community based services.			✓		6 pregnant women received information about health care in their first trimester. The program found it difficult to provide services to pregnant women in the first trimester since many women do not know that they are pregnant in the first trimester
Provide culturally and linguistically appropriate developmental assessments to 25 children	✓				26 children were provided with culturally and linguistically appropriate developmental assessments
Make referrals to at least 30 parents to join the Nurturing Parents Program or Parent Project Jr.	✓				49 referrals were made to the Nurturing Parents Program of Parent Project Jr.
Provide bilingual story hours for at least 20 non-English speaking preschoolers and their families one time a month (20x9 equals 180)	✓				19 bilingual story hours were held
Provide information to 100 parents/caregivers on prenatal and early childhood nutrition and health guidelines, care and feeding of infants and young children, child development, age appropriate behaviors, effects of second hand smoke, effective parenting skills, early childhood education, literacy activities and programs in the community.	✓				320 parents received information
Provide 2 culturally and linguistically appropriate parenting classes with incentives on school readiness literacy and early childhood development.		✓			2 parenting classes were help in school readiness literacy and early childhood development
Provide home visits to model effective parenting techniques to prospective and new parents (3 visits per family, 10 family)				✓	Program did not have a parent liaison (hired 9/05) until December and the Vacaville Police Department was not able to

**Priority 2:
Early Childhood Learning and Development**

Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
					provide a Family Support Worker to do the home visits.
40 four year olds to attend 4 week pre- kindergarten academy to assist children in becoming better prepared to enter school and learn English (if appropriate) (4 weeks x 5 days a week)			✓		10 pre-kindergarten classes were held. The site was under construction and did not have the space or time allotment to have a full 4 weeks.
First 5 Collaborative partners and Resource Center Staff to meet one time per month, 9 months a year, with Parent and Community Leadership Council to support First 5 Initiative.			✓		First 5 Collaborators and Resource Center staff met 6 times
Provide at least 1 activity every 6 months for neighbors to come together for social activities.	✓				3 activities for neighbors were held
Provide at least 1 activity every 6 months for neighbors to come together for social activities.	✓				Three events were held: Back to School Night in September, an Open House in May and a celebration with the community on Day of the Child, April 31, 2005.
Host 2 Safe Neighborhood Forums.	✓				4 Neighborhood Forums were held

Challenges to Effective Service Provision

The following on-going challenges to meeting the above target objectives were reported:

Early Child Care and Education

- Outreach to parents who have children with special needs has been challenging
- Convening meetings with childcare providers and parents was challenging given another service agency provides the same service so the need is not as high to warrant quarterly meetings

Health and Social Services

- Referrals and information distribution were slow to start but have picked up as the program becomes more visible through word of mouth
- The nurse assigned to the resource center was not bilingual and this created a barrier to providing outreach and services to Spanish speaking families

Priority 2: Early Childhood Learning and Development

School's Capacity to Prepare Children and Families for School Readiness

- The Parent and Community Leadership Council was difficult to get off the ground, but existing parent groups participated in several conversations that helped clarify the purpose of such a Council and produced ideas on how to create it

School Readiness Program Infrastructure Administration and Evaluation

- The infrastructure of the program is in place and continues to be refined

Highlight of Program Successes:

The program reported the following success in 2004-2005:

- The partnership with the Vacaville Police Department and Children's Network in implementing the Nurturing Parent Program was very successful with a overwhelming response from the community – the upcoming classes have long wait lists
- The Health and Literacy Fair reached more parents than expected and more health screenings were conducted than anticipated
- The Bilingual Story Hour was extremely popular and was held once a week instead of once a month as originally planned in order to meet demand

What are the Characteristics of Clients Served?

Markham School Readiness served over **200 families** and **600 children** ages 0-5 years in the time period from July 1, 2004 to June 30, 2005. The following describes the characteristics of these families and children based on the information available from this program.

The racial/ethnic breakdown of Markham School Readiness clients is:

- 95% Latino,
- 3% Biracial/Multiracial/Other, and
- 2% African American.

Additionally, 95% of Markham School Readiness' clients received services in Spanish. Markham School Readiness has also designed and adapted their services to be culturally appropriate for Hispanic/Latino clients, African-American clients, and teens.

How are Children and/or Families Better Off as a Result of this Program?

In 2004, evaluators conducted a Kindergarten Entry Profile (KEP) study at each School Readiness sites funded through the First 5 Solano County Children and Families Commission, including Markham Elementary. The study consists of assessments of individual children by kindergarten teachers (the Modified Desired Results Developmental Profile Child Survey) and a survey of kindergarteners' parents. The data from the study are intended to provide a "snapshot" or point in time profile of kindergarteners' readiness to begin school in those regions targeted by First 5 Solano. The MDRDP is a cohort study, – it provides a "snapshot" of readiness among a group of kindergarteners at School Readiness sites at a point in time. Each subsequent year the MDRDP is administered in First 5 Solano School Readiness Catchment Areas, it will provide an over-time

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Early Childhood Learning and Development**

evolutionary changing picture of school readiness among the groups of children studied across years. The following are brief highlights from findings at Markham Elementary. For full results refer the complete Kindergarten Readiness Assessment included in the appendix of this report.

Children

The Modified Desired Results Developmental Profile Child Survey (MDRDPC)—, a subset of questions from Desired Results Developmental Profile developed by the California Department of Education—is a teacher-completed observation checklist. It includes items about four of the five dimensions of children’s readiness for school:

Cognition and General Knowledge;
Communicative Skills; Emotional Well-Being and Social Competence; and Approaches to Learning. (The fifth dimension, Health, is covered in the parent survey.)

When looking across all four School Readiness programs in Solano County, evaluators found different competencies for children based on the developmental stage of the School Readiness program. For those programs that have been in operation longer, scores for children are higher. It will be important to watch how scores at Markham Elementary change as the program continues to be refined.

Each dimension includes between three and twelve items (see report sections on individual dimensions for listings of items). Teachers assess the level of mastery for each individual child according to a four-point scale. Children that demonstrate a “3” or “4” are assessed as having “Almost” or “Fully” mastered an item, respectively.

Overall, kindergarteners Markham Elementary kindergarteners had average or close-to-average competencies across all four MDRDPC dimensions when compared to kindergarteners in other First 5 Solano School Readiness Catchment Areas, as seen in Exhibit 14-2 below.

Exhibit 14-2

Percentage of Children Who Fully Mastered or Almost Mastered All Items in each Dimension		
Dimension	Percent Fully Mastered or Almost Mastered	
	Markham Elementary	First 5 Solano School Readiness Catchment Areas
Approaches to Learning	22%	35%
Emotional Well-Being	24%	32%
Communicative Skills	24%	30%
Cognition and General Knowledge	18%	21%

Parents

The Parent Survey administered as part of the Kindergarten Entry Profile collects parent-reported information about their child’s health and physical development, preschool and home experiences prior to kindergarten, and kindergarten transition activities.

**Priority 2:
Early Childhood Learning and Development**

The majority of parents enrolled their child into kindergarten a few months before kindergarten (78.9%). Most commonly (71.4%), parents received a letter or other written information from their child’s school prior to the start of kindergarten. The majority (70.6%) also toured the school or visited a classroom, participated in activities at the school (59.4%) or met with the principal or other school staff (63.2%).

Exhibit 14-3		
When Child Enrolled in Kindergarten (n=172)	First 5 Solano School Readiness Catchment Areas	Markham Elementary
During the few months before kindergarten	72.1%	78.9%
A few weeks before kindergarten began	20.0%	12.7%
On the first day of kindergarten	4.1%	4.2%
After school started	4.1%	4.2%

*The sum of percentages is greater than 100% due to rounding.

Parents reported that they engaged frequently in development activities with their child. On a scale of 1 to 4 with 1 being “not at all” and 4 being “frequently (daily),” the mean for each of the following activities ranged from 3.0 to 3.7.

Exhibit 14-4		
In the 12 months before this child started kindergarten, how often did you or anyone else in the household...	First 5 Solano School Readiness Catchment Areas	Markham Elementary
Practice counting with this child (n=174)	3.7	3.6
Practice daily routines of getting ready for school with this child (e.g. bedtime, morning schedule) (n=175)	3.7	3.7
Practice kindergarten skills with this child (such as holding a pencil, cutting with scissors, counting, colors, shapes, letters) (n=177)	3.6	3.6
Practice self-help skills with this child (such as zipping clothes, buttoning, tying shoes) (n=178)	3.6	3.6
Read stories to this child (n=174)	3.5	3.4
Play active games (e.g. toss a ball, skip, jump, climb) (n=179)	3.5	3.7
Play games that describe how items are the same or different (e.g. matching games or card games like “Go Fish”) (n=175)	3.1	3.0
Play games that order objects from smallest to largest (e.g. orders various circle sizes, nests cups, lines up from shortest to tallest) (n=169)	3.0	3.0

*The sum of percentages is greater than 100% because respondents could check all that apply.

**Priority 2:
Early Childhood Learning and Development**

**Chapter 15: Dixon USD: Silveyville Primary
School Readiness Program**

Project Name	Funded Amount
School Readiness, Dixon USD Silveyville Primary	\$800,000 10/01/2003 to 06/30/2008

Program Overview

The Silveyville Primary School Readiness program provides services that help parents prepare their young children to enter school healthy, learning and ready to reach their greatest potential. The program is designed to improve the transition from early care settings to elementary school and increase the parents', schools' and communities' capacity to promote the success of young children. The School Readiness program engages families, community members, and educators in the important work of preparing children, birth to age five, for elementary school.

Data Sources

Dixon USD: Silveyville Primary provided the following data for this evaluation report.

**Exhibit 15-1
Data Sources Available for This Chapter**

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Kindergarten Readiness Assessment	<input checked="" type="checkbox"/>
First 5 Solano CBO Survey	<input checked="" type="checkbox"/>
OCERS Data	<input checked="" type="checkbox"/>

Services Provided

The following provides a summary of Silveyville School Readiness' target objectives for service delivery as well as the actual progress achieved during the 2004-05 fiscal year.

Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Coordinate 4 parent education trainings in the area of early childhood development.	✓				7 parent trainings were held.
Create and implement parent playgroups.		✓			Parent playgroups were implemented

**Priority 2:
Early Childhood Learning and Development**

Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Provide parents with information regarding integrated child care and adult education opportunities.		✓			
Provide information and referrals to at least 150 parents regarding an array of resources available related to early childhood education opportunities.	✓				Over 300 parents received information on resources related to early childhood education opportunities
Coordinate 5 child care provider trainings in the areas of child care site development and effective networking.	✓				7 child care provider trainings were held
Provide appropriate agency referrals for parents with preschool children with suspected special needs.			✓		3 special needs referrals were made. These were the only special needs cases brought to the attention of the program.
Provide Health and Social Service referrals to at least 100 parents annually.		✓			150 referrals were made to parents
Provide expanded nursing services to at least 250 children 0-5 years old.	✓				190 nursing services were provided to children
Make at least 50 home visits and in-home consultations.		✓			50 home visits were conducted
Provide information to at least 20 pregnant and parenting teens and at least 100 pregnant and parenting adults with information on adverse effects of violence on brain development.			✓		Trainings were offered in Spanish and English and only 6 parents attended the Spanish presentation.
Provide health screenings, immunizations and referrals to free or low-cost health or social services to at least 150 families.	✓				326 families received health screenings
Provide 5 trainings, to parents with children ages 0-5 in the area of second hand smoke.			✓		3 trainings were held in the area of second hand smoke
Coordinate 5 parent trainings in the area of prenatal health.			✓		2 parent training were held in the area of prenatal health
Coordinate 5 parent trainings to parents with children ages 0-5 in the area of school readiness and early childhood education.	✓				7 parent trainings were held in the area of school readiness and early childhood development
Survey and assess parents needs and provide at least 200 transportation vouchers to needed health and social services.				✓	Transportation vouchers were not provided due to the small size of this rural community and extremely limited availability of public transportation.
Plan and implement a free 6-week Pre-K Academy, 4 hrs per day, 120 hrs total. (40 children x 30)	✓				The Pre-K Academy was implemented
Conduct 5 child care provider trainings in the areas of child care site development and effective networking	✓				7 trainings were held
Create community events (Annual Community Block Party and Annual Kindergarten Carnival) that will bring together neighbors and break the cycle of isolation.	✓				3 community events were held
Establish Parent and Community School Readiness Leadership Council to facilitate parents as well as leaders in the schooling process. 9 Leadership meetings will be conducted			✓		8 meetings were conducted with the Parent and School Readiness Leadership

**Priority 2:
Early Childhood Learning and Development**

Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
					Council. This program runs on the school calendar and we were unable to conduct the 9 meetings within that time frame.
Coordinate 2 Safe Neighborhood forums	✓				3 Safe Neighborhood Forums were held

Challenges to Effective Service Provision

The following on-going challenges to meeting the above target objectives were reported:

Early Child Care and Education

- Three children with special needs were identified or referred to the Silveyville School Readiness program.

Health and Social Services

- The number of expectant teens in the community was lower than expected

Parenting/Family Support

- There was no identified interest in a second hand smoke class for parents

School's Capacity to Prepare Children and Families for School Readiness

- Transportation vouchers did not get distributed due to the small size of this rural community and extremely limited availability of public transportation.

Highlight of Program Successes:

The program reported the following success in 2004-2005:

- The Health and Literacy Fair was successful at attracting parents and children and had a positive response from attending parents
- In 2004-2005 301 Silveyville students received health screenings

Priority 2: Early Childhood Learning and Development

What are the Characteristics of Clients Served?

Silveyville School Readiness served over **150 families** and **200 children** ages 0-5 years in the time period from July 1, 2004 to June 30, 2005. The following describes the characteristics of these families and children based on the information available from this program.

The racial/ethnic breakdown of Silveyville School Readiness clients is:

- 60% Latino, and
- 40% White.

Additionally, 75% of Silveyville School Readiness' clients received services in Spanish. Silveyville has also designed and adapted their services to be culturally appropriate for Hispanic/Latino clients, and African-American clients.

How are Children and/or Families Better Off as a Result of this Program?

In 2004, evaluators conducted a Kindergarten Entry Profile (KEP) study at each School Readiness sites funded through the First 5 Solano County Children and Families Commission, including Silveyville Primary⁵. The study consists of assessments of individual children by kindergarten teachers (the Modified Desired Results Developmental Profile Child Survey) and a survey of kindergarteners' parents. The data from the study are intended to provide a “snapshot” or point in time profile of kindergarteners' readiness to begin school in those regions targeted by First 5 Solano. The MDRDP is a cohort study, – it provides a “snapshot” of readiness among a group of kindergarteners at School Readiness sites at a point in time. Each subsequent year the MDRDP is administered in First 5 Solano School Readiness Catchment Areas, it will provide an over-time evolutionary changing picture of school readiness among the groups of children studied across years. The following are brief highlights from findings at Silveyville. For full results refer to the complete Kindergarten Readiness Assessment included in the appendix of this report.

Children

The Modified Desired Results Developmental Profile Child Survey (MDRDP)—, a subset of questions from Desired Results Developmental Profile developed by the California Department of Education—is a teacher-completed observation checklist. It includes items about four of the five dimensions of children's readiness for school: Cognition and General Knowledge; Communicative Skills; Emotional Well-Being and Social Competence; and Approaches to Learning. (The fifth dimension, Health, is covered in the parent survey.)

Each dimension includes between three and twelve items (see report sections on individual dimensions for listings of items). Teachers assess the level of mastery for each individual child according to a four-point scale. Children that demonstrate a “3” or “4” are assessed as having “Almost” or “Fully” mastered an item, respectively.

⁵ Unlike the other three First 5 Solano School Readiness programs, the Silveyville KEP study was conducted by the state evaluator rather than the local evaluation. Because of this, the administration of the KEP varies slightly for Silveyville. For further details please refer to the full report included in the appendix of this report.

**Priority 2:
Early Childhood Learning and Development**

Overall, Silveyville kindergarteners had above average competencies across all four MDRDP dimensions when compared to kindergarteners in other First 5 Solano School Readiness Catchment Areas, as seen in Exhibit 15-2 below. When looking across all four School Readiness programs in Solano County, evaluators found different competencies for children based on the developmental stage of the School Readiness program. There is most likely a correlation between the age of the program and children's scores; the Silveyville program has been in operation longer and scores for children there are higher than at other programs.

Exhibit 15-2

Percentage of Children Who Fully Mastered or Almost Mastered All Items in each Dimension		
Dimension	Percent Fully Mastered or Almost Mastered	
	Silveyville	First 5 Solano School Readiness Catchment Areas
Approaches to Learning	45	35%
Emotional Well-Being	44	32%
Communicative Skills	32	30%
Cognition and General Knowledge	30	21%

Parents

The Parent Survey administered as part of the Kindergarten Entry Profile collects parent-reported information about their child's health and physical development, preschool and home experiences prior to kindergarten, and kindergarten transition activities. Significant findings related from the survey are presented here⁶. For full results refer to the complete Kindergarten Readiness Assessment included in the appendix of this report.

The percentage of parents at Silveyville who had toured the school or received materials about how to prepare their child for kindergarten higher than the percentages of parents in all of the Solano School Readiness Catchment Areas as a whole.

Exhibit 15-3		
In the 12 months prior to entry into Kindergarten, did you or anyone else in this child's household...	Silveyville	First 5 Solano School Readiness Catchment Areas
Tour the school and/or visit a kindergarten classroom	85%	62.8%
Receive a letter or other written information from your child's school on how to help get your child ready for kindergarten?	83%	68.1%

*The sum of percentages is greater than 100% because respondents could check all that apply.

⁶ The parent survey information for Silveyville Primary presented here is excerpted from the Kindergarten Entry Profile report for Silveyville prepared for First 5 California. When possible, it is compared to data collected by local evaluators from the other three School Readiness programs in Solano County.

**Priority 2:
Early Childhood Learning and Development**

Parents at Silveyville engage frequently in literacy activities with their child. Most frequently, parents read to or show picture books to their child on a daily basis (68%).

Exhibit 15-4	
Family Literacy Activities	Silveyville
Sings songs with child daily (n=33)	43%
Sings songs with child 3-6 times a week (n=18)	23%
Tells stories to child daily (n=33)	43%
Tells stories to child 3-6 times a week (n=13)	17%
Reads to or shows picture books to child daily (n=52)	68%
Reads to or shows picture books to child 3-6 times a week (n=12)	16%
Any family literacy activity daily (n=61)	79%
Any family literacy activity 3-6 times a week (n=10)	13%

**Priority 2:
Early Childhood Learning and Development**

**Chapter 16: Children’s Network:
ABCD Constructing Connections**

Project Name	Funded Amount
Children’s Network ABCD Constructing Connections	\$130,000 06/14/2005 to 10/31/2007

Program Overview

The Constructing Connections Program works to create a streamlined process for child care facilities financing and development that increases children and families’ access to quality child care and development services. Constructing Connections is designed to create and/or strengthen partnerships between the child care community and businesses, real estate developers, government agencies, community developers and others for the purpose of a more efficient and cost effective development of quality child care spaces. The program will also integrate child care facilities development into cities and county land use planning, community development programs, zoning and permit processes, and transportation plans.

The Constructing Connections Program of Solano County is a project of the Solano County Child Care Planning Council and is administered by The Children’s Network of Solano County. The program is funded by the Affordable Building for Children’s Development Constructing Connections, First 5 Solano Children and Families Commission and contributions from Solano Family and Children’s Services and The Children’s Network of Solano County.

Data Sources

This summary is based on The Children’s Network’s most recent progress report to First 5 Solano for the ABCD Constructing Connections program.

Services Provided

Goal	Progress to Date
Determine the community’s child care facilities needs	<ul style="list-style-type: none"> ▪ Presented facility needs assessment guidelines to collaborative in May. Provided some data already collected for the needs assessment (housing projections, need for child care, etc.). ▪ The Child Care Planning Council is also currently updating their child care needs assessment and plans to integrate the facilities piece. On target to have the facilities needs assessment completed by the end of the fourth quarter.
Build on existing expertise to provide facilities financing and development resources to providers interested in expanding their services	<ul style="list-style-type: none"> ▪ Utilized the Building Child Care website as the primary resource to identify financing products. Local child care intermediaries have identified and contacted two local financial institutions to begin discussions regarding the creation of new financing products. Participated in the Constructing Connections Leveraging Funds conference call.

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Goal	Progress to Date
	<ul style="list-style-type: none"> ▪ Prepared draft Resource Guide utilizing the expertise of a variety of local and state partners. ▪ Strengthened partnerships with various organizations and individuals, while developing new relationships to strengthen expertise.
Build community awareness of the importance of the availability of quality child care and development services	<ul style="list-style-type: none"> ▪ Provided an overview of Constructing Connections, relevant portions of the Child Care Economic Impact Report (CCEIR), and additional information regarding the need for child care services to the FFSS Chamber of Commerce, the participants of the collaborative, and city and county planning departments. ▪ Disseminated press release to announce the project to local papers.
Build child care providers' awareness of the community's facility, financing, and development resources	<ul style="list-style-type: none"> ▪ Attended Solano CARES Forum #11 in Vallejo with 223 child care providers (family child care and center based) attending. ▪ Attended Solano CARES Forum #12 in Vacaville with 162 providers (family child care and center based) attending. ▪ Participated as an exhibitor in the resource fair and provided interested persons the Constructing Connections overview (~20 people interested in expansion). Staff also made the draft resource guide available for review. ▪ The project has been promoted through SFCS and Children's Network newsletters that reach a wide audience of providers and other community partners. ▪ The project was also promoted through the Child Care Initiative Project's Family Child Care Home Visiting Tour.
Support community interest in child care expansion	<ul style="list-style-type: none"> ▪ Provided technical assistance and referrals to additional resources to over 30 providers in this reporting period. Referrals made to Community Care Licensing, the Small Business Development Center, Planning Depts. in Vacaville and Fairfield, and the ABCD Fund.
Pursue continued funding from public and private sources	<ul style="list-style-type: none"> ▪ Participated in all 3 First 5 Solano Learning Community Meetings offered. ▪ Participated in LIIF's monthly check in conference calls to update LIIF on the progress made on the project. ▪ Provided updates on the project through the Children's Network's <i>Significant Issues Report</i> that is distributed to the County Board of Supervisors, all County Department Heads (includes First 5 Solano), and the Superintendent of Schools. ▪ Invited representatives from local businesses to participate in the collaborative. ▪ Attended local Chamber of Commerce events to garner interest in the project.

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Early Childhood Learning and Development**

Challenges

- Through research the project discovered that very few cities know where child care is cited in their general plans or how to better integrate facilities development into their plans. Cities do not necessarily know how to best serve the specific needs of the child care provider population interfacing with them for information on zoning and permitting fees. The project hopes to work with local jurisdictions to increase their knowledge of child care facilities development and provide them with recommendations on how to integrate child care into plans for local growth.
- The project does not currently have representation from local elected officials or for-profit developers and would like to have a greater representation from businesses on the collaborative. Additional outreach to these populations is planned to strengthen the collaborative and its efforts.

Characteristics of Providers Served

Please see table in following section for types and locations of child care facilities.

How are Children, Families, Providers and Systems Better Off?

The table below reveals that an additional 105 child care slots are under potential development through the Constructing Connections project.

Stage of Development of Participating Centers	Type & Number of Spaces (e.g. infant, toddler, preschool)	Total Number of Spaces	
Planning stage 2	1) 20 Preschool & 10 Afterschool in Vallejo 2) TBD in Suisun (Sunset and Railroad Ave. – co-located with Affordable Housing project)	30+	
Predevelopment 2	1) TBD in Vallejo (Holly St) 2) 45-60 Preschool in Cordelia (Cordelia Commons)	45+	
Development 0	-	-	
Completed/Started Up 1	30 – Infant/toddler (Cement Hill Rd. Fairfield)	30	
5	<ul style="list-style-type: none"> ▪ 30 Infant/Toddler ▪ 65 Preschool ▪ 10 Afterschool ▪ Additional TBD 	105+	Total ←Number

Priority 2:
Early Childhood Learning and Development

Chapter 17: First 5 Solano/International Child Resource Institute: Child Care Quality Improvement Project/Mini-Grants

Project Name	Funded Amount
First 5 Solano/International Child Resource Institute Child Care Quality Improvement Project/Mini-Grants	Up to \$200,000 total for Approximately 44 Applicants

Program Overview

The goal of the mini-grant project is to support center and family day care providers who have received training in the use of Early Childhood (ECERS), Infant Toddler (ITERS), and Family Day Care (FDCRS) Environmental Rating Scales, have engaged in the process of assessing their child care using these tools, and have determined the need to improve the quality of their program. Mentors are identified and trained to work with local providers in assessing their homes and classrooms across the domains of quality care.

Data Sources

First 5 Solano provided the evaluation team with summaries of activity for the Child Care Quality Improvement Mini-Grants program.

Services Provided

The Child Care Quality Improvement Project, launched in fiscal year 2003-04, resulted in the **training of over 150 local family day care and center-based child care providers** in the application of the widely accepted Early Childhood (ECERS), Infant Toddler (ITERS), and Family Day Care (FDCRS) **Environmental Rating Scales**.

Following the training a mini-grant Request for Application was released for child care quality improvements in September 2004. The Commission allocated up to \$200,000 for the mini-grant program, with grants ranging from a minimum of \$1,000 to a maximum of \$5,000.

Mini-grant recipients:

- Received training (in English and Spanish) in the use of ECERS, ITERS, FDCERS quality rating scales;
- Engaged in the process of assessing their child care environments using the environmental rating tools;
- Identified an area for quality improvement in their program; and
- Worked with mentors trained to work with local providers in assessing their homes and classrooms across the domains of quality care.

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Early Childhood Learning and Development**

Characteristics of Providers Served

The Commission received 57 applications, 55 of which were determined complete and eligible for funding from in-home and center based day care providers, for a total requested amount of \$249,326. Of the applications received, 52% were from center-based providers and 47% were from in-home providers. Applicants received and awarded were from the following cities:

	Benicia	Dixon	Fairfield	Rio Vista	Suisun City	Vacaville	Vallejo	Total
Received	1	0	12	0	4	6	32	55
Awarded	1	--	10	--	4	6	23	44

Six reviewers in three teams of two reviewed the applications. The rating panel recommended that all applications achieving 67% of the total points allowed be awarded funding. This works out to 37 applications for a total of \$164, 980. As there was no minimum score specified in the funding solicitation, staff recommended that an additional seven applications that were very close to this standard (65%) be awarded to bring the total up to the maximum funds allowable (an additional \$33,151 for a total of \$198,131).

How are Children, Families, providers and Systems Better Off?

The ECERS/ITCERS/FDCERS trainings not only improve the knowledge base of child care providers in Solano County, but also help to equip the county-wide field to respond better to a tiered reimbursement rate for subsidized care as set forth in the state budget, ensuring quality child care will be available for those residents who depend on state provided subsidies.

Due to the timeline of implementation, the outcomes for Child Care Quality Improvement Mini-Grants are not yet available. Results will be reported to the Commission in the 2005-06 evaluation report.

Priority 2:
Early Childhood Learning and Development

Chapter 18: Children’s Network: Compensation and Retention Encourages Stability (CARES) Program

Project Name	Funded Amount
Children’s Network CARES	\$1,722,402 07/01/2004 to 09/30/2005

Program Overview

CARES works to improve the quality of child care and development services in Solano County by increasing the educational levels of the workforce as well as decreasing teacher turnover rates through:

- ✓ Provision of stipends and grants for child care providers working in licensed settings in Solano County;
- ✓ Provision of information about professional growth opportunities available in the area; and
- ✓ Holding trainings for participating providers.

Data Sources

Children’s Network provided the following data for this evaluation report.

**Exhibit 18-1
Data Sources Available for This Chapter**

Data Source	Available for This Chapter
Progress Report	☑
Custom Program Evaluation Outcomes	☑
First 5 Solano CBO Survey	☑
OCERS Data	☑

**Priority 2:
Early Childhood Learning and Development**

Services Provided

The following provides a summary of CARES' target objectives for service delivery as well as the actual progress achieved during the 2004-05 fiscal year.

Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
10 different organizations serving children and families will participate as resource exhibitors at CARES forums.	✓				15 organizations participated
4 rounds of award will be held per year.		✓			4 rounds held
Publish article in 3 different local newsletters.	✓				4 articles published
Publish 1 press release for CARES in each of Solano County's newspapers.				✓	Timing inappropriate because the program changed
Purchase 1 advertisement for CARES in each of Solano County's newspapers.	✓				6 advertisements purchased
Provide home visits to 15 Licensed Family Child Care home in or near school readiness catchment areas.	✓				30 home visits provided
Participate in a minimum of 4 statewide CARES meetings.	✓				10 CARES meetings attended

- To date, over 25% of the licensed workforce in Solano County has received a CARES stipend.

Challenges to Effective Service Provision

- Reaching licensed family child care (LFCC) providers can be difficult because those providers tend to be isolated and unavailable for meetings during regular business hours, because they are providing child care.
- Outreach workers' efforts were somewhat stymied because for much of the fiscal year outreach workers were unsure whether the program would continue.
- Outreach is further hampered because CARES is a well-known program among LFCC and center-base staff; workers struggle to make presentations a priority for providers.
- CARES forums (trainings) require space for 200-250 participants on Saturday mornings, and staff struggle to find a venue that does not require reservations one year in advance.

What are the Characteristics of Clients Served?

Recipients of the most recent CARES stipends (Year 4) serve approximately 11,000 children aged 0-5 in Solano County.

The racial/ethnic breakdown of CARES clients is as follows:

- 41% White,
- 24% Latino,
- 23% African American,
- 8% Asian/Pacific Islander, and
- 4% Biracial/Multiracial/Other.

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Additionally, 10% of CARES' clients received services in Spanish. CARES has also designed and adapted their services to be culturally appropriate when providing outreach to groups of Hispanic/Latino clients.

How are Providers and/or Systems Better Off as a Result of this Program?

CARES aims to increase the quality of child care in Solano County by retaining child care providers and increasing their skills through professional development.

Outcome Indicator	Pre-CARES Turnover Rate	2004 Turnover Rate	Notes
Decrease the rate of turnover among childcare providers	25-27%	12%	Since CARES, the turnover rate among child care providers has been reduced by half.

Outcome Indicator	Results
Increase childcare providers' professional development	<ul style="list-style-type: none"> ▪ Over three-quarters (77%) of Year 4 participants had received a stipend previously. These providers have completed a minimum of 3 early childhood education (ECE) units or 21 hours of professional growth, and have attended at least one CARES forum. ▪ Year 4 participants completed 5,715.5 professional growth hours.

In terms of impact on providers and systems, CARES accomplished the following with First 5 Solano support:

- Since CARES began, ECE and human development classes available at Solano Community College has increased by 13% and the number of new students in ECE and human development has increased by 66%.

Service Integration and Collaboration

- First 5 Solano assisted CARES with establishing and/or strengthening contacts with other organizations that serve children 0-5 and their families.
- CARES also collaborated with other organizations by identifying children's needs, developing or refining services, collaborating with other agencies on initiatives or applications for funds, and conducting more outreach with other providers.
- CARES' increased the frequency with which program staff shares relevant client information with staff from other agencies.

Service Access

- CARES provides teaching and materials relating to inclusive childcare to child care providers.
- CARES had materials available in Spanish and Tagalog (Pilipino) for clients.

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Use of Research-Based Best Practices and Tools

- CARES shared best practices with other organizations.
- CARES used common assessments among organizations.

Provider Capacity

- CARES increased staff awareness of other community services/resources.
- CARES participated in interagency training.

Funds Leveraged

As a result of First 5 Solano funding, CARES has been able to leverage **\$177,992** additional funds in the past 12 months. First 5 of California will provide a 4:1 match of local dollars for the program until December 2008.

Changes in Service Delivery Over the 2004-05 Fiscal Year

In the 2004-05 fiscal year, CARES experienced an increase in the following aspects of their service delivery:

- The number of referrals for services the program gets;
- The number of children/families the program serves;
- Frequency with which program staff share relevant information about children and families among themselves; and
- Public awareness of program services and resources.

**Priority 2:
Early Childhood Learning and Development**

**Chapter 19: Child Start:
Head Start Program**

Project Name	Funded Amount
Head Start, Child Start Inc. Napa Solano Head Start	\$756,000 07/01/2001 to 06/30/2005

Program Overview

Child Start, Inc. operates Head Start programs in Solano County. First 5 Solano funded full-day year-round child care and other comprehensive services for 40 children from low-income families whose parents are working or in training:

Data Sources

Child Start Inc. provided the following data for this evaluation report.

**Exhibit 19-1
Data Sources Available for This Chapter**

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Custom Program Evaluation Outcomes	<input checked="" type="checkbox"/>
First 5 Solano CBO Survey	<input checked="" type="checkbox"/>
OCERS Data	<input checked="" type="checkbox"/>

Services Provided

The following provides a summary of Head Start target objectives for service delivery as well as the actual progress achieved during the 2004-05 fiscal year.

Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
40 children will receive full/part-day Head Start services in Fairfield and Vacaville.	✓				115 enrollments
30 families will participate in family literacy activities offered at the Head Start centers and libraries	✓				72 families served
30 children will be proficient in all of the eight domain areas of child outcomes			✓		26 children
Recruit 10 children from income eligible families with children ages 3-5 from the county subsidized wait list.			✓		2 children enrolled

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Early Childhood Learning and Development**

Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Within the first 45 days of enrollment, 40 children shall receive hearing, vision, dental and developmental screenings.		✓			40 developmental and sensory screenings
Meet with each family for a social services home visit to assess their strength, needs and areas of interest.		✓			40 social service home visits
All children with suspected conditions will be referred for treatment.		✓			12 children referred
Recruit 10 children from the community identified by other social service agencies who are considered at risk and may benefit from enrollment in the full day Head Start program.		✓			10 enrollments
Staff will identify and contact 20 eligible Head Start Families enrolled in the part day program in need of full day services due to situations placing the children at risk.	✓				28 families contacted and enrolled
Recruit 20 children from the part day Head Start program whose families are working full time or enrolled in a training program and many need full time child care.	✓				30 children enrolled

Challenges to Effective Service Provision

Child Start does not report any unexpected challenges to effective service provision.

What are the Characteristics of Clients Served?

Child Start served **38 families** and **45 children** ages 0-5 years in the time period from July 1, 2004 to June 30, 2005.

The racial/ethnic breakdown of Child Start's clients is:

- 35% Latino,
- 30% African American,
- 24% Biracial/Multiracial/Other,
- 10% White, and
- 1% Native American.

Additionally, 10% of Child Start's clients received services in Spanish. Child Start has also designed and adapted their services to be culturally appropriate for Hispanic/Latino clients by hiring staff that represent the language and culture, serving food similar to what is served in the homes, and ensuring learning environments contain materials reflective of what may be in the home.

65% of client families are single-parent households and are eligible for WIC.

How are Children and/or Families Better Off as a Result of this Program?

Child Start Inc. tracked the following outcomes for program participants and found the following results for the period from July 1, 2004 to June 30, 2005.

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Early Childhood Learning and Development**

Outcome Indicator	Number	Percent	Notes
Number and percent of families participating in literacy programs that reported reading or telling stories to their children	30	75%	
Number and percent of children who are proficient in all of the eight domain areas of child outcomes	26	80%	Outcome data only counts children age four enrolled 6 months to a year prior to kindergarten entry.

Regular attendance, parent involvement, and support from well-trained teachers are key for children to become proficient in the eight child outcome domains, including language development, literacy, and mathematics areas.

How are Providers and/or Systems Better Off as a Result of this Program?

In terms of impact on providers and systems, Child Start/Head Start accomplished the following with First 5 Solano support:

Service Integration and Collaboration

- First 5 Solano assisted Head Start with establishing and/or strengthening contacts with other organizations who serve children 0-5 and their families, and collaborating with other organizations to identify children’s needs.
- Head Start also collaborated with other organizations by sharing data about families across programs, collaborating with other agencies on initiatives or applications for funds, and conducting more outreach with other providers.
- Head Start increased the frequency with which program staff shares relevant client information with staff from other agencies.

Service Access

- Head Start’s services were specialized or adapted to meet the needs of children with disabilities or other special needs – services offered were for children with disabilities including developmental delays and speech impairments.
- Head Start had materials available in Spanish for clients.

Use of Research-Based Best Practices and Tools

- First 5 Solano assisted Head Start with sharing best practices with other organizations.

Provider Capacity

- Head Start increased the appropriateness of services for families with different ethnic backgrounds.
- Head Start increased the cultural sensitivity of its staff.
- Head Start increased the number of staff who are culturally and linguistically reflective of the clients they serve.
- Head Start increased staff awareness of other community services/resources.
- Head Start participated in interagency training.

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Early Childhood Learning and Development**

Funds Leveraged

As a result of First 5 Solano funding, Head Start has been able to leverage \$666,538 additional funds in the past 12 months from the federal Head Start match to the full-day program.

Changes in Service Delivery Over the 2004-05 Fiscal Year

In the 2004-05 fiscal year, Head Start experienced an increase in the following aspects of their service delivery:

- The number of referrals the program makes;
- Public awareness of program services and resources;
- Frequency of specific efforts to improve the quality of services children or families can receive; and
- The extent to which evaluation data are used to inform program improvement.

**Priority 2:
Early Childhood Learning and Development**

**Chapter 20: City of Benicia Parks and Community Services:
Stepping Stones Program**

Project Name	Funded Amount
City of Benicia Parks and Community Services Stepping Stones Program	\$50,000 04/01/2003 to 12/31/2005

Program Overview

The City of Benicia’s Stepping Stones Program maintains a fully functional childcare program for children of minor parents during school hours so that parenting minors can participate in a qualitative academic program.

A newspaper article in the *Times-Herald* announced the opening of Stepping Stones on July 6, 2004, hailing the program as providing Benicia’s teenage parents with “more options than simply dropping out or missing more days of school.” Prior to the opening of Stepping Stones, Benicia offered no parenting or day care services designed specifically to meet the needs of teenage, or minor, parents who are still in high school and want to obtain their high school diplomas. Stepping Stones is located in a portable building on the Liberty High School campus, Benicia’s continuation school.

Data Sources

This evaluation is based on progress reports that the City of Benicia Parks and Community Services submitted to First 5 Solano.

Services Provided

Through Stepping Stones, First 5 Solano funded 550 hours of child care for five children. The following provides a summary of Stepping Stones’ target objectives for service delivery as well as the actual progress achieved during the 2004-05 fiscal year.

Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Up to 5 children of teen parents will receive on-site child care			✓		4 children were born into the program

Factors Contributing to Program Success

Stepping Stones did not report any challenges or barriers to implementing this program. In fact, they reported several factors contributing to the program’s successful implementation:

Priority 2: Early Childhood Learning and Development

- **Center structural development based on a successful model.** The program used the Hogan High School CalSafe program site as a model to design the interior of the building. Using Prop 97 construction funds, Benicia Unified School District Maintenance personnel adapted a standard school classroom to meet similar standards in the Hogan model. These funds also provided interior functional equipment such as large appliances. Benicia Rotary Club provided additional funding for interior design elements and furnishings.
- **Assistance from childcare specialist.** A childcare specialist provided guidance in terms of creating a fully functional, welcoming interior environment. The specialist recommended specific design elements and guided purchases so the interior of the center would meet national accreditation standards.
- **Welcoming, family-like environment.** The center is a welcoming place, creating a “family environment” wherein participants (parents and other participating students) are comfortable to discuss parenting and personal issues, as well as initiating topics/concerns for discussion among peers and with adult leaders.
- **Significant support from local community.** Community members and groups (Mom’s Club, faith community) have donated clothes, toys, and funds to assist with program development and well being of parenting teens and their children.
- **Site and district support.** In addition to supplying the space and utilities, the school and district provided office supplies, including a computer, for recordkeeping purposes.
- **Funding from faith community.** The faith community provides the program with funding for consumable items such as diapers, cleaning supplies, and food.
- **Other financial contributions.** Valero contributed \$15,000 toward sustaining the program over time. These funds were saved until the First 5 Solano funds were completely used.

What are the Characteristics of Clients Served?

All clients served were English speaking and White.

How are Children and/or Families Better Off as a Result of this Program?

The program administered the Nurturing Parent Survey to participants upon enrollment and found that students have varying levels of awareness of parenting skills. The program used these findings to guide the curriculum development process. The program indicated that the survey would be re-administered at the end of participants’ involvement, but results were not provided in their progress report. Because the number of parenting teens involved in the program is statistically small, we are not concerned that we do not have the matched pre- and post-intervention survey results.

Each grading period program staff monitored participants’ grades and progress towards graduation. Staff found that all parenting teens involved in the program were on target to graduate from high school.

The program monitored infant/toddler development via observation with the “Desired Results for Children and Families” tool. The program found all infants and toddlers to be developmentally on track.

Priority 3

Family Support and Education

Initiative and Grantee Partners

**Children's Network and Child Haven:
Integrated Family Support Initiative (IFSI)**

**Vacaville Police Department:
Child Abuse Response Team (CART) Program**

**NorthBay Health Care:
Children's Health Access Program (CHAP)**

**Families First:
Extended Family Support Services Program**

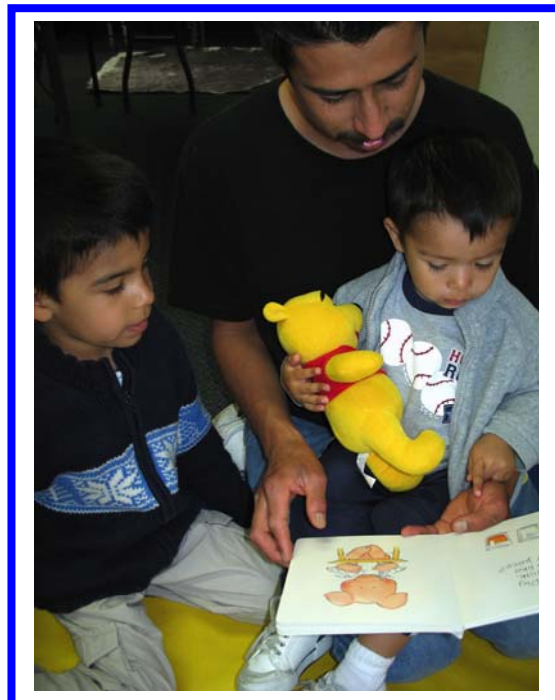
**Kids Xpress:
Children's Transportation Program**

**Latino Commission:
Casa Natal**

**MATRIX Parent Network and Resource Center:
Extended Early Childhood Services (EECS)**

**Planned Parenthood:
Teen Parent and Family Resource Center**

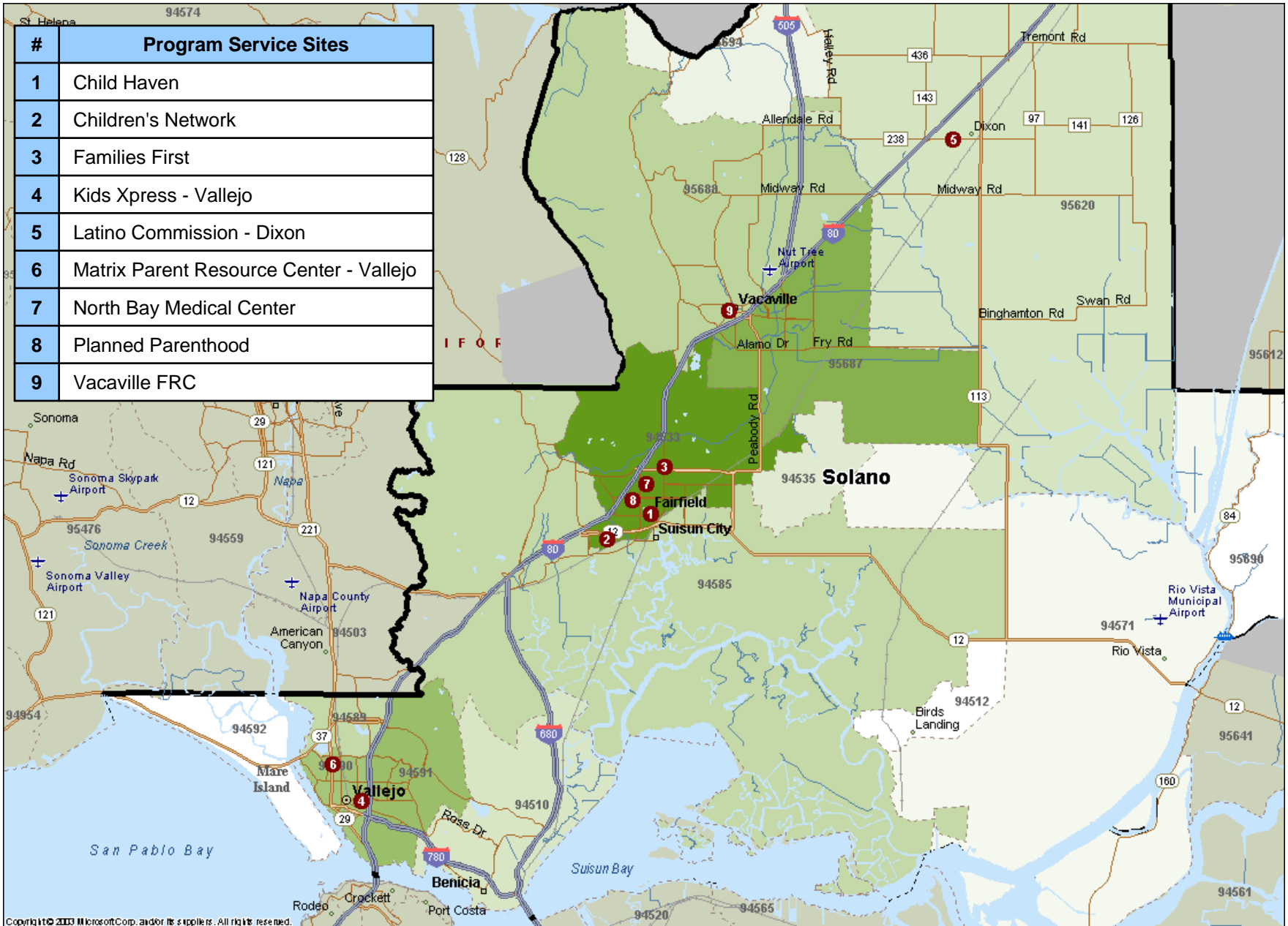
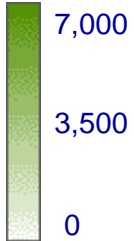
**Youth and Family Services:
Substance Abuse-Related Services**



Solano Priority 3 Service Sites and Concentrations of Children 0-5

1 Service Sites

Children 0-5



#	Program Service Sites
1	Child Haven
2	Children's Network
3	Families First
4	Kids Xpress - Vallejo
5	Latino Commission - Dixon
6	Matrix Parent Resource Center - Vallejo
7	North Bay Medical Center
8	Planned Parenthood
9	Vacaville FRC

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Family Support and Education

**Chapter 21: Children’s Network and Child Haven:
Integrated Family Support Initiative (IFSI)**

Initiative Component	Funded Amount
Integrated Family Support Initiative (Overall Funding)	\$4,760,650 07/01/2001 to 06/30/2005
Children’s Network	\$4,016,928 07/01/2001 to 06/30/2005
Child Haven	\$743,722 07/01/2001 to 06/30/2005

How this Chapter is Organized

In this chapter, evaluation data for Children’s Network and Child Haven’s IFSI activities are combined to provide an overall picture of IFSI accomplishments. We also provide a summary of qualitative data collected through interviews with IFSI partners to further highlight IFSI’s challenges and successes.

Initiative Overview

The Integrated Family Support Initiative (IFSI) is a public-private partnership that provides in-home family support services to isolated families with children ages 0-5 living in Solano County.¹ IFSI, originally conceived of by the Children’s Network and Child Haven, is now a multidisciplinary collaborative of more than 30 agencies, including the Children’s Network, eight Family Resource Centers, Child Haven, the Department of Health and Social Services and others. This public-private partnership conducts joint family planning of services, thereby reducing duplication of effort, and promotes sharing of family information to provide the most appropriate, prevention-oriented assistance possible.

In 2004-05, IFSI provided more than **10,000 units of service** to nearly **2,000 unduplicated families**, providing such services as helping families access community resources; strengthening parent/child relationships; assessing the developmental progress of infants and children; linking parents to child care and to resources for school-readiness; providing health screenings, and more. IFSI was modeled after the Answers Benefiting Children statewide pilot project sponsored by the Office of Child Abuse Prevention and the Governor’s Office of Criminal Justice Planning in the late 1990s.

Program Overview: Children’s Network

Children’s Network lead the Integrated Family Support Initiative (IFSI). Children’s Network provided coordination of a countywide collaborative for services provided through various Family Resource Centers (FRCs) throughout Solano County offering the following services:

¹ Although First 5 Solano no longer funds IFSI, some components of the initiative continue.

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- ✓ Home visiting;
- ✓ Case management for families with children 0-5 who are at risk of abuse or neglect;
- ✓ Provision of family support services² via Family Resource Centers;
- ✓ Development of civic engagement³ among client families;
- ✓ Training for service providers;
- ✓ Maintenance of the Parenting Resource Director website; and
- ✓ Referrals to parent education resources.

Program Overview: Child Haven

Child Haven provided the following services of the Integrated Family Support Initiative:

- ✓ Home visits;
- ✓ Case management;
- ✓ Developmental screenings for children 0-5;
- ✓ Mental health screenings and assessments for families;
- ✓ Therapeutic and educational mental health groups;
- ✓ Activities and support services for families;
- ✓ Individual therapy for parents; and
- ✓ Support services for foster children.

Data Sources

Integrated Family Support Initiative partners provided the following data for this evaluation chapter.

**Exhibit 21-1
Data Sources Available for This Chapter**

Data Source	Available for This Chapter
Progress Reports	☑
Custom Program Evaluation Outcomes	☑
First 5 Solano CBO Survey	☑
OCERS Data	☑
Key Informant Interviews	☑

² Including basic needs, education, employment, family functioning, health education, income maintenance, legal, medical, and mental health support.

³ Civic engagement is defined as involvement in neighborhood associations, school-based parent groups, School Readiness Implementation, Safe from the Start, and other community-based efforts on behalf of children.

**Priority 3:
Family Support and Education**

Services Provided: Children's Network

The following provides a summary of **Children's Network's** target objectives for service delivery as well as the actual progress achieved during the 2004-05 fiscal year.

Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Hire an IFSI Project Manager.		✓			Project Manager hired
Convene meetings of the Solano Parenting Partnership every other month to address parenting support service gaps and overlaps in Solano County.	✓				8 meetings convened
Conduct a collaborative self assessment to identify strengths and areas of need for long-term project sustainability.	✓				4 assessments finalized
Develop a sustainability plan for IFSI services.		✓			1 plan finalized
Provide in-home and center-based family support services through 8 Solano County family resource centers.	✓				6676 services provided
Provide case management for 200 unduplicated isolated families through FRC's.	✓				6676 services provided
Provide FRC services to 35 unduplicated families living in the Silveyville School Readiness catchment area.	✓				990 services provided
Provide child abuse prevention and family reunification services to 200 "high-risk" families.	✓				452 services provided
Link parents and caregivers to the appropriate parent education resources through 8 Solano FRC's.	✓				1236 parents and caregivers linked
Utilize the Nurturing Program curriculum to provide parenting support groups/classes for 36 parents.	✓				238 sign-in sheets completed
Engage 30 families in civic associations, school-based parent groups, School Readiness Initiative implementation, Safe from the Start, or related community-based efforts on behalf of children.	✓				69 families engaged

Services Provided: Child Haven

The following provides a summary of **Child Haven's** target objectives for service delivery as well as the actual progress achieved during the 2004-05 fiscal year.

Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Provide families with children aged 0-5 appropriate referrals to collaborative partners, agencies, and individuals.		✓			360 referrals made
Screen children aged 0-5 to identify those at risk for or identified to have developmental delays.		✓			209 screenings conducted
Screen caregivers for depression.	✓				154 screenings conducted
Survey caregivers regarding parenting attitudes.		✓			106 surveys conducted
Assess and identify children with a possible delay and or infant mental health concern.	✓				102 assessments made

**Priority 3:
Family Support and Education**

Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Assess caregivers for mental health issues.		✓			40 assessments made
Develop Individual Family Service Plan for children and families.		✓			114 IFSPs developed
Case manage families to provide linkages to necessary referrals.		✓			90 linkages made
Develop sustainability plan.		✓			1 plan made
Provide families with guidance to implement IFSP.	✓				98 families guided
Provide children aged 3-5 materials to promote healthy child-parent interaction to promote developmental and social skills necessary for school readiness.		✓			60 children provided with materials
Child Haven will determine costs for units of service.		✓			Costs determined

Children's Network also provided a summary of the type of IFSI services provided by each FRC involved in the Initiative, as shown below.

**Exhibit 21-2
IFSI Services Provided by FRC by Type (July 1, 2004 - June 30, 2005)**

	Basic Needs	Education	Employment	Family Functioning	Health Education	Income Maintenance	Legal	Medical	Mental Health	Totals:
Benicia	32	270	5	25	4	12	11	9	31	399
Dixon	222	16	18	4	10	17	7	10	77	381
Fairfield	1026	194	21	154	1	23	13	422	110	1964
Greater Vallejo	265	43	34	68	10	5	10	10	37	482
North Vallejo	95	17	3	17	0	2	0	0	5	139
Rio Vista	96	13	13	73	10	12	31	6	25	279
Sereno	54	14	21	1	17	5	5	52	5	174
Vacaville	782	79	65	3443	381	45	487	66	1076	6424
Totals:	2572	646	180	3785	433	121	564	575	1366	10,242

Challenges to Effective Service Provision: IFSI

To understand the challenges IFSI faced to getting off the ground as well as in institutionalizing the IFSI model, evaluators conducted interviews with key informants of the IFSI project.⁴ This section draws information about the challenges IFSI encountered from these interviews.

- *Unifying different professional cultures*

One of the early and significant challenges faced by IFSI was the coordination and integration of different professional cultures and philosophies. At the outset of the initiative there were three models for working with families: the Public Health Nurse approaches work from a health model, CPS utilizes a law enforcement model, and the FRC's emphasize a strengths-based, family-centered model.

⁴ Two representatives from Children's Network participated in interviews. Extensive efforts were made to include Child Haven staff; however, both key informants are no longer with the agency. One did not return phone calls, the other declined to participate.

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- *Including all partners in data collection*

All partners in the IFSI collaborative utilized one database with comprehensive reporting capabilities. However, the CPS worker and the PHN either could not access the database from their work or could not install it onto their work systems. This challenge led to incomplete data collection until the problem was finally resolved in January 2005 (at which point the data system became a success, as noted below).

- *Responding to staff transitions*

Turnover within the CPS position negatively impacted the initiative's momentum. With only one CPS worker involved in the initiative, a change in personnel within that position led to delays in service as the new CPS worker became oriented to their job and the work of the initiative. The same impact was felt by the initiative and the collaborating partners when the PHN was out on maternity leave. In both cases, because there was only one of each type of staff member involved in the initiative (one CPS worker and one PHN), changes in staffing slowed work.

What are the Characteristics of Clients Served?

IFSI service providers served **1904 families** and **2518 children** ages 0-5 years in the time period from July 1, 2004 to June 30, 2005. The following describes the characteristics of these families and children based on the information available from this program.

The racial/ethnic breakdown of IFSI clients is as follows:

- 36% Latino,
- 20% African American,
- 21% White,
- 4% Biracial/Multiracial/Other,
- 2% Asian/Pacific Islander, and
- 0.3% Native American.

Additionally, 22% of Children's Network's clients received services in Spanish and 25% received services in a language other than English. IFSI service providers have also designed and adapted their services to be culturally appropriate for Hispanic/Latino clients (parenting, development), and African-American clients (parenting).

Child Haven served **412 families** and **618 children** ages 0-5 years in the time period from July 1, 2004 to June 30, 2005.

Child Haven client's racial/ethnic breakdown is as follows:

- 38% Latino,
- 30% White,
- 19% Biracial/Multiracial/Other,
- 11% African American, and
- 2% Asian/Pacific Islander.

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IFSI's Key Successes

According to interviews with key informants, IFSI accomplished the following key successes.

- *Increased provision of services to previously unidentified families*

As the county's Differential Response provider, IFSI visited and provided services to families previously escaping notice. This preventative focus allowed families that might end up in the CPS system at a future date to be identified through IFSI earlier and receive appropriate support services.

"Families that were really stressed were (previously) being diverted away from the system."

- *Decreased duplication of services*

Through the use of both coordinated family case planning among the initiative's partners and a comprehensive data collection system, IFSI partners decreased the duplication of services to clients within the county. It is also worth noting that at the outset of the initiative, gaps in service delivery were identified and thus the number of services provided increased despite any reduction in duplication.

- *Family case planning*

IFSI brought together multiple partners from the public and nonprofit communities to coordinate services for individual family units. The model relied on Family Resource Centers' positive community reputation to gain access into homes for the CPS worker, PHN and others and ultimately lead to better and more holistic services. The planning model also benefited the initiatives' partners by increasing their familiarity with each other and their understanding of needs in the county.

"When a family feels connected to a Family Resource Center it is much easier to bring into the picture the CPS worker or the PHN. It is a big outcome. Working jointly ensures some trust and respect and utilizes Family Resource Centers' access to families that formal governmental systems would not have."

- *Including all partners in data collection*

What was once a challenge became a success when all collaborators were able to access and enter data the same system. The fix came when IFSI provided both the PHN and the CPS worker with a laptop loaded with the database. Prior to this the PHN and the CPS worker had not been able to maintain the database for technical reasons.

How are Children and/or Families Better Off as a Result of this Program?

Integrated Family Support Initiative tracked the following outcomes for program participants and found the following results for the period from July 1, 2004 to June 30, 2005. IFSI uses the Family Development Matrix to assess individual family functioning. The Matrix includes 13 total categories of assessment. IFSI used two categories in this contract period: Community Engagement and Family Relations. The Community Engagement category assesses knowledge of resources, community engagement, influence on policy, connectedness with schools, and relations with neighbors. There are four different categories of Family Relations in the Matrix: conflict skills, family rules, family communication, and family support. Case workers use the areas assessed within each category to assess client family strengths and set goals. **In all areas of assessment, at least half of families**

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who were in crisis moved out of the crisis level as assessed by the Family Development Matrix.

Outcome Indicator	Number	Percent
Number and percent of IFSI clients who increased their knowledge of resources as measured by the Family Development Matrix Community Engagement category	91	19%
Number and percent of IFSI clients who increased their family functioning rating as measured by the Family Development Matrix in the 4 specified areas.	88 in all four areas	Conflict Skills: 5%
		Family Rules: 11%
		Family Communication: 11%
		Family Support: 8%

Outcome Indicator	Number	Percent
Number and percent of client families assessed to be in crisis level 1 at their baseline score in the Community Engagement and Family Relations categories of the Family Development Matrix who have reached level 2 or higher	Knowledge of Resources: 22	86%
	Engagement: 35	71%
	Influence on Policy: 42	53%
	Connectedness to Schools: 24	54%
	Relations with Neighbors: 20	95%
	Conflict Skills: 13	85%
	Family Rules: 6	67%
	Family Communication: 10	60%
	Family Support: 15	67%

These results demonstrate that families receiving IFSI services are experiencing more stable home environments in terms of how family members relate to each other. These results may be attributed in part to increased knowledge about, and access to parent education resources, including parenting classes offered through the FRCs and the Parenting Partnership, as well as intervention and treatment services, such as ChildHaven’s Parent Child Intervention Therapy (PCIT) that some IFSI parents are receiving.

The Community Engagement category is particularly significant because families in isolation, who are not knowledgeable about community resources and not engaged, are by definition families at risk of child abuse and neglect. These results suggest that IFSI families are becoming more knowledgeable about resources and more actively engaged in their own empowerment, and therefore more likely to be able to provide their children with what they need to thrive and be ready for school, and less likely to abuse or neglect them. These results also suggest that there is still work to do before these families are fully engaged in their communities, connected with their schools, and have good relationships with their neighbors.

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Child Haven reports on results from its Parent-Child Interaction Therapy (PCIT) conducted during the period from July 1, 2004 to June 30, 2005. PCIT is Child Haven's form of therapy with established measurement devices that are science-based with over 20 years of data collection and outcome verification.

Outcome Indicator	Number	Percent	Notes
Number and percent of participants who have shown improvement in their scores on various instruments.	75	100%	75 of the 412 families served were referred to our PCIT program (Parent-Child Interaction Therapy). All showed improvement.
75 of 180 families participating in activities and support services that foster the development of their children birth-5 years will report satisfaction with services rendered.	NA	84%	84% of clients were satisfied or very satisfied with the services they received from Child Haven

Serving Foster Children

Child Haven's scope of work also included the following objective: *75% of foster children identified within the IFSI services will receive the appropriate support services.* Foster children are served under IFSI through Child Haven's bilingual intake coordinator. Since the beginning of the grant, 194 foster children have been served; all of these children have received appropriate support services.

The children identified generally have open Child Protection Services (CPS) cases. Child Haven also serves a significant number of children in kinship care, that is, in the care of relatives other than their birth parents. Some of these children have been placed through formal CPS intervention. Others are with relatives under voluntary family action often in response to the CPS contact.

Providing Mental Health Services

Through their IFSI grant, Child Haven agreed that *75% of appropriate families will be screened for and referred from mental health services.* The IFSI family support specialists use three screening instruments at intake and every six months that the family is on their caseload. These instruments are: Ages and Stages Questionnaire (ASQ), a parent report developmental screener, the Center for Epidemiological Studies, Depression Scale (CES-D) and the Adult Adolescent Screening Inventory (AAPI). These instruments, which are psychometrically sound, assist in the development of the Individual Family Service Plan. In addition, the Parenting Stress Index (PSI) was added to the instruments used to assess for mental health needs.

To address the mental health needs of parents, Child Haven has put into place a variety of responses. One is to provide short term therapy by a therapist. She is hired for one day a week to do therapy in English with parents with mental health concerns. It is anticipated that during this brief intervention, the therapist will be able to more clearly identify needs, and referrals will be made. This therapist also co-staffs the Grandparents group, which addresses mental health needs of grandparents who are parenting their grandchildren. Additionally, there is a peer counselor who works with the women in Spanish.

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Early Identification and Referral for Children with Special Needs

Child Haven accomplished its objective of *75% of families with children with disabilities and other special needs will receive case management and appropriate services.*

One of the overarching goals for the Child Haven IFSI project is to provide developmental screening for all children birth to two years 11 months. If there are concerns on the part of the Family Support Specialist or parents, Child Haven screens children up to age 6 using the Ages and Stages Questionnaire.

During the 2004-2005 IFSI grant year, Child Haven has performed 204 screenings on children served. Of those, the scores of 47 were identified with concerns in their development. Child Haven has implemented a 'triage session' in which Family Support Specialists meet with specialists in child development, and mental health for a consultation on visits and screening results. During this session decisions are made regarding the next step with children and families. These are then documented in the IFSP which is brought to the parent for acceptance.

All of the children with screening concerns (100%) have received case management and appropriate services. Children were referred to

North Bay Regional Center for services, to the school system, and to Child Haven developmental specialists.

Serving Monolingual Spanish-Speaking Caregivers

Child Haven also exceeded its objective that *75% of monolingual Spanish caregivers will receive appropriate services and/or referrals.* An important component of the Child Haven IFSI grant was the focus on Spanish-speaking families, who continue to be extremely underserved in Solano County. One Spanish-speaking Child Haven family support specialist was identified as a peer counselor. She addressed the mental health needs of the mothers who have high scores on the CES-D. She did a

IFSI Case Study

The FRC was contacted via phone by Maria (not her real name), a single mother, six months pregnant, who had just moved to the area with her two sons (ages 2 and 4). Maria stated she had just fled a violent relationship with her children's father, and she requested assistance obtaining food. She had no money or transportation.

The IFSI home visitor located food for the family and delivered it to their apartment. Upon arrival, the home visitor conducted a comprehensive assessment and was informed that the family had fled their former home without any of their possessions. Maria was able to have her housing voucher transferred and was able to obtain housing assistance, however the family had no beds or furniture.

Maria asked for help with diapers for the two year old, which were supplied. In the next four days, the FRC located a bed, sofa bed, and two chairs from IFSI partner agencies and arranged for delivery to the family's apartment. The family was also supplied with bus tokens.

The family was referred to the IFSI Public Health Nurse for assessment, and the Maria was linked to prenatal services. The FRC assisted in getting the four-year old enrolled in a Head Start site that provides transportation to and from the school.

The family is now receiving assistance from county agencies, and Maria has a better relationship with her own mother who now comes to her apartment and helps with the children. Maria also agreed to request a restraining order against the perpetrator in case he shows up in Solano County. Maria will begin attending the Nurturing Parenting class after she gives birth to her baby. The FRC continues to work with the family to get them connected to domestic violence counseling services.

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follow-up screening using the Beck Depression Inventory, along with a session to focus on their needs. If there were still concerns, she referred them to an appropriate mental health facility.

In addition, Child Haven provided three parenting groups in Spanish and to provide materials in Spanish on child development and parenting.

Child Haven also developed a Spanish language capacity in its Parent Child Interaction Therapy program (PCIT). A bilingual MFTI and a bilingual Family Support Specialist provide this parenting intervention with appropriate bilingual families both on-site in the PCIT therapy rooms, and as a component of family support in home services.

During this grant year 197 Spanish speaking families have been served by Child Haven. 100% of cases opened that are identified as Spanish speaking received appropriate services and/or referrals.

Parenting Partnership

In addition, the IFSI collaborative created the Parenting Partnership which was managed by Children’s Network. The following are some highlights from an evaluation of the Parenting Partnership conducted by Children’s Network.

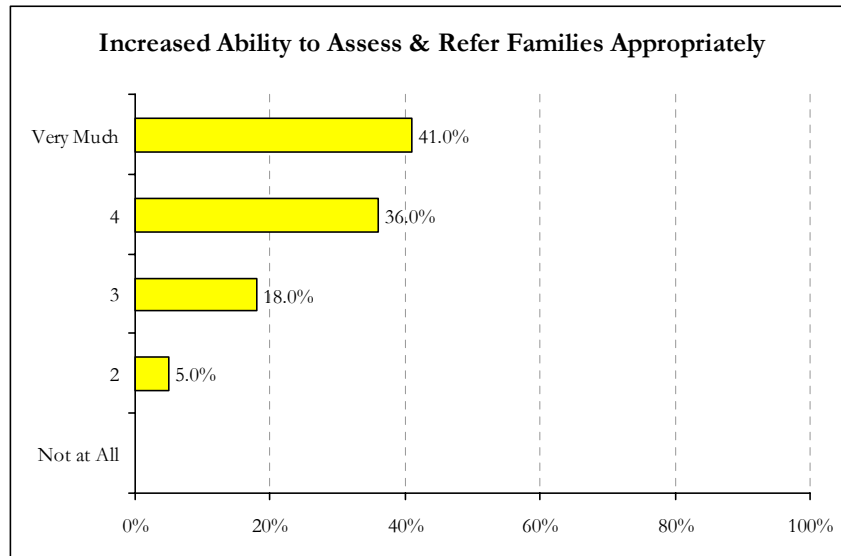
- ✓ Participation in the Parenting Partnership has substantially increased providers’ awareness of additional parenting resources in the community. A significant majority of providers (85%) became aware of at least 6 parenting programs as a result of their participation in the Parenting Partnership. More than a quarter of all providers (28%) learned about 16 or more parenting programs.
- ✓ Providers were also asked to assess the degree to which the Parenting Partnership increased their ability to assess and refer families to appropriate services. Using a 5-point Likert scale, with 1 indicating ‘Not at All’ and 5 indicating ‘Very Much’, the graph below shows that over three-quarters of providers scored the Parenting Partnership’s impact as a 4 or higher. This indicates a strong sense among providers that the Parenting Partnership is significantly increasing their ability to do their work effectively and increasing their knowledge of other providers in the county.

I have a much greater awareness of parenting in the county. This has greatly increased my ability to link clients to appropriate services.

As a mother it has helped me do the good things for my kids. As a person working with families [it has helped me] give good advice or ideas.

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**Exhibit 21-3
Children's Network/Parenting Partnership Outcome**



How are Providers and/or Systems Better Off as a Result of this Program?

In terms of impact on providers and systems, Child Haven and Children's Network accomplished the following with First 5 Solano support:

Service Integration and Collaboration

- First 5 Solano assisted Child Haven and Children's Network with establishing and/or strengthening contacts with other organizations who serve children 0-5 and their families, collaborating with other organizations to identify children's needs, collaborating with other organizations to develop or refine services, collaborating with other agencies on initiatives or applications for funds, pooling dollars with other agencies to serve young children and their families, and conducting more outreach with other providers.
- Children's Network also collaborated with other organizations by sharing data about families across programs and co-locating services with other agencies.
- Children's Network increased the frequency with which program staff share relevant client information with staff from other agencies.

Service Access

- Child Haven's services were specialized or adapted to meet the needs of children with disabilities or other special needs – services offered were for children with disabilities including developmental delays and serious emotional disturbances
- Children's Network services are not specialized or adapted to meet the needs of children with disabilities or other special needs. However, they have a collaborative relationship and refer families to agencies that provide those services, including North Bay Regional Center and Matrix Family Services.
- Child Haven and Children's Network had materials available in Spanish for clients.

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Use of Research-based Best Practices and Tools

- Child Haven and Children's Network shared best practices with other organizations.
- First 5 Solano assisted the Children's Network in using common assessments among organizations.

Provider Capacity

- Children's Network increased the appropriateness of services for families with different ethnic backgrounds.
- Children's Network increased the cultural sensitivity of its staff.
- Children's Network increased the number of staff who are culturally and linguistically reflective of the clients they serve.
- Children's Network increased staff awareness of other community services/resources.

Changes in Service Delivery Over the 2004-05 Fiscal Year

In the 2004-05 fiscal year, the IFSI partners experienced an increase in the following aspects of their service delivery:

- The number of referrals for services the program gets;
- The number of referrals the program makes;
- The number of children/families the program serves;
- Frequency of serving family units (in contrast to individual participants);
- Frequency of providing preventive services (in contrast to crisis intervention);
- Frequency of providing services in families' homes;
- Frequency with which program staff share relevant information about children and families among themselves;
- Public awareness of program services and resources;
- Frequency of specific efforts to improve the quality of services children or families can receive;
- The extent to which evaluation data are used to inform program improvement; and
- Knowledge about program sustainability.

In the 2004-05 fiscal year, IFSI experienced a decline in overall service delivery as a result of funding ending on June 30, 2005.

IFSI does not continue under the structure in which it was originally funded. Child Haven, one of the original partners in the development of IFSI, no longer receives funding through First 5 Solano. Children's Network still hopes to maintain the cooperative agency family case planning but is challenged to include new agencies funded through First 5 Solano, who choose their own level of participation in IFSI. Some IFSI partners expressed concern that without IFSI, and with First 5 Solano's new funding model that focuses on supporting services within its four school readiness catchment areas, the county's at-risk population located in South Vallejo is no longer being served by programs funded through First 5 Solano.

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**Chapter 22: Vacaville Police Department:
Child Abuse Response Team (CART) Program**

Project Name	Funded Amount
Vacaville Police Department Child Abuse Response Team (CART)	\$139,110 04/01/2003 to 03/31/2005

Program Overview

The Vacaville Police Department's (VPD) Child Abuse Response Team (CART) provides home visiting to parents of children ages 0-5 to provide comprehensive cases management and parent education. During home visits, parents are taught parenting skills and provided with resources and referrals for basic family needs. Families are referred to CART either by Child Protective Services (CPS) or VPD's Child Abuse Detective because they were identified as at risk for abuse or neglect. Families also receive six months of telephone follow-up services to ensure the needs of the family continue to be met.

Data Sources

Vacaville Police Department provided the following data for this evaluation report.

**Exhibit 22-1
Data Sources Available for This Chapter**

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Custom Program Evaluation Outcomes	<input checked="" type="checkbox"/>
First 5 Solano CBO Survey	<input checked="" type="checkbox"/>
OCERS Data	<input checked="" type="checkbox"/>

Services Provided

The following provides a summary of CART's target objectives for service delivery as well as the actual progress achieved during the 2004-05 fiscal year.

Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Provide in-home services to 40 families and their children.	✓				50 families served
Provide follow-up services for these families.	✓				50 families served

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Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Provide parenting programs that focus on reducing the risk of child abuse and neglect for 60 families and their children.	✓				93 families served
Provide coordinated service delivery (including: domestic violence and elder abuse) for children living and witnessing violence to an estimated 100 families.	✓				191 families served
CART will coordinate quarterly multidisciplinary team meetings with CPS and law enforcement to discuss referral process and service delivery.	✓				16 team meetings held
At least 20 families with substance abuse issues will be referred to a treatment program.	✓				77 referrals provided

Challenges to Effective Service Provision

Across the two years of receiving First 5 Solano funding, 60 families referred by CPS or Child Abuse Detectives refused to participate in the program. The program is voluntary so it is a challenge to engage some of the families who are most in need of CART's services. The families who decline services typically have a parent who is an active substance abuser and in denial over the family's problems.

What are the Characteristics of Clients Served?

CART served **584 families** and **596 children** ages 0-5 years in the time period from July 1, 2004 to June 30, 2005. The following describes the characteristics of these families and children based on the information available from this program.

The racial/ethnic breakdown of CART clients is:

- 51% Latino,
- 26% White,
- 13% Biracial/Multiracial/Other,
- 7% African American,
- 7% Native American, and
- 1% Asian/Pacific Islander.

All (100%) of CART's service recipients are low-income families, as indicated by their eligibility for TANF, MediCal and CalWORKS.

Additionally, 51% of CART's clients received services in Spanish. CART has also designed and adapted their services to be culturally appropriate for Hispanic/Latino clients.

**Priority 3:
Family Support and Education**

How are Children and/or Families Better Off as a Result of this Program?

CART tracked the following outcomes for program participants and found the following results for the period from July 1, 2004 to June 30, 2005.

Outcome Indicator	Number	Percent	Notes
Number and percent of substantiated recurrence of child abuse within a 6-month period	0	0	There were no incidents of abuse recurrence among families served. The initial referral for services was typically generated by substantiated child abuse report/case.
Number and percent of participants in parent education classes who increased their knowledge of healthy child-rearing practices	25	93%	There are five categories that the participants are rated on to show an increase in knowledge. Three participants scored lower on two categories but their overall average was within normal limits. Two participants scored the same and therefore quantitatively did not increase their knowledge. However, their total average scores were in the high score range.

CART completed the matrix pre- and post-evaluation assessment with each family, as well as the Adult-Adolescent Parenting Inventory (AAPI). Overall, on the post-test families scored in a higher functioning range for all categories of the matrix assessment, were satisfied with services, and were at lower risk for abusing their children according to the AAPI.

How are Providers and/or Systems Better Off as a Result of this Program?

In terms of impact on providers and systems, CART accomplished the following with First 5 Solano support:

Service Integration and Collaboration

- First 5 Solano assisted CART with establishing and/or strengthening contacts with other organizations who serve children 0-5 and their families, sharing data about families across programs, collaborating with other organizations to identify children's needs, collaborating with other organizations to develop or refine services, and collaborating with other agencies on initiatives or applications for funds.
- CART also collaborated with other organizations by pooling dollars with other agencies to serve young children and their families, and co-locating services with other agencies.

Service Access

- CART had materials available in Spanish for clients.

**Priority 3:
Family Support and Education**

Use of Research-based Best Practices and Tools

- First 5 Solano assisted CART with sharing best practices with other organizations.
- CART used research-based assessments and tools.

Provider Capacity

- CART increased staff awareness of other community services/resources.

**Priority 3:
Family Support and Education**

**Chapter 23: NorthBay Health Care:
Children’s Health Access Program (CHAP)**

Project Name	Funded Amount
NorthBay Health Care Children’s Health Access Program	\$192,360 05/01/2003 to 04/30/2005

Program Overview

NorthBay HealthCare’s Children’s Health Access Program (CHAP) is a treatment and prevention program designed to help parents of under-served children birth to five years of age with urgent medical and dental needs and kindergarten immunization requirements.

Underinsured children ages 0-5 in need of urgent health care are referred to CHAP for one time health visit coverage and nurse case management paid by the program. CHAP has developed a Referral Form that agencies networking with CHAP throughout Solano County fill out with the family and send to CHAP. The form requires parental consent for CHAP to refer the child to SKIP and CHDP. When the Referral Form is received the child’s information is forwarded to SKIP and CHDP, thus connecting them to a medical home. CHAP then conducts a follow-up phone call to the family regarding the child’s health insurance coverage and healthcare.

Data Sources

This evaluation is based on progress reports that the City of Benicia Parks and Community Services submitted to First 5 Solano.

Services Provided

According to available progress reports, from April 2004 to March 2005, 301 families were connected to SKIP services; of those, 279 received some kind of health insurance.

The following provides a summary of CHAP’s target objectives for service delivery as well as the actual progress achieved during the 2004-05 fiscal year.

Target Objective	Exceeded	Met	Partially met	Not Met	Progress Achieved and Explanatory Notes
CHAP staff or representative will arranges for the appropriate appointments and medical interventions for qualified children. CHAP program will provide immunization services for children age 0-5, targeting each School Readiness site.			✓		362 children served
Parents are referred to the Solano Kids Insurance Program for health insurance case management.		✓			

**Priority 3:
Family Support and Education**

Target Objective	Exceeded	Met	Partially met	Not Met	Progress Achieved and Explanatory Notes
Parents are linked with preventive health care services, a payment source, and case management support through the Child Health and Disability Prevention Program (CHDP).		✓			Activity part of each contact.
Parents receive follow-up call to ensure compliance with the treatment plan and an understanding of the medical treatment prescribed.		✓			
100% of CHAP participant families will be referred to SKIP.		✓			
100% of CHAP participant families will be referred to CHDP.		✓			
Participate in Community meeting regarding access to health care.		✓			
Provide bi-lingual Spanish speaking CHAP staff person for M.D. "sick" child visits, when available and necessary.		✓			
CHAP Advisory Board meets monthly with all partner organizations to conduct program level coordination and communication among partners as well as case coordination when needed. The Board is also responsible for determining the need for CHAP services beyond 2004 funding and for resource development and fund-raising, if necessary.			✓		9 board meetings
Advisory board member or CHAP staff to Attend School Readiness planning meetings as needed for each community/school site.	✓				14 meetings attended
Set up a reporting system with SKIP to provide quarterly reports on the number of children and families referred who enrolled in a health insurance program.			✓		1 report
Set up a reporting system with CHDP to provide quarterly reports on the number of children and families who are receiving CHDP services.			✓		2 reports
Evaluate CHAP recipient's feedback from follow-up phone calls on how services can be improved.		✓			

Challenges to Effective Service Provision

CHAP reports it is not unusual for the families they serve to have their phones disconnected between contacts with the program. For this reason, CHAP always gives participants their phone number to the families so they can still reach CHAP even if CHAP cannot reach them.

What are the Characteristics of Clients Served?

All recipients of CHAP services have the following characteristics as they required in order to be eligible for the program:

- Children ages 0-5 years;
- Solano County resident;
- Family meets income requirements (200% of poverty guideline);
- Needs urgent medical services; and
- Has no health insurance or inadequate coverage.

**Priority 3:
Family Support and Education**

As noted below, many CHAP participants are Latino/a and Spanish-speaking, although we do not have a precise breakdown of CHAP clients' race/ethnicity.

How are Children and/or Families Better Off as a Result of this Program?

CHAP's bilingual staff conduct initial and follow-up phone calls to all participants to provide health insurance resources and to monitor that their healthcare and other needs are being met. Many families do not speak English and often CHAP is their first contact with CHDP and SKIP and affordable health insurance.

CHAP reports that 100% of families served have been connected to a medical home through CHDP and SKIP. This has been achieved through a strong working partnership with referring sources as well as CHDP and SKIP. CHAP also developed a partnership with CHDP and SKIP through the Immunization Fairs held in the county.

Other project successes include CHAP's development of strong working relationships with the school nurses from the First 5 Solano School Readiness sites. All four sites currently have a school nurse on the advisory board for CHAP. The CHAP program also supports the schools in other ways including providing 100 holiday baskets to families referred by the school nurses.

**Priority 3:
Family Support and Education**

**Chapter 24: FamiliesFirst:
Extended Family Support Services Program**

Project Name	Funded Amount
FamiliesFirst Extended Family Support Services Program	\$400,000 04/01/2003 to 03/31/2005

Program Overview

The FamiliesFirst Extended Family Support Services Program (EFSSP) provides supportive services to meet the distinct needs of kinship families caring for children ages 0-5. The program provides extensive support services either in the home or in the community to both children and relative caregivers. Services include:

- Case management;
- Assistance with legal guardianship;
- Play groups and recreational activities;
- Support groups;
- Pre-academic activities;
- Parenting education and support;
- Health and development screenings;
- Respite care;
- Transportation,
- Assistance with basic needs;
- Information and referral; and
- Advocacy.

The intent of the program is to support the relative caregiver's efforts to prepare the child(ren) for entering preschool and/or kindergarten. Additionally, the program supports the family by addressing the issues resulting from the child being removed from the care of their parent.

Data Sources

FamiliesFirst provided the following data for this evaluation report.

**Exhibit 24-1
Data Sources Available for This Chapter**

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Custom Program Evaluation Outcomes	<input checked="" type="checkbox"/>
First 5 Solano CBO Survey	<input checked="" type="checkbox"/>
OCERS Data	<input checked="" type="checkbox"/>

**Priority 3:
Family Support and Education**

Services Provided

The following provides a summary of the Extended Family Support Services Program's target objectives for service delivery as well as the actual progress achieved during the 2004-05 fiscal year.

Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Ages and Stages questionnaire will be completed on at least 40 children zero to five entering the program each year.	✓				70 children served
Provide weekly to bi-weekly in-home parent education, as determined by family's needs, to 40 families a year, using Parents as Teachers (PAT) curriculum.		✓			40 families served
40 children ages zero to five will complete a Denver Developmental Screening each year.					None reported
Provide home visits to 40 families a year families weekly or bi-weekly, as needed for providing in-home parent education, child questionnaires and child assessments.	✓				70 families served
Provide Parents as Teachers program weekly to 30 families each year.					None reported
Provide 6 educational workshops a year for 20 families.	✓				12 workshops conducted
Provide 12 kinship caregiver support groups a year for 30 families.					None reported
Provide 120 hours of respite to Kinship Care providers by Mentors each year.		✓			120 hours provided
Provide 3 recreational days a year to provide activities for the children and respite for the Kinship Care providers.		✓			3 days provided
Provide 6 bi-monthly workshops per year on topics specific to kinship caregivers.	✓				12 workshops conducted
Provide 12 monthly parent support groups per year for kinship caregivers.		✓			12 support groups held
Provide monthly playgroups per year for children, 0 – 5, in kinship families.		✓			12 playgroups held
Mentors provide transportation assistance to relative caregivers, responding to at least 75 requests per year.	✓				80 transportations provided
Submit 3 proposals for funding to private and public sources annually.		✓			3 proposals submitted

Challenges to Effective Service Provision

FamiliesFirst reported no challenges to effective service provision.

FamiliesFirst receives most referrals from the Probate Court, Children and Family Services, and by word of mouth. The program addressed barriers families experience in completing guardianship packets by providing staff assistance in the process. FamiliesFirst also notes that because most caregivers cannot afford the fees associated with the guardianship process, staff also provide assistance with the packet for fee waivers.

**Priority 3:
Family Support and Education**

What are the Characteristics of Clients Served?

EFSSP served **58 families** and **98 children** ages 0-5 years in the time period from July 1, 2004 to June 30, 2005. The following describes the characteristics of these families and children based on available information.

- Three-quarters (43 or 74%) of families served are single-parent households, and they are all low-income: **100% are eligible for TANF and MediCal.**
- About one in five (**17%**) of children served in this program have **special needs**, and two-thirds (**66%**) have had **cases of reported child abuse.**
- 11% of EFSSP's clients received services in Spanish.

EFSSP has also designed and adapted their services to be culturally appropriate for Hispanic/Latino, African-American, Asian/Pacific Islander, and White clients.

How are Children and/or Families Better Off as a Result of this Program?

Using pre- and post-intervention surveys, FamiliesFirst measured the following outcomes for program participants and found these results for the period from July 1, 2004 to June 30, 2005.

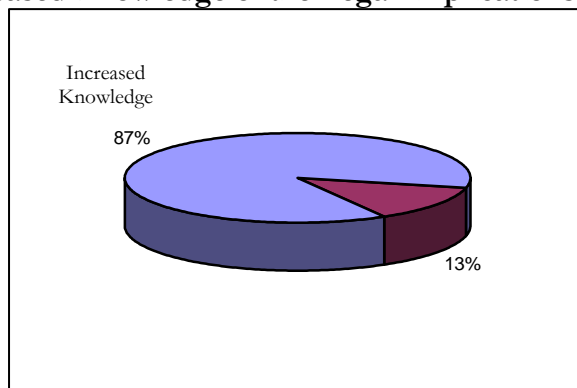
Outcome Indicator	Number	Percent
Number and percent of FamiliesFirst Kinship Caregivers who increased their knowledge of legal implications of guardianship	59	87%
Number and percent of FamiliesFirst Kinship Caregivers who have increased knowledge of child-rearing practices	47	69%

Most of the caregivers who enrolled into the program sought and received assistance with guardianship. Exhibit 24-2 reveals that about 9 in 10 (87%) participants increased their knowledge of the legal implications of guardianship through FamiliesFirst's information and services.

FamiliesFirst heard from clients that they felt "less stressed, at ease, no longer alone, and relieved" after enrolling in the program. Caregivers also stated that the provision of FamiliesFirst services "reduced the feelings of being angry with the children or frustrated about being a parent instead of a grandparent (or aunt/uncle)."

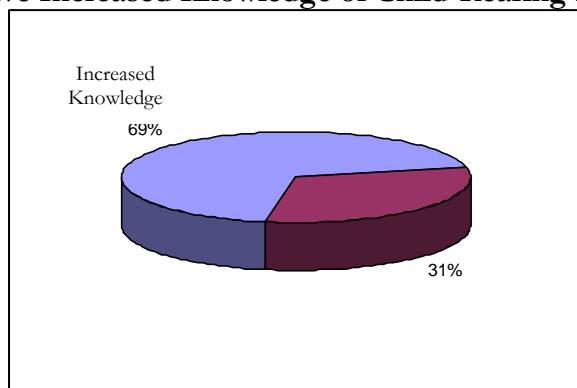
**Priority 3:
Family Support and Education**

**Exhibit 24-2
Percent of FamiliesFirst Kinship Caregivers
Who have Increased Knowledge of the Legal Implications of Guardianship**



As shown in Exhibit 24-3 below, just over two-thirds of FamiliesFirst parents reached increased their knowledge of child-rearing practices.

**Exhibit 24-3
Percent of FamiliesFirst Kinship Caregivers
Who have Increased Knowledge of Child-Rearing Practices**



FamiliesFirst staff explain that a higher percentage of parents did not increase knowledge of child-rearing because many came to the program with good child-rearing knowledge and practices. FamiliesFirst reports that these caregivers generally needed other types of practical support such as financial assistance and respite care.

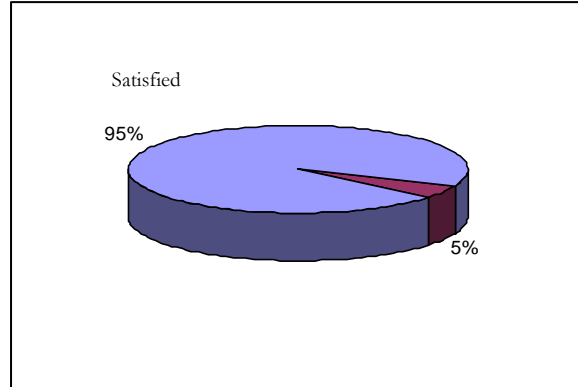
FamiliesFirst achieved additional successes: as a result of their efforts, the guardianship process is more effective when FamiliesFirst is involved. Probate Court investigators note that **on average FamiliesFirst-involved guardianship cases are completed in two court appearances, in comparison with the general average of six or more court appearances** due to problems with paperwork.

The program also reports the have observed caregivers gain inner strength to confront parents and hold their ground when it came to protecting children. Caregivers said the program provided “the bridge between uncertainty and security.”

**Priority 3:
Family Support and Education**

Exhibit 24-4 below shows the nearly universal satisfaction with services that FamiliesFirst clients report.

**Exhibit 24-4
Percent of FamiliesFirst Clients
Who Are Satisfied with Services Received**



How are Providers and/or Systems Better Off as a Result of this Program?

In terms of impact on providers and systems, FamiliesFirst's EFSSP accomplished the following with First 5 Solano support:

Service Integration and Collaboration

- EFSSP established and/or strengthened contacts with other organizations who serve children 0-5 and their families, collaborated with other organizations to identify children's needs, collaborated with other organizations to develop or refine services, collaborated with other agencies on initiatives or applications for funds, and conducted more outreach with other providers.
- EFSSP increased the frequency with which program staff shares relevant client information with staff from other agencies.

Service Access

- EFSSP had materials available in Spanish for clients.

Use of Research-based Best Practices and Tools

- EFSSP shared best practices with other organizations.

Provider Capacity

- EFSSP increased staff awareness of other community services/resources.

**Priority 3:
Family Support and Education**

Changes in Service Delivery Over the 2004-05 Fiscal Year

In the 2004-05 fiscal year, EFSSP experienced an **increase** in the following aspects of their service delivery:

- The number of referrals for services the program gets;
- The number of children/families the program serves;
- Frequency of serving family units (in contrast to individual participants);
- Frequency of providing services in families' homes;
- Frequency with which program staff share relevant information about children and families among themselves;
- Public awareness of program services and resources;
- Frequency of specific efforts to improve the quality of services children or families can receive; and
- The extent to which evaluation data are used to inform program improvement.

**Priority 3:
Family Support and Education**

**Chapter 25: Kids Xpress:
Children's Transportation Program**

Project Name	Funded Amount
Kids Xpress Children's Transportation Program	\$40,000 04/01/2003 to 12/31/2004

Program Overview

The Child Transportation Program offers low-income and at-risk families access to essential activities that support their child's development, well-being, and school readiness by providing safe, reliable transportation services between home, day care, school, and extracurricular activities. The funded project's aim was to expand full-time transportation services in Vallejo, including the Loma Vista School Readiness catchment area, and introduce transportation services in Fairfield within the Anna Kyle School Readiness catchment area.

Data Sources

This evaluation is based on progress reports that Kids Xpress submitted to First 5 Solano.

Services Provided

Kids Xpress provided a total of 14,155 **individual transportation trips** in the 2004-05 fiscal year, of which **6,061 were for children ages 0-5**. This represents a **5% increase** over the total number of trips provided in the prior fiscal year, predominantly attributable to the launch of services in Fairfield in September 2004.

Additional information about Kids Xpress's performance relative to target objectives can be found in the table below.

Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Increase the number of children transported. Performance target = 68 children.	✓				73 children transported
Increase the number of children ages 0-5 transported. Performance target = 30 children.	✓				39 children transported
Increase racial/ethnic diversity of children transported.		✓			All performance targets for % of children in specific racial/ethnic groups met (see next section).

**Priority 3:
Family Support and Education**

What are the Characteristics of Clients Served?

One of Kids Xpress's target objectives was to increase the diversity of children transported. The table below shows that generally Kids Xpress has met their performance objective regarding the racial/ethnic composition of children receiving transportation services.

**Exhibit 25-1
Comparison of Kids Xpress Target and Actual Performance:
Race/Ethnicity of Children Served**

	Performance Target*	Actual Year-End Performance
African American	38	36
Latino/Hispanic	10	6
Asian/Pacific Islander	10	13
Caucasian	10	11
Multi-racial	0	7
Totals:	68	73

* Numbers of individual children transported, not percentages of children served.

Addressing Barriers to Service Access

The Kids Xpress's overarching aim is to reduce the number of families and children who experience transportation as a barrier to childcare and other receiving needed services. To this end, one of the objectives for Kids Xpress was to increase the number of specific types of sites served. As Exhibit 25-2 shows, while Kids Xpress did not meet the target for schools and childcare centers, they increased service to many other types of sites/services.

**Exhibit 25-2
Comparison of Kids Xpress Target and Actual Performance:
Types of Sites Served**

	Performance Target*	Actual Year-End Performance
Schools	20	15
Childcare Centers	40	21
Other	0	53

Regarding childcare center, Kids Xpress staff explain that they came to understand there was a misunderstanding by both childcare providers and CalWORKS case workers. Kids Xpress continues to be the only designated childcare transportation service that is fully refundable by CalWORKS, separate from childcare center reimbursement, for qualified clients. Kids Xpress learned that many childcare providers erroneously believed that using Kids Xpress may reduce their reimbursement. Kids Xpress has since proactively communicated with individual childcare providers and childcare networks to clarify reimbursement for transportation.

**Priority 3:
Family Support and Education**

Chapter 26: Latino Commission: Casa Natal

Project Name	Funded Amount
Latino Commission Casa Natal	\$317,164 04/01/03 to 06/30/05

Program Overview

Casa Natal is a residential substance abuse treatment facility for pregnant and parenting Latinas (located originally in Dixon and then moved to Vacaville). Casa Natal staff are bicultural and bilingual, and trained specifically in the operation of a residential treatment facility.

Data Sources

The Latino Commission on Drug and Alcohol Abuse provided the following data for this evaluation report.

**Exhibit 26-1
Data Sources Available for This Chapter**

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Custom Program Evaluation Outcomes	<input checked="" type="checkbox"/>
First 5 Solano CBO Survey	<input checked="" type="checkbox"/>
OCERS Data	<input checked="" type="checkbox"/>

Services Provided

The following provides a summary of Casa Natal’s target objectives for service delivery as well as the actual progress achieved during the 2004-05 fiscal year.

Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Provide 1971 residential treatment bed days to pregnant and parenting Latinas and their children.		✓			1971 residential bed days provided
Provide 576 individual counseling hours to pregnant and parenting Latinas in Outpatient Services Program.	✓				748 case management sessions provided
Provide 1,728 group counseling hours to pregnant and parenting Latina in Outpatient Services Program.			✓		1,552 hours of Outpatient counseling provided
Provide individual counseling/family case management and group sessions to 12 women.			✓		9 women served

**Priority 3:
Family Support and Education**

Challenges to Effective Service Provision

The remote location of the facility in Dixon proved to be a challenge for residents as it offered little opportunity for traveling to appointments such as medical or collateral treatment visits. Many women also found the location isolating, resulting in challenges with retention. To address this issue, the program secured and moved to a new location in a residential neighborhood in Vacaville. The new facility is centrally located and conveniently accessible via public transportation and highways. Since moving to the new facility, the program has seen a steady increase in its census, resulting in full capacity operation in the most recent months.

What are the Characteristics of Clients Served?

Casa Natal served **10 families** and **11 children** ages 0-5 years in the time period from July 1, 2004 to June 30, 2005. The racial/ethnic breakdown of Casa Natal clients is as follows:

- 80% Latino;
- 15% Biracial/Multiracial/Other; and
- 5% White.

Additionally, 60% of Casa Natal’s clients received services in Spanish. Casa Natal has also designed and adapted their services to be culturally appropriate for Hispanic/Latino clients.

How are Children and/or Families Better Off as a Result of this Program?

The Latino Commission on Drug and Alcohol Abuse tracked the following outcomes for program participants and found the following results for the period from July 1, 2004 to June 30, 2005.

Outcome Indicator	Number	Percent of Total
Number and percent of clients who remained clean and sober for 21 days or more while in the program	10	100%
Number and percent of clients who entered the program pregnant and have given birth to drug-free babies	2	20%

**Priority 3:
Family Support and Education**

How are Providers and/or Systems Better Off as a Result of this Program?

In terms of impact on providers and systems, Casa Natal accomplished the following with First 5 Solano support.

Service Integration and Collaboration

- First 5 Solano assisted Casa Natal with establishing and/or strengthening contacts with other organizations that serve children 0-5 and their families and collaborating with other organizations to identify children's needs.

Service Access

- Casa Natal had materials available in Spanish for clients.

Provider Capacity

- Casa Natal increased the cultural sensitivity of its staff.
- Casa Natal increased the number of staff who are culturally and linguistically reflective of the clients they serve.
- Casa Natal increased staff awareness of other community services/resources.

Changes in Service Delivery Over the 2004-05 Fiscal Year

In the 2004-05 fiscal year, Casa Natal experienced an increase in the following aspects of their service delivery:

- The number of referrals for services the program gets;
- The number of referrals the program makes;
- The number of children/families the program serves;
- Frequency of serving family units (in contrast to individual participants);
- Public awareness of program services and resources; and
- Frequency of specific efforts to improve the quality of services children or families can receive.

**Priority 3:
Family Support and Education**

**Chapter 27: MATRIX Parent Network and Resource Center:
Extended Early Childhood Services (EECS)**

Project Name	Funded Amount
MATRIX Parent Network and Resource Center Extended Early Childhood Services (EECS)	\$154,000 03/05/2003 to 06/30/2005

Program Overview

MATRIX/EECS provides parents of children ages 0-5 with special needs or disabilities information, resources, and support around areas of school readiness in an effort to promote inclusion of children with a variety of abilities and to ensure these children have a successful school experience. MATRIX/EECS believes that parents play a vital role in children’s preparation for school and aims to increase parents’ skills and confidence by providing information, resources, and support.

Data Sources

MATRIX Parent Network provided the following data for this evaluation report.

**Exhibit 27-1
Data Sources Available for This Chapter**

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Custom Program Evaluation Outcomes	<input checked="" type="checkbox"/>
First 5 Solano CBO Survey	<input checked="" type="checkbox"/>
OCERS Data	<input checked="" type="checkbox"/>

Services Provided

The following provides a summary of MATRIX’s target objectives for service delivery as well as the actual progress achieved during the 2004-05 fiscal year.

Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
EECS will provide families with culturally appropriate information and referral services regarding disabilities, medical, educational and quality of life through one to one consultations including office visits, home visits, phone calls, and printed materials. Parents may receive print materials, referral to professionals and other service providers		✓			MATRIX distributed over 100 informational packets in English & Spanish. MATRIX also has books, videos, and other

**Priority 3:
Family Support and Education**

Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
or other information as follow up to these consultations.					publications available to achieve this objective.
MATRIX EECS will continue to facilitate 7 ongoing Parent Support Groups focusing on various disabilities/issues in easily accessible locations throughout the community at times convenient to working families. Parent Support groups offer childcare when appropriate.	✓				28 Parent Support Groups were held
MATRIX will plan, promote and facilitate 3 new ongoing Parent Support Groups	✓				4 Parent Support Groups were held
MATRIX EECS will update, plan and present a total of 20 trainings for families in 2004.			✓		11 trainings were conducted
EECS will design, plan, and present 1 training focusing on School Readiness concerns for families of children with special needs.	✓				2 training were conducted
MATRIX will update, promote and present the Parent Professional Collaboration two times in 2004. This training will be promoted to both parents and professionals.		✓			2 trainings were conducted
MATRIX will mail informational newsletters to registered EECS families 4 times per year.		✓			Quarterly mailings sent

Challenges to Effective Service Provision

The primary challenge MATRIX experienced in successfully implementing this program was a lack of referrals from school districts.

What are the Characteristics of Clients Served?

MATRIX served **247 children** ages 0-5 years in the time period from July 1, 2004 to June 30, 2005. The racial/ethnic breakdown of MATRIX clients is approximately:

- 49% White,
- 48% Latino, and
- 3% African American.

Additionally, 48% of Bright Beginning's clients received services in Spanish.

All (100%) of the children MATRIX served through this funded program have special needs. Of these, 36 (14.5%) were born at low or very low birth weight. The children MATRIX served experienced the full range of childhood special needs, including:

- General developmental delays,
- Specific learning disabilities,
- Deafness/hearing and/or speech impairments,
- Autism or pervasive developmental disorder,
- Serious emotional disturbance,
- Orthopedic impairments, and

**Priority 3:
Family Support and Education**

- Other health/cognitive impairments.

How are Children and/or Families Better Off as a Result of this Program?

MATRIX Parent Network tracked the following outcome for program participants and found the following results for the period from July 1, 2004 to June 30, 2005.

Outcome Indicator	Number	Percent	Notes
Number and percent of parents who have increased their knowledge of how to advocate for their children with special needs	426*	83.5%	MATRIX implemented post-intervention evaluation surveys at trainings and support groups. Pre and post-assessments were not practicable given the brevity and setting of the intervention.

* Denotes a duplicate count.

Based on the evaluation survey results, MATRIX successfully accomplished their goal of increasing knowledge among parents of how to advocate for their children with special needs.

How are Providers and/or Systems Better Off as a Result of this Program?

In terms of impact on providers and systems, MATRIX accomplished the following with First 5 Solano support:

Service Integration and Collaboration

- MATRIX, with First 5 Solano assistance, established and/or strengthened contacts with other organizations who serve children 0-5 and their families, shared data about families across programs, collaborated with other organizations to identify children’s needs, and conducted outreach with other providers.
- MATRIX also collaborated with other organizations to develop or refine services.

Service Access

- MATRIX’s services were specialized or adapted to meet the needs of children with disabilities or other special needs – services offered were for children with disabilities including developmental delays, specific learning disabilities, deafness or other hearing impairments, autism or pervasive developmental disorder, serious emotional disturbances, speech impairments, orthopedic impairments, blindness or other visual impairments, and other health/cognitive impairments.
- MATRIX had materials available in Spanish for clients.
- MATRIX increased the appropriateness of services for children with disabilities and other special needs.
- MATRIX increased the appropriateness of services for families with different ethnic backgrounds.

**Priority 3:
Family Support and Education**

Use of Research-based Best Practices and Tools

- MATRIX shared best practices with other organizations.

Provider Capacity

- MATRIX increased the cultural sensitivity of its staff.
- MATRIX increased the number of staff who are culturally and linguistically reflective of the clients they serve.
- MATRIX increased staff awareness of other community services/resources.

Changes in Service Delivery Over the 2004-05 Fiscal Year

In the 2004-05 fiscal year, MATRIX experienced an increase in the following aspects of their service delivery:

- The number of referrals for services the program gets;
- The number of referrals the program makes;
- The number of children/families the program serves;
- Public awareness of program services and resources;
- Frequency of specific efforts to improve the quality of services children or families can receive; and
- The extent to which evaluation data are used to inform program improvement.

**Priority 3:
Family Support and Education**

**Chapter 28: Planned Parenthood:
Teen Parent and Family Resource Center**

Project Name	Funded Amount
Planned Parenthood: Teen Parent and Family Resource Center	\$120,000 04/01/2003 to 05/31/2005

Program Overview

The Teen Parent and Family Resource Center's (TPFRC) mission is to serve and support teen parents, their children, and their families so that they can be independent and successful parents and families. Services were tailored to suit the needs of teens whose children were always welcome. Direct services included:

- Tutoring (high school and GED);
- Parenting classes;
- Childbirth education classes;
- Career and college assistance (including scholarship assistance);
- Résumé and interviewing assistance;
- Computer and Internet access for school or other research; and
- General referrals to community services and agencies (e.g., food, shelter, etc).

The Teen Parent Advocacy Board worked on systems change in the community. Teen parents met regularly to identify and address service gaps for pregnant and parenting teens.

Data Sources

Planned Parenthood provided the following data for this evaluation report.

**Exhibit 28-1
Data Sources Available for This Chapter**

Data Source	Available for This Chapter
Progress Report	☑
Custom Program Evaluation Outcomes	☑
First 5 Solano CBO Survey	☑
OCERS Data	☑

**Priority 3:
Family Support and Education**

Services Provided

The following provides a summary of the TPFRC's target objectives for service delivery as well as the actual progress achieved during the 2004-05 fiscal year.

Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Provide drop-in academic tutoring two afternoons a week for 25 teen parents.	✓				52 teen parents served
Provide monthly job readiness classes to assist 25 teen parents in gaining the skills necessary to secure and gain meaningful employment.	✓				23 job readiness classes provided
Provide 25 teen parents with monthly parent education classes covering topics such as proper hygiene techniques, nutrition, teething, and stress management.	✓				58 teen parents served
Provide housing information and transportation vouchers throughout the year to 25 teen parents.	✓				67 teen parents served
Conduct quarterly information sessions to reach 20 grandparents (parents of teen parents) with information about the teen parent resource center and the needs of their teen parents.	✓				5 information sessions provided
Recruit and train new Teen Parent Advocacy Board members as needed to maintain 8-10 parent participants.	✓				33 parent participants recruited and trained
The Teen Parent Advocacy Board will meet at least two times per month.	✓				26 meetings held
Identify a minimum of two community-based health care providers that would benefit from a teen parent sensitivity workshop and schedule one workshop for each organization.		✓			2 providers served
Identify a minimum of two schools in Solano County that would benefit from a teen parent sensitivity workshop and schedule one workshop for each school.		✓			2 schools served
Identify a minimum of two child care providers in Solano County that would benefit from a teen parent sensitivity workshop and schedule one workshop for each provider.				✓	None reported
Identify a minimum of two community-based organizations in Solano County that would benefit from a teen parent sensitivity workshop and schedule one workshop for each organization.	✓				3 community-based organizations served

Challenges to Effective Service Provision

The TPFRC experienced some challenges in implementation. The following describes these challenges and steps taken to overcome them:

1. The brief length of the workshops, and the location within schools, made it impractical for the project to implement pre- and post-intervention evaluation assessments. They solved the problem by moving to a post-intervention assessment, which required less time to implement.
2. Because most workshops happened in schools during lunch time, teens had to give up their lunch break and as a result there was not as much consistency in participation as would have been ideal. To address this and other logistical issues, the workshop provider attended the

**Priority 3:
Family Support and Education**

Nurturing Parenting Program Facilitator Training. The trainer adopted this model of parenting education and is working with other agencies such as California Hispanic Commission (Latino Family Services) to collaborate on the workshops. She also adopted the Nurturing Parenting model of providing one class per week for six weeks, removing the need for consistent participation.

3. The Teen Parent Advisory Board (TPAB) has been active and productive though struggled with increasing the number of teens who participate consistently. The committed group of teens decided on their own to meet twice a month, and they developed a plan for bringing in new members. Ironically, another barrier to consistent participation is transportation, the very issue that the TPAB identified as highest priority in its needs assessment work (see below for more detail).

What are the Characteristics of Clients Served?

The TPFRC served **472 families** in the time period from April 1, 2004 to June 30, 2005. The following describes the characteristics of these families and children based on available information.

- The TPFRC served low-income teens and families: 97% are eligible for WIC and 80% are eligible for MediCal.
- The TPFRC made materials available in Spanish, though workshops were provided in English only.

Additional demographic characteristics are not available for participants in the TPFRC.

How are Children and/or Families Better Off as a Result of this Program?

Using post-intervention survey assessments, Planned Parenthood: Shasta-Diablo measured outcomes for program participants and found the following results for the period from July 1, 2004 to June 30, 2005.

Outcome Indicator	Number	Percent	Notes
Number and percent of participants who have increased their knowledge of basic infant care	94	100%	Nurturing Parenting Program classes (modified model) were conducted; a certified childbirth educator conducted classes that included instruction on infant care, including parenting instruction.
Number and percent of clients who have increased their job skills	47	100%	Includes 14 one-on-one sessions, 3 classes at teen mom group home, and 30 group classes or sessions (through instruction, games, handouts).

According to these results of the post-intervention evaluation surveys, the TPFRC effectively accomplished their primary objectives of increasing knowledge of basic infant care and increasing job skills among teen parents.

Priority 3: Family Support and Education

Expounding upon the benefits of services they received, teens participating in TPFRC workshops reported the following on evaluation surveys:

Even if my daughter can't talk yet I still should talk to her anyway and now I do.

I learned how to make a résumé. I've learned how to change myself for the better before I can change someone else.

I've used some of the resources and résumé information. I also pass helpful information on to others who can use it.

Additional Efforts of the Teen Parent Advocacy Board

The Teen Parent Advocacy Board (TPAB) conducted a needs assessment and identified the transit system as the top priority issue to address. They identified five ways that the transit system can be improved and created petitions for adults and teens with their suggestions. The TPAB then met with a representative from the City of Fairfield Transit System, who provided them with information for them to take follow-up actions.

How are Providers and/or Systems Better Off as a Result of this Program?

TPFRC's First 5 Solano-funded efforts contributed to improving providers and systems for children ages 0-5 and their in the following ways.

Service Integration and Collaboration

- TPFRC established and/or strengthened contacts with other organizations who serve children 0-5 and their families, and collaborated with other organizations to develop or refine services.
- TPFRC also collaborated with other organizations to identify children's needs, collaborated with other agencies on initiatives or applications for funds, and co-located services with other agencies.
- TPFRC increased the frequency with which program staff shares relevant client information with staff from other agencies.

Service Access

- TPFRC had materials available in Spanish for clients.

Use of Research-based Best Practices and Tools

- TPFRC shared best practices with other organizations.

**Priority 3:
Family Support and Education**

Provider Capacity

- TPFRC increased the cultural sensitivity of its staff.
- TPFRC increased the number of staff who are culturally and linguistically reflective of the clients they serve.
- TPFRC increased staff awareness of other community services/resources.

Changes in Service Delivery Over the 2004-05 Fiscal Year

In the 2004-05 fiscal year, TPFRC experienced an increase in the following aspects of their service delivery:

- The number of referrals for services the program receives;
- The number of referrals the program makes;
- The number of children/families the program serves;
- Frequency of serving family units (in contrast to individual participants);
- Frequency with which program staff share relevant information about children and families among themselves;
- Public awareness of program services and resources; and
- Frequency of specific efforts to improve the quality of services children or families can receive.

**Priority 3:
Family Support and Education**

**Chapter 29: Youth and Family Services:
Substance Abuse-Related Services (Direct Services)**

Project Name	Funded Amount
Youth and Family Services Substance Abuse-Related Services (Direct Services)	\$1,390,778 07/01/2001 to 06/30/2005

Program Overview

Youth and Family Services (YFS) provides comprehensive services to pregnant and parenting women with substance abuse, including:

- ✓ Case management and support services to women in treatment programs;
- ✓ Home visits and outreach to women referred to YFS;
- ✓ Parenting classes for women participating in YFS treatment groups; and
- ✓ Parenting classes in local jails for incarcerated mothers and fathers.

YFS staff also funded a therapeutic nursery for children of women participating in various YFS programs, including assessments of the children and therapeutic childcare. First 5 Solano funding supported outreach efforts to get clients into substance abuse treatment services.

Data Sources

Youth and Family Services provided the following data for this evaluation report.

**Exhibit 29-1
Data Sources Available for This Chapter**

Data Source	Available for This Chapter
Progress Report	☑
Custom Program Evaluation Outcomes	☑
First 5 Solano CBO Survey	☑
OCERS Data	☑

**Priority 3:
Family Support and Education**

Services Provided

The following provides a summary of Direct Services' target objectives for service delivery as well as the actual progress achieved during the 2004-05 fiscal year.

Target Objective	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
66 women who had an initial contact with a case manager will receive enhanced services	✓				159 women received enhanced services
200 incarcerated male and female parents of children aged 0 to 5 years, and parents whose children are in the Child Recovery Program, will be enrolled in the Nurturing Parenting classes.			✓		184 parents enrolled
Explore new funding opportunities to sustain this program.		✓			Grant applications completed
65 women who are in substance abuse treatment will remain in treatment for 21 days or more.	✓				75 women remained
30 parent/child dyads will show 50% improved attachment after 3 months in treatment.	✓				69 parent/child dyads improved

Challenges to Effective Service Provision

- Participants in the Nurturing Parenting classes in jails self-refer, making it difficult to meet the target of 200 enrollees.

What are the Characteristics of Clients Served?

YFS served **418 families** and **114 children** ages 0-5 years in the time period from July 1, 2004 to June 30, 2005.

The racial/ethnic breakdown of YFS' clients is as follows:

- 32% White,
- 31% African American,
- 20% Latino,
- 10% Biracial/Multiracial/Other,
- 5% Asian/Pacific Islander, and
- 2% Native American.

**Priority 3:
Family Support and Education**

How are Children and/or Families Better Off as a Result of this Program?

Youth and Family Services tracked the following outcomes for program participants and found the following results for the period from July 1, 2004 to June 30, 2005.

Outcome Indicator	Number	Percent	Notes
Number and percent of clients enrolled in level 3 treatment who have remained in treatment for 21 days or more.	75	100%	Treatment timelines are controlled by the county authorization for service system. Measured by database report.
Number and percent of parent-child dyads who have shown an improved parent-child attachment.	38	100%	AAPI by Nurturing Parenting Project in non-jail parent-child dyads
Number and percent of parenting class participants who have shown an increase in parenting skills.	222	85%	Quiz for jail-based programs and AAPI for non-jail programs.
Number and percent of women who have given birth to drug-free babies. *	20	54%	

*YFS served 37 pregnant women in this fiscal year. Of those:

- 20 entered into treatment and/or enhanced services.
- 10 refused services or their case worker lost contact with them.
- Two were incarcerated.
- Three were referred to Kaiser services required by their insurance company.
- Two needed residential treatment and were referred to these services.

How are Providers and/or Systems Better Off as a Result of this Program?

In terms of impact on providers and systems, YFS accomplished the following with First 5 Solano support:

Service Integration and Collaboration

- First 5 Solano assisted Youth and Family Services with establishing and/or strengthening contacts with other organizations that serve children 0-5 and their families, and co-locating services with other agencies.
- Youth and Family Services also collaborated with other organizations to develop or refine services, collaborated with other agencies on initiatives or applications for funds, and conducted more outreach with other providers.

**Priority 3:
Family Support and Education**

Service Access

- Youth and Family Services' services were specialized or adapted to meet the needs of children with disabilities or other special needs – YFS screens for developmental delays and emotional disturbance/trauma using the Denver assessment.
- Youth and Family Services had materials available in Spanish for clients.

Provider Capacity

- Youth and Family Services increased the cultural sensitivity of its staff.
- First 5 Solano assisted Youth and Family Services' participation in interagency training.

Funds Leveraged

As a result of First 5 Solano funding, Youth and Family Services has been able to leverage approximately \$3,000 additional funds in the past 12 months.

Changes in Service Delivery Over the 2004-05 Fiscal Year

In the 2004-05 fiscal year, Youth and Family Services did not experience an increase in any specific aspects of their service delivery.

Appendix 1:

**Required Fiscal Forms:
First 5 California FY 04-05 Annual Report and Related Documents**

First 5 California Annual Report Form
Part 2
County Commission Revenues and Expenditures Summary
for the period July 1, 2004 - June 30, 2005

Please type only in the yellow cells. The Word document titled "Part 2 Instructions" provides line-by-line information and instructions for filling out this spreadsheet. If you are viewing the spreadsheet on a computer, this information is also contained in "comment boxes," which are designated by a red triangle in the upper-right corner of each relevant cell. Simply position your mouse on the cell, and a yellow text box will appear to the right. If all comments are showing, go to View > Toolbars and check "Reviewing," then click the icon labeled "Hide all comments." To print this spreadsheet without the comments, go to File > Page Setup > Sheet and select "none" next to the "Comments" field, to hid the comments.

Table 1. FY 2004-2005 Revenue Detail (Please contact the State Commission if these numbers do not match the County Commission's records.)		
1.1	State School Readiness Initiative Funds	\$309,094
1.1.1	School Readiness Initiative - Program Funds	\$209,094
1.1.2	School Readiness Initiative - Implementation Funds	\$100,000
1.2	All Other First 5 Funds	\$5,530,457
1.2.1	Monthly Disbursements	\$5,247,450
1.2.2	Augmentation Funds: Administrative	\$0
1.2.3	Augmentation Funds: Travel	\$0
1.2.4	Augmentation Funds (Minimum \$200,000)	\$0
1.2.5	Child Care Retention Incentives	\$177,992
1.2.6	SMIF Funds	\$105,015
1.2.7	Other First 5 Funds	\$0
1.3	FY 2004-2005 Non-First 5 Funds (Revenues from Sources Other Than First 5 California)	\$674,097
1.3.1	Grants	\$16,000
1.3.2	Donations	\$0
1.3.3	Revenues from Interest Earned	\$462,425
1.3.4	Other	\$195,672
1.0	FY 2004-2005 Total Revenues	\$6,513,648

Table 2. Funds Available for FY 2004-2005		
1.0	FY 2004-2005 Total Revenues	\$6,513,648
2.1	FY 2003-2004 Year-End Fund Balance (uncommitted funds, including adjustment)	\$0
2.1.1	FY 2003-2004 Year-End Fund Balance (uncommitted funds only) as reported in the 2003-2004 Annual Report	\$0
2.1.2	Adjustment to FY 2003-2004 Year-End Fund Balance (uncommitted funds only) as reported in the 2003-2004 Annual Report	\$0
	Please type an explanation for adjustment here.	
2.2	Net Committed Funds Brought Forward from Prior Years	\$20,077,967
2.2.1	FY 2003-2004 Total Committed Funds as reported in the 2003-2004 Annual Report	\$20,922,739
2.2.2	Adjustment to FY 2003-2004 Total Committed Funds as reported in the 2003-2004 Annual Report	\$0
	Please type an explanation for adjustment here.	
2.2.3	FY 2004-2005 Reversal of Committed Funds from Prior Year	\$844,772
2.3	FY 2004-2005 Funds Reversed from Committed to Uncommitted (reported in Line 2.2.3)	\$844,772
2.0	Funds Available for FY 2004-2005	\$27,436,387

Table 3. FY 2004-2005 Committed Funds

	State School Readiness Initiative Funds	All Other First 5 Funds (including First 5 funds used as a county match)	Non-First 5 Funds disbursed through the County Commission
3.1 FY 2004-2005 Total Committed Funds	\$1,323,291	\$8,973,988	\$0
3.1.1 FY 2004-2005 Encumbrances	\$1,298,291	\$6,508,988	
3.1.2 FY 2004-2005 Approved Contracts Not Yet Executed (Obligations)	\$0	\$1,300,000	
3.1.3 FY 2004-2005 Restricted Funds Not Yet Obligated	\$0	\$1,040,000	
3.1.4 Funds Invested in Capital Assets	\$0	\$0	
3.1.5 Funds Reserved for First 5 California Initiatives	\$25,000	\$125,000	
3.1.6 Funds Reserved for Local Initiatives and Program Sustainability	\$0	\$0	

Table 4. FY 2004-2005 Expenditures

	State School Readiness Initiative Funds	All Other First 5 Funds (including First 5 funds used as a county match)	Non-First 5 Funds disbursed through the County Commission
4.1 FY 2004-2005 Program Expenditures	\$263,931	\$4,781,915	\$0
4.1.1 FY 2004-2005 Funds Disbursed to Externally Run Programs (Sum from Table 6)	\$263,931	\$4,274,090	\$0
4.1.2 FY 2004-2005 Funds Spent on Commission-Run Programs (Sum from Table 7)	\$0	\$507,825	\$0
4.2 FY 2004-2005 Administrative Expenditures	\$105,372	\$1,213,602	\$0
4.3 FY 2004-2005 Expenditures on County Commission Capital Investments	\$0	\$0	\$0
4.0 FY 2004-2005 Total Program, Administrative, and Capital Expenditures	\$369,303	\$5,995,517	\$0

Table 5. End of FY 2004-2005 Fund Balance

2.0 Funds Available for FY 2004-2005	\$27,436,387
3.1 FY 2004-2005 Total Committed Funds	\$10,297,279
4.0 FY 2004-2005 Total Program, Administrative, and Capital Expenditures	\$6,364,820
5.0 FY 2004-2005 Total Uncommitted Funds	\$10,774,288

Table 6. FY 2004-2005 Program Expenditures Detail: Externally Run Programs

Externally Run Program: An activity or set of activities funded by First 5 dollars that is administered by an agency other than a First 5 Commission (i.e., the agency receives a contract or grant to provide services). To add a program to the table, please contact your technical assistance coach or send an email to first5ar@sri.com. Please report mini-grants in Table 7.

Program ID	Program Name	State School Readiness Initiative Funds	All Other First 5 Funds (including First 5 funds used as a county match)	Non-First 5 Funds disbursed through the County Commission
148001	Children's Network: CARES		\$725,060	
148002	Child Start Inc. Head Start		\$189,000	
148003	Children's Network (IFSI 2)		\$743,935	
148004	Youth and Family Services		\$345,527	
148005	VacaCART PD		\$41,712	
148006	MATRIX Parent Network		\$53,043	
148007	Planned Parenthood: Shasta-Diablo		\$43,961	
148008	Northbay Healthcare		\$76,027	
148009	Kids Xpress Fairfield		\$9,612	
148010	Families First		\$96,188	
148016	Latino Commission		\$146,037	
148023	Solano Coalition for Better Health		\$71,239	
148024	Dixon USD: Silveyville	\$95,431	\$95,431	
148025	Fairfield-Suisun USD: Anna Kyle	\$37,815	\$37,815	
148026	Health and Social Services		\$505,959	
148027	Vacaville USD: Markham	\$53,985	\$53,985	
148028	Vallejo City USD: Loma Vista	\$76,700	\$76,700	
148029	California Hispanic Commission		\$136,808	
148030	Everlasting Hope		\$62,054	
148031	Child Haven (IFSI)		\$674,939	
148035	Americorps		\$64,935	
148039	City of Benicia Parks and Community Services		\$20,690	
148040	Children's Network - ABCD Constructing Connections		\$3,433	

Table 7. FY 2004-2005 Program Expenditures Detail: Commission-Run Programs

Commission-Run Program: An activity or set of activities funded by First 5 dollars and administered directly by County Commission staff (i.e., not by an outside agency). For example, a County Commission may disburse provider stipends or incentives, or hold community events. To add a program to the table, please contact your technical assistance coach or send an email to first5ar@sri.com. Please report mini-grants here.

Program ID	Program Name	State School Readiness Initiative Funds	All Other First 5 Funds (including First 5 funds used as a county match)	Non-First 5 Funds disbursed through the County Commission
148033	Affordable Housing Affil.		\$7,500	
248019	ECERS/ITERS/FDCRS Mini Grants		\$187,611	
248027	Community Education		\$108,000	
248028	Provider Capacity Building		\$180,000	
248029	County-Wide Systems Change		\$24,714	

Additional Fiscal Information

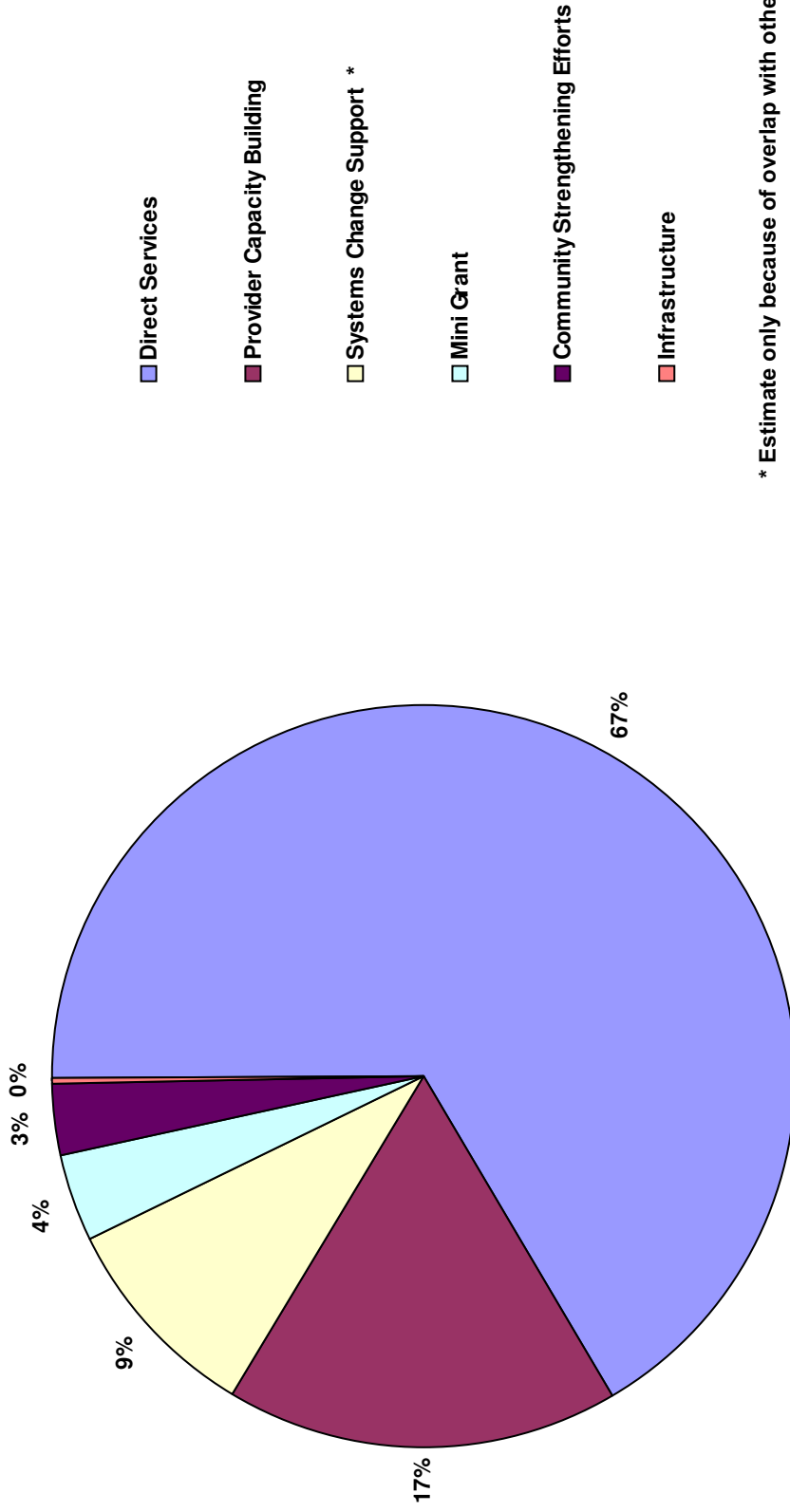
Please use this space to document any issues with the information provided on this spreadsheet. Thank you!



CHILDREN ARE OUR BOTTOM LINE

Funding Allocations Table

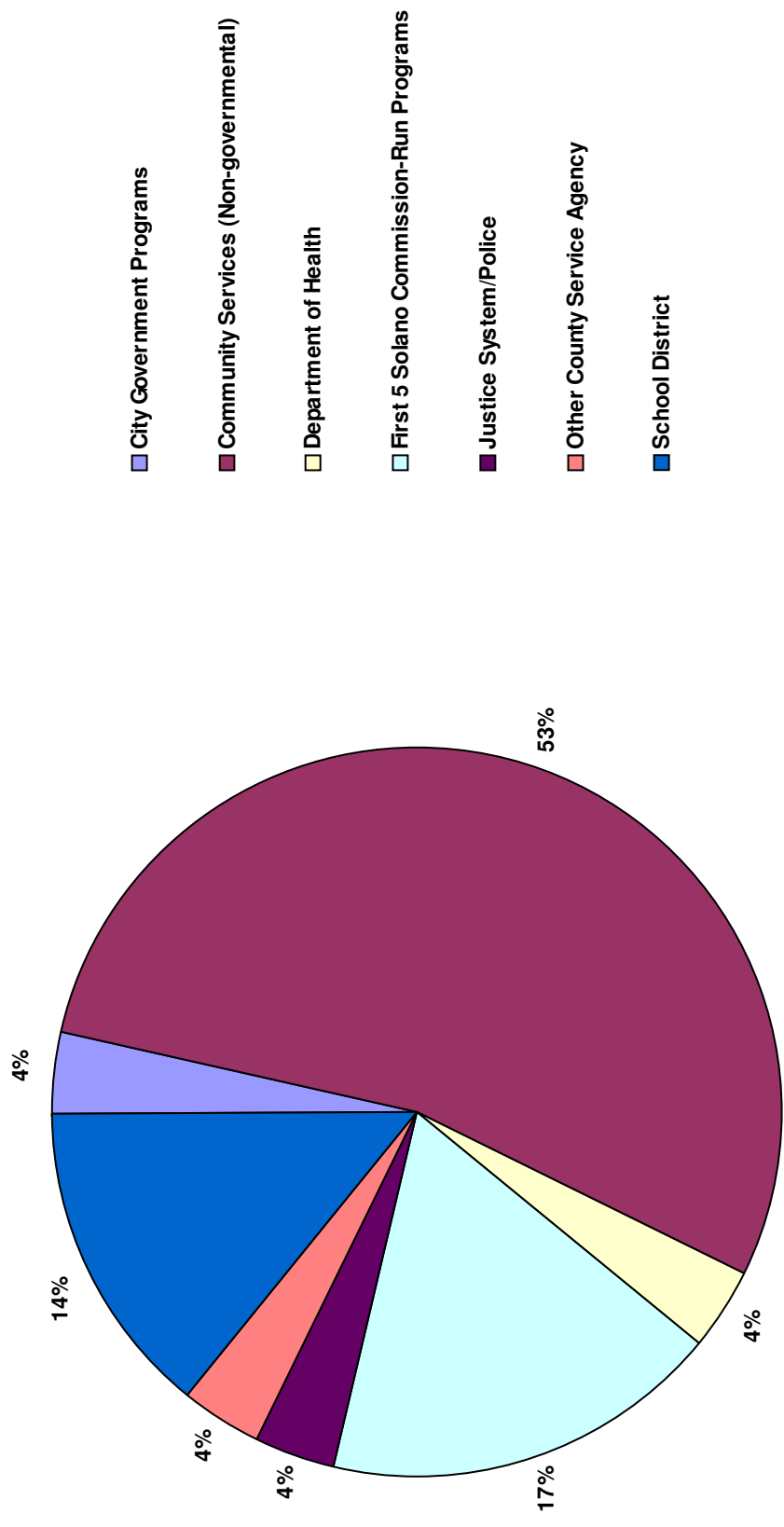
Grantee	Contract	Total Allocation	04/05 Allocation	Start	End
Youth & Family Services	2004-010	\$1,390,778	\$358,508	Jul-01	Jun-05
Child Start - Head Start	2004-011	\$756,000	\$189,000	Jul-01	Jun-05
Child Haven - Integrated Family Support (IFS)	2004-012	\$743,722	\$743,722	Jul-01	Jun-05
Children's Network - Integrated Family Support (IFS)	2004-013	\$4,016,928	\$807,664	Jul-01	Jun-05
Vacaville Police Dept - Child Abuse Response Team (CART)	2003-02	\$139,110	\$47,697	Apr-03	Mar-05
MATRIX Parent Network - Extended Early Childhood Services	2002-03	\$154,000	\$53,056	Mar-03	Jun-05
The Latino Commission - Casa Natal	2003-04	\$317,164	\$159,966	Apr-03	Jun-05
Planned Parenthood - Teen Parent & Family Resource Center	2003-05	\$120,000	\$43,961	Apr-03	Jun-05
NorthBay Health Care - Children's Health Access Program - CHAP	2003-06	\$192,360	\$67,588	May-03	Apr-05
Kids X-Press - Transportation Program	2003-07	\$40,000	\$9,565	Apr-03	Dec-04
Families First - Extended Family Support Services Program	2003-08	\$400,000	\$173,490	Apr-03	Mar-05
City of Benicia - Stepping Stones	2003-10	\$50,000	\$25,000	Apr-03	Dec-05
California Hispanic Commission - Its About My Baby	2003-301	\$357,500	\$137,813	Oct-03	Jun-06
Everlasting Hope Ministries - Nubian Prenatal Mentoring Program	2003-302	\$196,668	\$66,209	Oct-03	Jun-06
Solano County Health & Social Services	2003-302	\$2,013,000	\$671,000	Oct-03	Jun-07
Solano Coalition for Better Health - Solano Kids Insurance Program (SKIP)	2003-50	\$200,000	\$71,239	Oct-03	Dec-04
Anna Kyle Elementary	2004-404	\$837,044	\$210,511	Jul-04	Jun-08
Loma Vista Elementary	2003-401	\$800,000	\$200,000	Oct-03	Jun-08
Markham Elementary	2004-403	\$800,000	\$178,733	Feb-04	Oct-08
Silveyville Elementary	2003-402	\$800,000	\$200,000	Oct-03	Jun-08
Children's Network - CARES	2003-20	\$1,722,402	\$889,958	Jul-04	Sep-05



* Estimate only because of overlap with other strategies

Spending by Agency Category

Fiscal Year: 2004/2005



Appendix 2:

Review of First 5 Solano Community-Level Lead Indicators

Review of First 5 Solano’s Community-Level Lead Indicators

In 2004, First 5 Solano Commission approved LaFrance Associates’ recommendation of revised community-level indicators and a subset of “lead” indicators (some derived from existing First 5 Solano indicators and some additional indicators) to be tracked over time. A review of these indicators is presented below. In addition, this review identifies First 5 Solano Strategic Plan Results that currently have no measurable “lead” indicators, i.e., where no reliable community-level measure of a particular Result could be identified.

First 5 Solano lead indicators were identified in conjunction with LaFrance’s development of the First 5 Solano evaluation framework. The evaluation framework ties indicators to the Commission’s Strategic Plan Priorities, Goals, and Results.

In general, “*indicators*” are the measures against which progress and success can be analyzed. “*Program-level*” indicators measure the progress of a particular program (or set of services) toward meeting its stated outcomes for the population served. “*Community-level*” indicators are broader measures of community health and well-being that are not tied to a particular program, strategy or service provider. Community-level indicators are tracked over time to assess whether the general well-being of larger populations is improving or declining. These measures can be analyzed to suggest whether Commission-funded initiatives are *contributing* to improvements across the County as a whole¹.

At the community level, “lead” indicators are those measures for which the following criteria apply:

- Supported by research as being the best “proxies” for intended results;
- Reliable and valid trend data are available; and
- National, regional and local agencies track the data

This section provides an overview of the status of children 0-5 in Solano County as implied by lead indicators associated with the First 5 Solano Strategic Plan. Data and information from a variety of sources are provided on each of the Commission’s lead indicators in order to support Commission and community focus on the Results established through the Commission’s Strategic Plan.

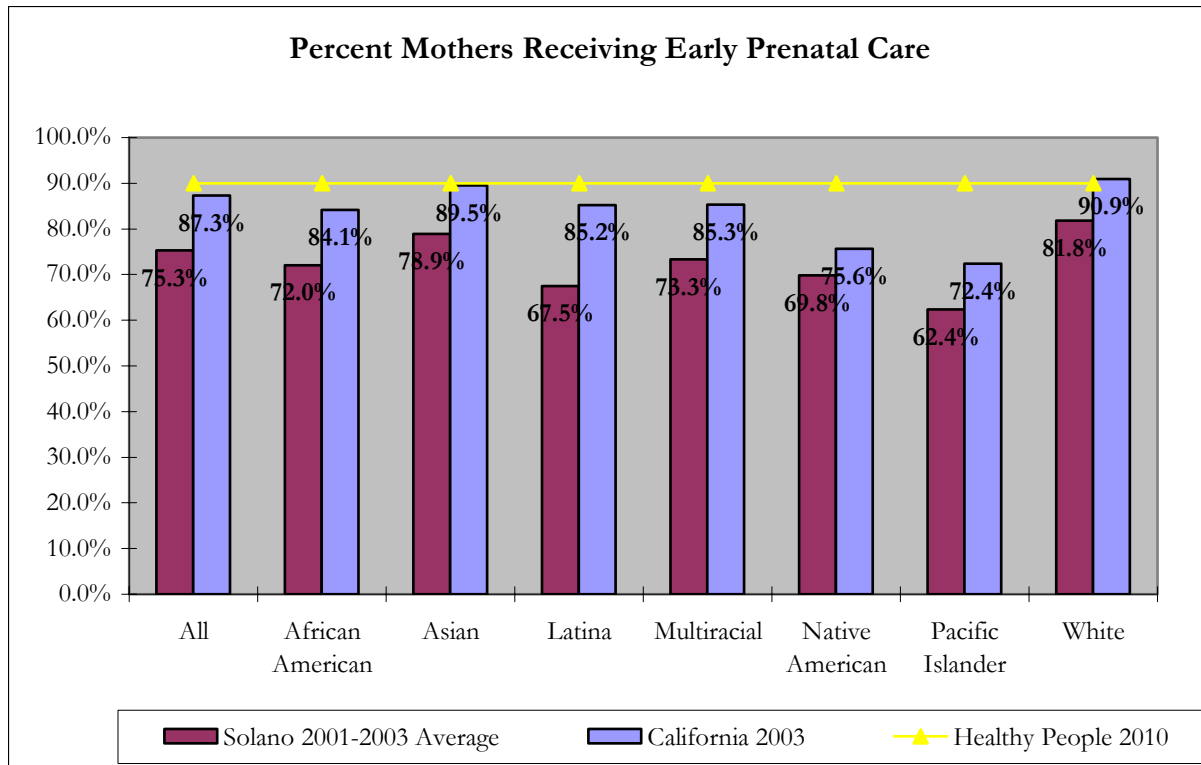
Note that community-level indicators information is generally less current than program-level information (can lag 2-3 years behind). Note also that community-level indicators may change slowly, or fluctuate, so a year-to-year comparison is usually less useful than a longer-term (3-5 year) comparison.

¹ Note that, while a program and a community may track the same indicator (ex: prenatal services providers track the birthweight of children born while served in their programs, and County-level data on the birthweights of all Solano newborns is also tracked), there are important differences in the two measures. A program measures the indicator only for its population served, to help indicate whether the services to those particular clients were effective. At the community level, the indicator serves as a proxy for the general health and well-being of newborns in Solano, whether their mothers received any services of any kind or not. An effective prenatal services program can *contribute* to a trend of improvements in birth outcomes in the County.

**Strategic Plan Result 1:
Mothers Have Healthy Pregnancies**

Indicator 1.1: Number and percentage of mothers who receive prenatal care as appropriate in each trimester

In Solano County, the 3 year average for percent of mothers receiving prenatal care between 2001 and 2003 was 75.3%. This is well below the state rate of 87.3% in 2003 and the Healthy People 2010 objective of 90%. The rate of early prenatal care is low across all ethnicities in the county.



Source: Children Now *California County Data Book 2005*

Of the mothers who initiate prenatal care after the first trimester, almost 20% initiate in the second trimester, with the remaining 4.5% initiating in the 3rd trimester or receiving no prenatal care at all.

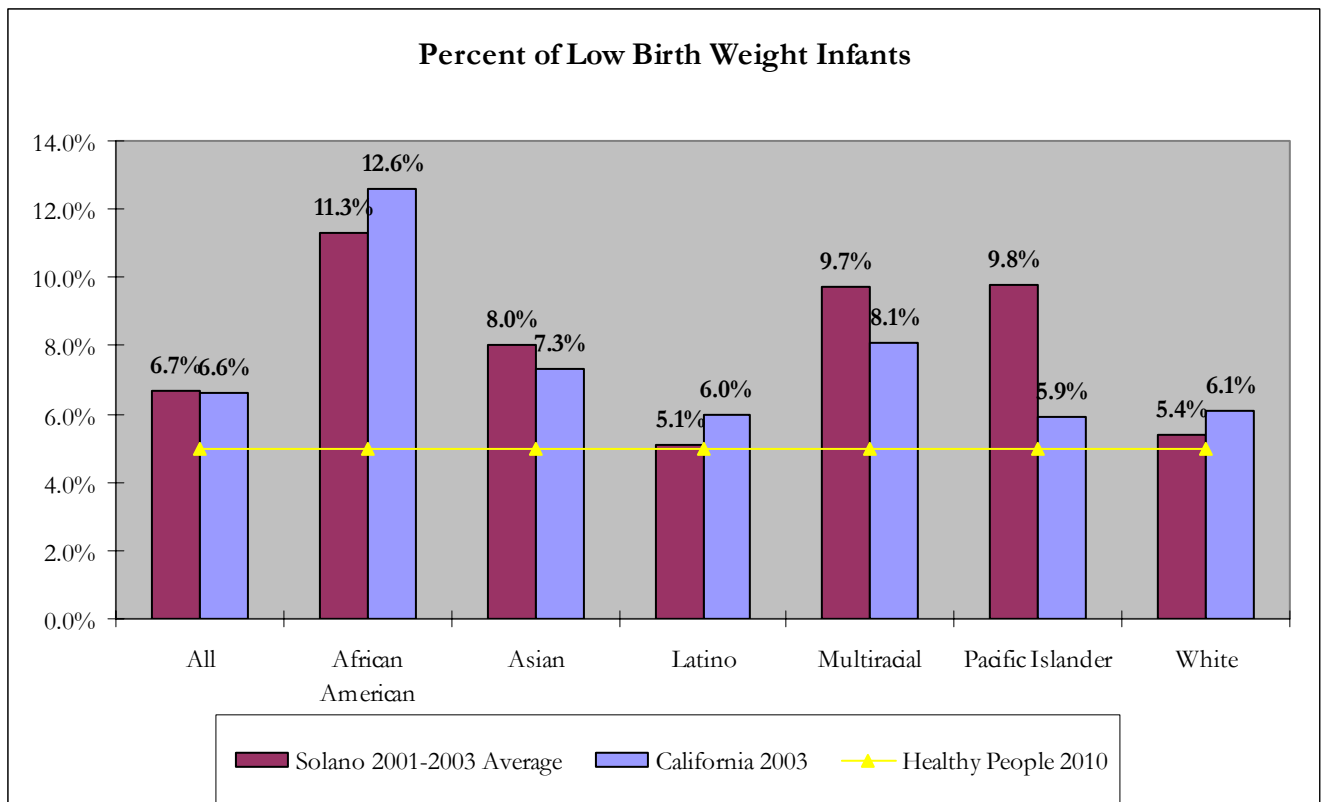
Prenatal Care by Trimester of Initiation, 2003	1st Trimester	2nd Trimester	3rd Trimester	No Prenatal Care	Late Care
Percent of Pregnant women in Solano County	74.5%	19.7%	3.6%	0.9%	25.5%

Source: California Department of Health Services, Vital Statistics, Birth Records

**Strategic Plan Result 2:
Newborns are Healthy**

Indicator 2.2: Number and percentage of live births at low and at very low birth weight

In Solano County, 6.7% of babies were born at low birth weight across the three years 2001 - 2003. Only Whites and Latinos have rates of low birth weight that approach the Healthy People 2010 objective of 5%. Low birth weight rates in Solano are particularly high among African Americans, with a rate of 11.3%.



Source: Children Now *California County Data Book 2005*

Data from 2003 show rates of low birth weight that are higher for immigrant mothers in Solano County than they are for US-born mothers. Solano ranks poorly compared to other California Counties for both US-born and immigrant mothers.

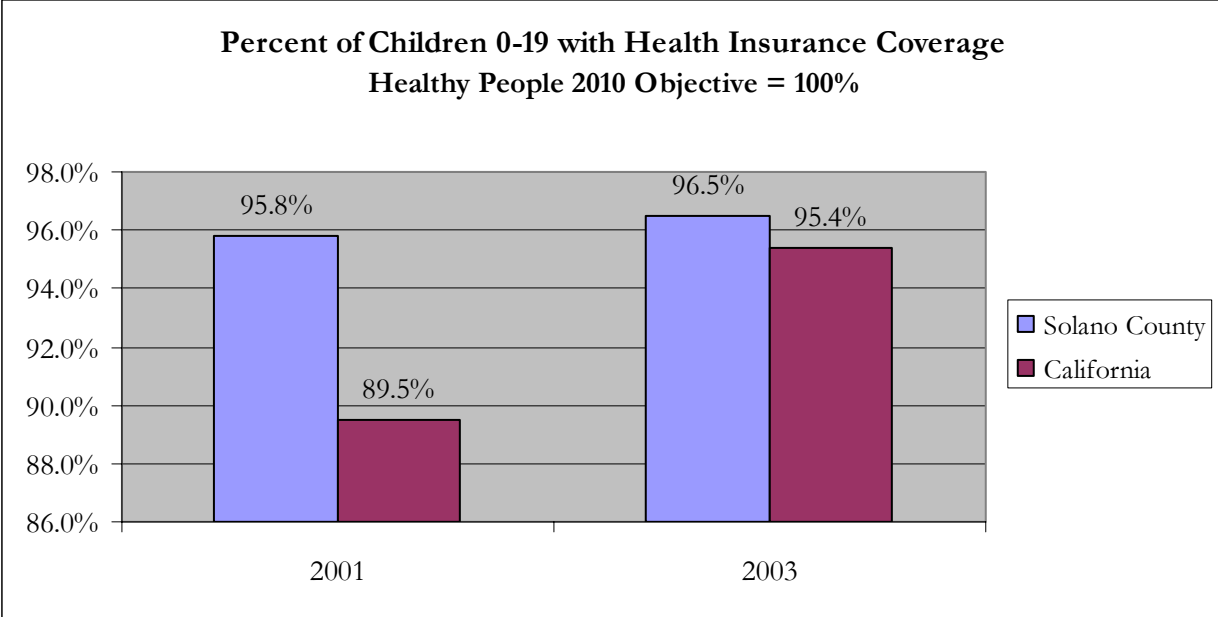
	% of Low Birth Weight Births to U.S.-Born Mothers - 2002	Rank Among CA's 58 Counties, U.S.-Born Mothers	% of Low Birth Weight Births to Immigrant Mothers - 2002	Rank Among CA's 58 Counties, Immigrant Mothers
Solano County	6.9%	36 th	7.5%	34 th
California State	6.8%	NA	5.9%	NA

Source: Children Now *California Report Card 2004: Focus on Children in Immigrant Families*

**Strategic Plan Result 3:
Children Have Comprehensive Health Insurance**

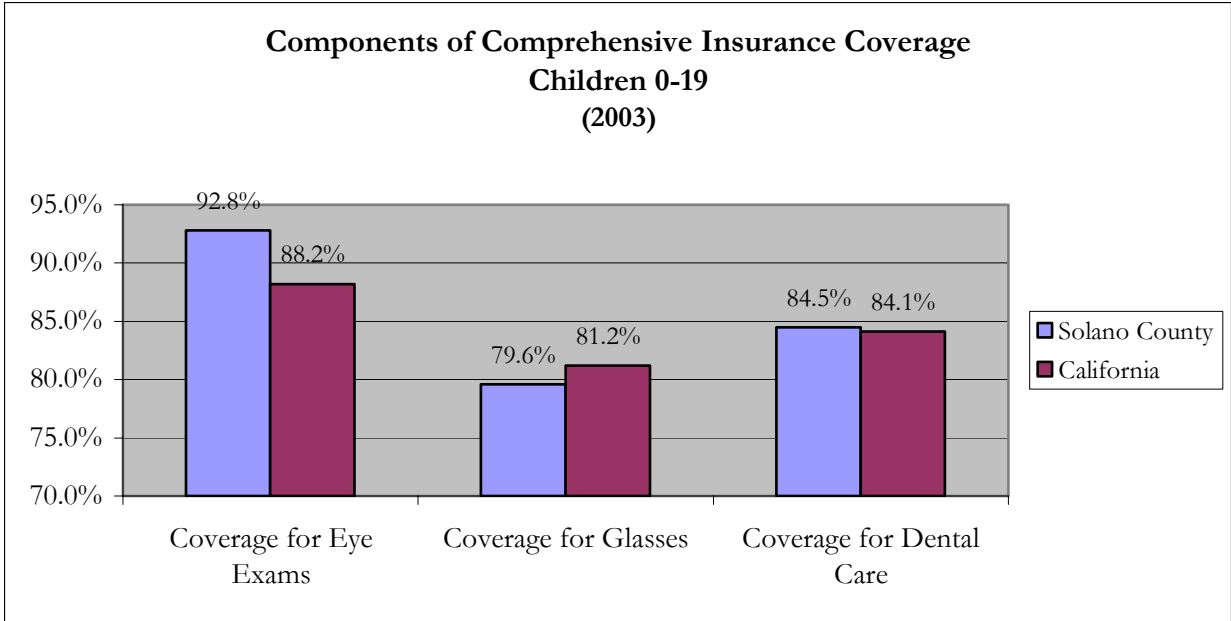
Indicator 3.1: Number and percentage of children who have health insurance (including vision and hearing screening)

Based on data from the 2003 California Health Interview Survey (CHIS), 96.5% of children ages 0-19 in Solano County are covered by health insurance. This rate of coverage has been increasing each year, is above the level for the state, and is approaching the Health People 2010 objective of 100% coverage.² 92.8% of children in Solano County have coverage that includes eye exams, but only 79.6% of children have coverage that includes glasses. Dental insurance is not as prevalent among children in the county, with only 84.5% of children having coverage.



Source: 2001 and 2003 California Health Interview Survey

² Based on the CHIS sampling and analysis, there is no statistical difference between the Solano rate of 96.5% and the HP 2010 objective of 100%



Source: 2003 California Health Interview Survey

Strategic Plan Result 6:
Children Live in Safe Environments

Indicator: Number of children in child welfare supervised foster care

In January of 2005, over 200 children 0-5 were in child welfare supervised foster care in Solano County. Between April 2004 and January 2005, the number of children 0-5 in foster care increased by 16%

**Total Number of Solano County Children in Child Welfare Supervised Foster Care
(Any Placement Type) By Quarter, April 2004 to January 2005**

	April 1, 2004	July 1, 2004	October 1, 2004	January 1, 2005
<1 year old	31	27	31	30
1-2 years	60	72	83	79
3-5 years	96	97	99	108
TOTAL 0-5 years	187	196	213	217

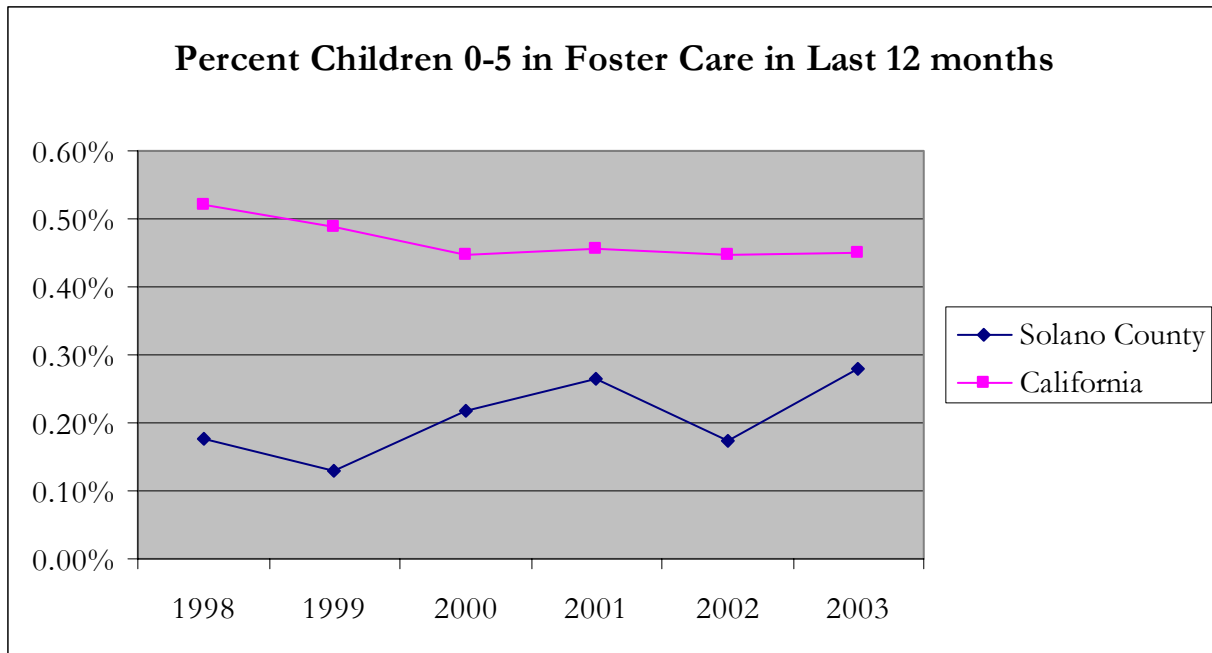
Source: CWS/CMS 2003 Quarter 4 Extract³

³ Needell, B., Webster, D., Cuccaro-Alamin, S., Armijo, M., Lee, S., Lery, B., Shaw, T., Dawson, W., Piccus, W., Magruder, J., Ben-Poorat, S., & Kim, H. (2004). Child Welfare Services Reports for California. Retrieved September 9, 2004 from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/CWSCMSreports/>

Strategic Plan Result 6:
Children Live in Safe Environments

Indicator 6.6: Number and percentage of children 0 to 5 years of age who have lived in foster care within the past year

Solano County has consistently had a lower rate of foster care among children 0-5 than the State.⁴ In 2003 .28% of children 0-5 had lived in foster care in the last 12 months, compared to .45% of children 0-5 across the entire state.



Source: CWS/CMS 2003 Quarter 4 Extract⁵

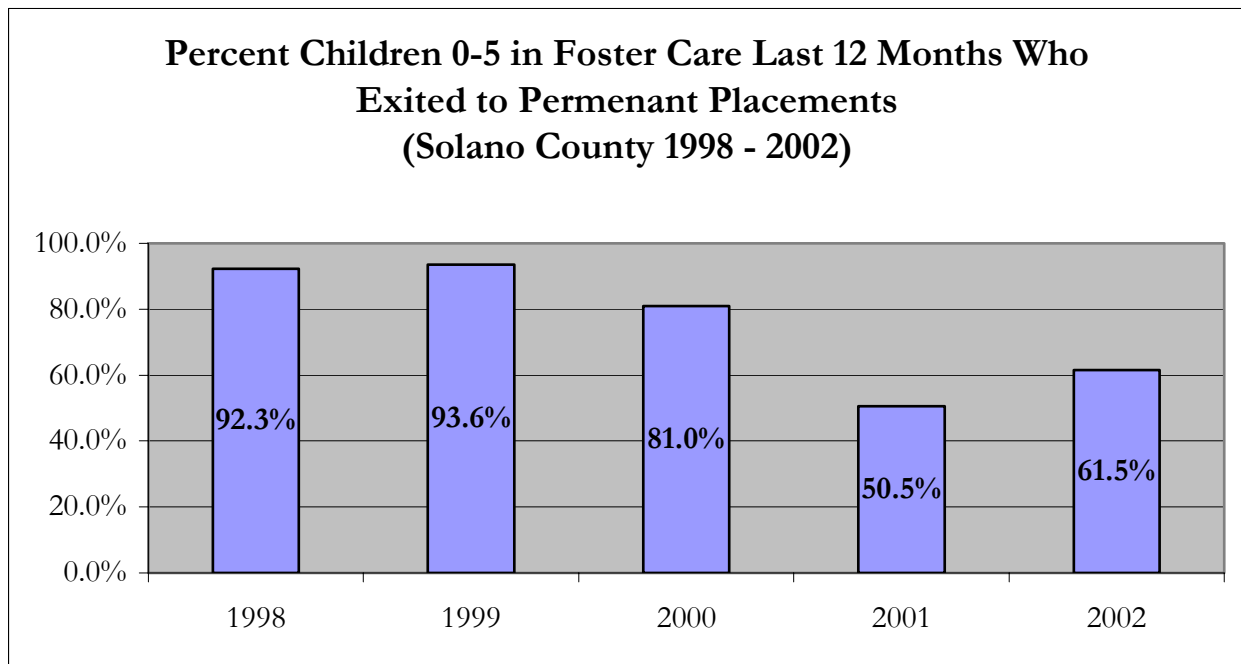
⁴ “Lived in Foster Care” is defined as the first placement episode of 5 days or more even if it is not the first actual episode.

⁵ Needell, B., Webster, D., Cuccaro-Alamin, S., Armijo, M., Lee, S., Lery, B., Shaw, T., Dawson, W., Piccus, W., Magruder, J., Ben-Poorat, S., & Kim, H. (2004). Child Welfare Services Reports for California. Retrieved September 9, 2004 from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/CWSCMSreports/>

**Strategic Plan Result 6:
Children Live in Safe Environments**

Indicator 6.7: Number and percentage of children 0 to 5 years of age in foster care who are placed in a permanent home or have family reunification plans

In 2002, 61.5% of the children 0-5 in foster care in Solano County, exited the system into permanent placements.



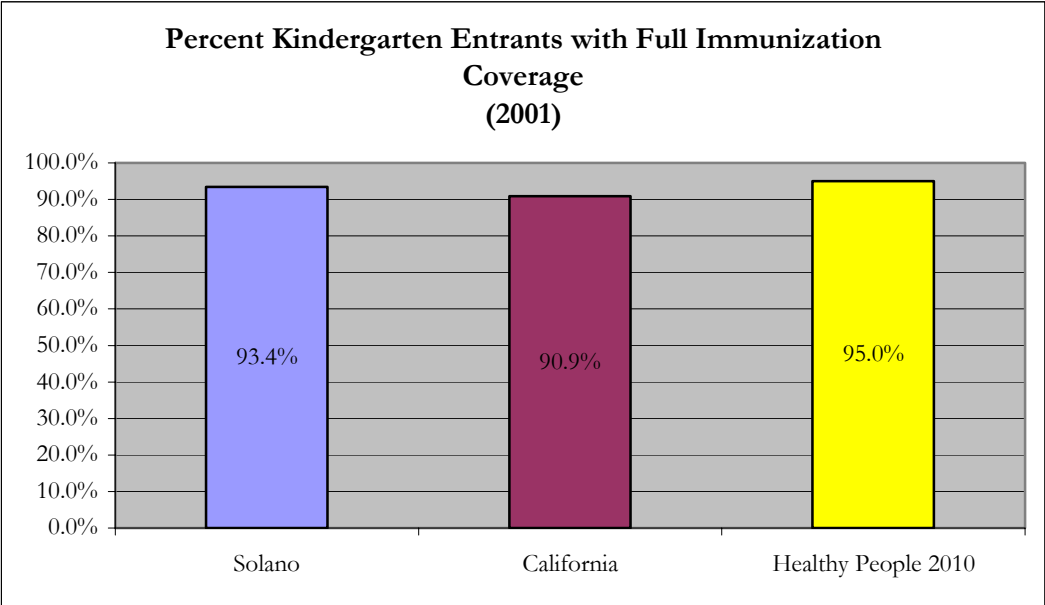
Source: CWS/CMS 2003 Quarter 4 Extract⁶

⁶ Needell, B., Webster, D., Cuccaro-Alamin, S., Armijo, M., Lee, S., Lery, B., Shaw, T., Dawson, W., Piccus, W., Magruder, J., Ben-Poorat, S., & Kim, H. (2004). Child Welfare Services Reports for California. Retrieved September 9, 2004 from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/CWSCMSreports/>

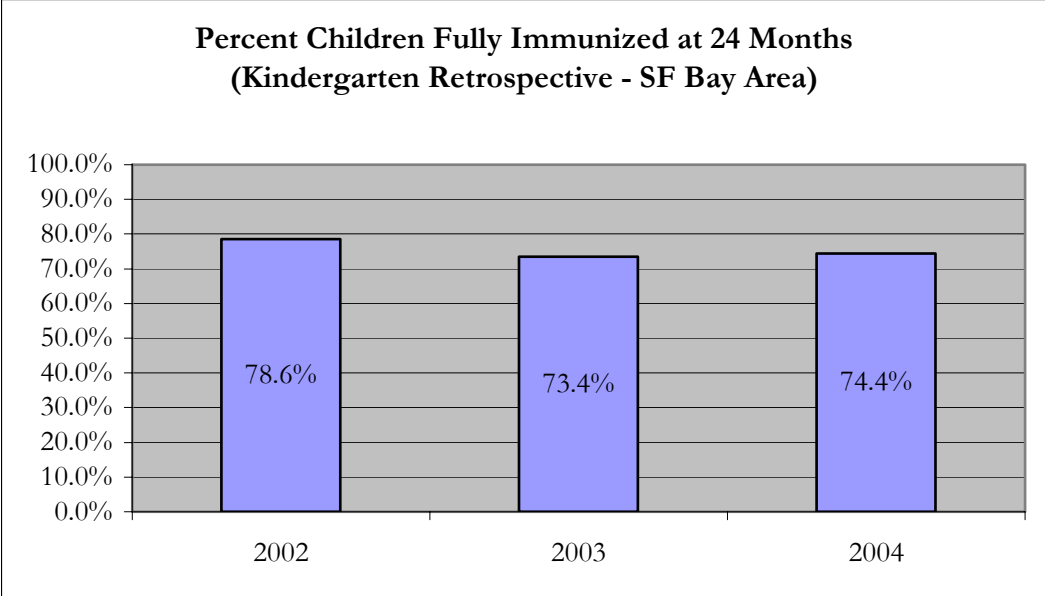
**Strategic Plan Result 7:
Children Receive Health Services**

Indicator 7.1: Number and percentage of children who receive the recommended vaccines for their age (immunization rates)

Solano County Immunization rates for kindergarten entrants are higher than those statewide but 1.6% below the Healthy People 2010 objective of 95%. Data from the 2004 kindergarten retrospective survey show that only 74.4% of kindergarten entrants across the SF Bay Area were fully immunized at 24 months.



Source: CA DHS Division of Communicable Disease Control – Immunization Branch

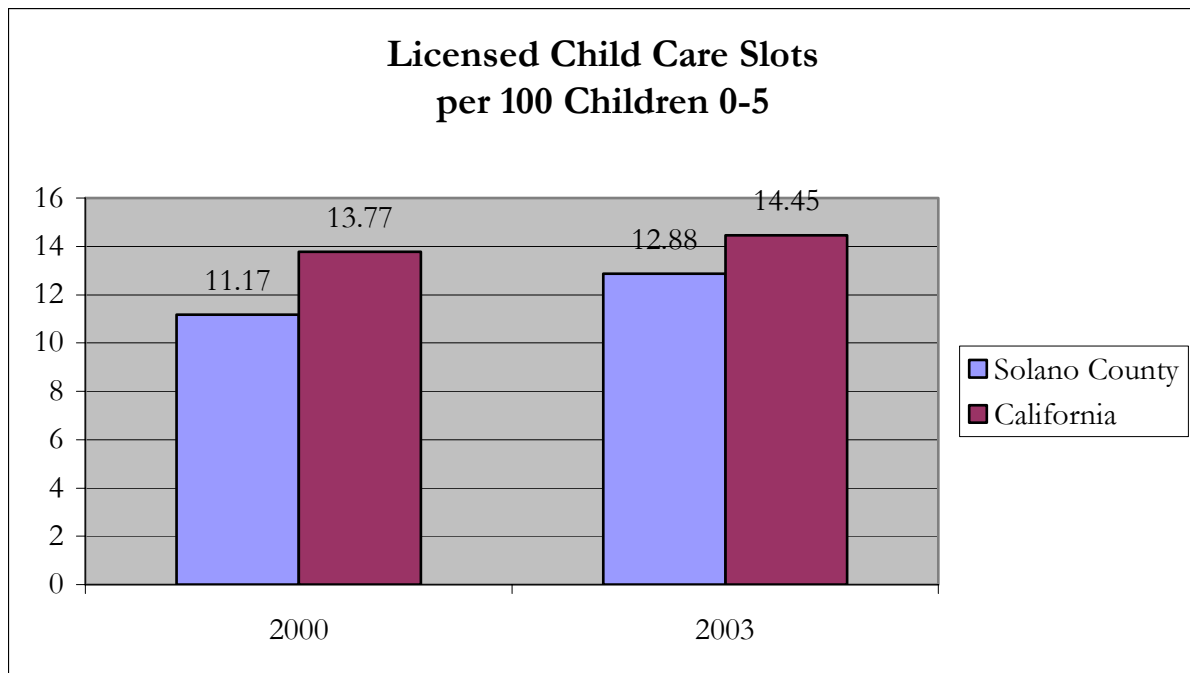


Source: CA DHS Division of Communicable Disease Control – Immunization Branch

Strategic Plan Result 11:⁷
Families Have Access to Childcare

Indicator 11.1: Number of licensed center child-care spaces per 100 children

Solano County has a lower rate of available licensed slots in child care centers for the 0-5 population than the state as a whole. The number of slots per 100 children 0-5 is increasing in the county, but in 2003 licensed slots in child care centers were available for fewer than 13% of children 0-5.



Source: California Child Care Resource and Referral Network 2001 *California Child Care Portfolio* and 2003 *California Child Care Portfolio*

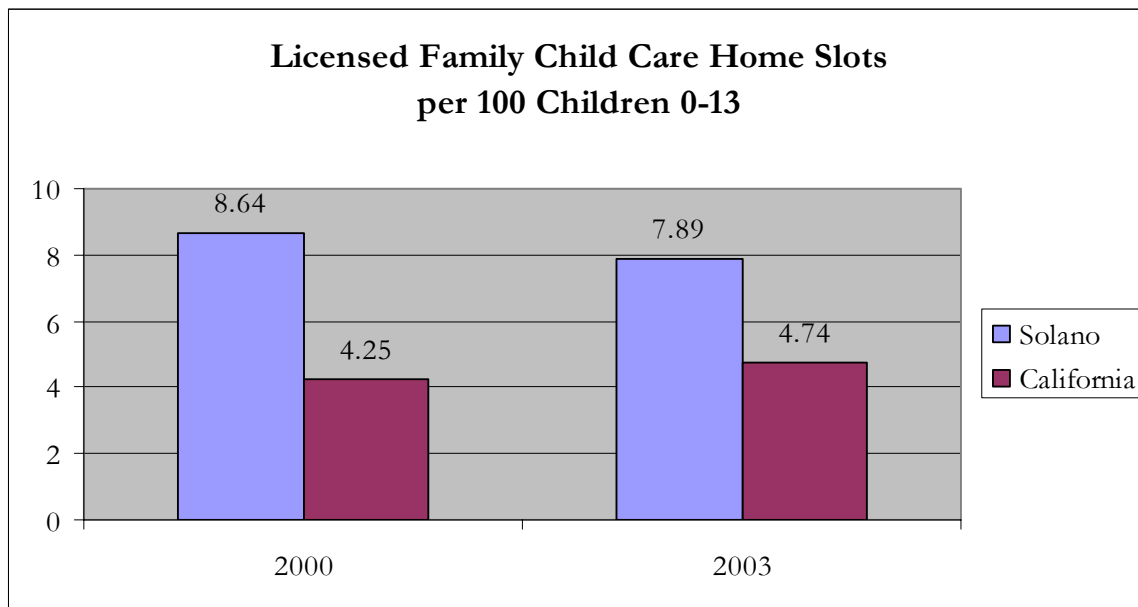
⁷ The 2005 Child Care Portfolio will not be issued until November 2005. Updated data for Indicators 11.1 and 11.2 will be available at that time.

**Strategic Plan Result 11:
Families Have Access to Childcare**

Indicator 11.2: Number of licensed family child-care slots per 100 children

As reported in FY 03-04, the number of licensed family child care slots in Solano County has decreased by 651 slots (8.6%) since 2001 whereas the number of slots in the State by 35,313 (11%).

Data on slots in Family Child Care homes are not available for children 0-5 as the Child Care homes are not licensed for specific ages. Despite the decrease in total licensed family child care slots in the county, number of licensed slots in Family Child Care Homes per 100 children 0-13 in Solano County far exceeds the number in the state.

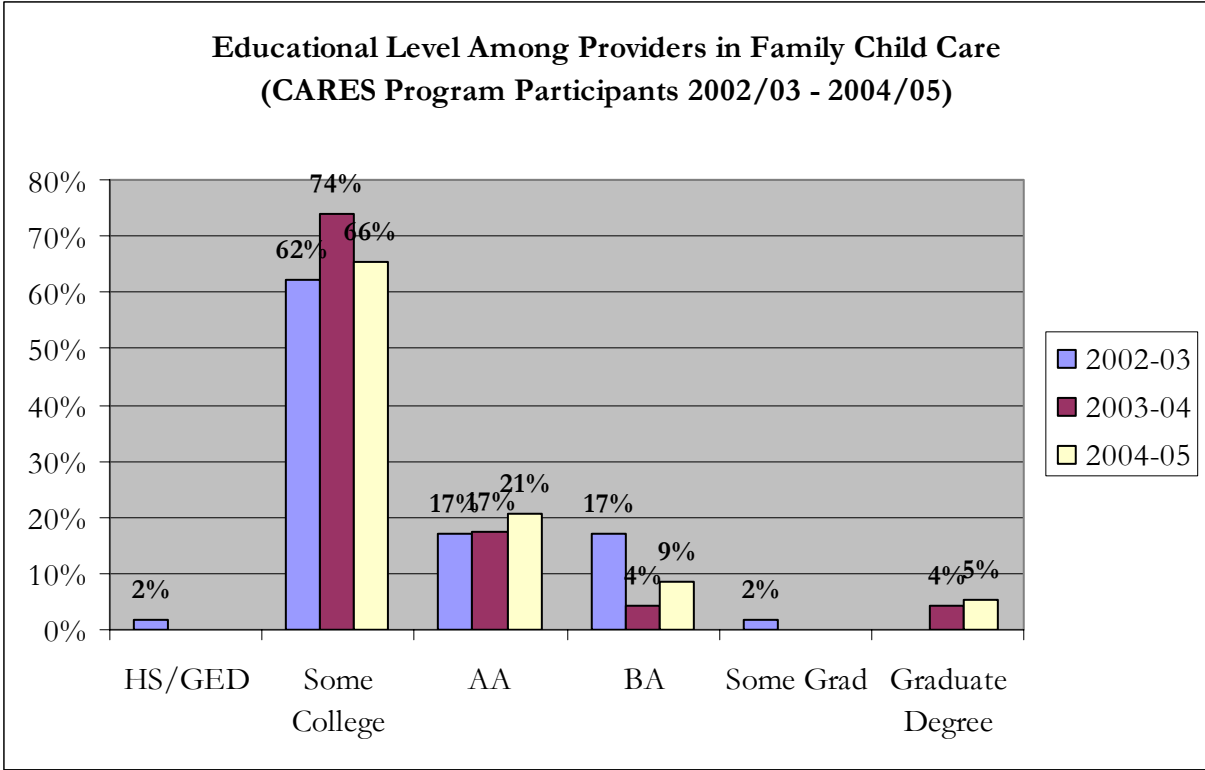


Source: California Child Care Resource and Referral Network 2001 *California Child Care Portfolio* and 2003 *California Child Care Portfolio*

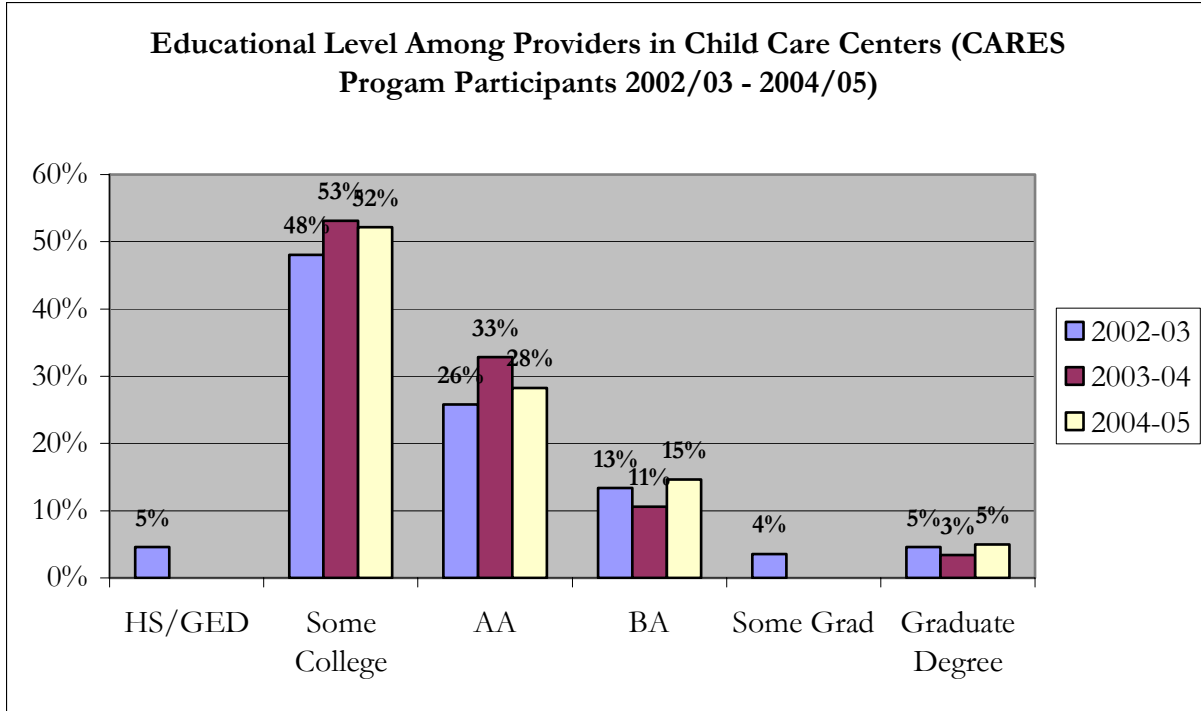
**Strategic Plan Result 12:
Childcare Providers Know and Practice High-Quality Childcare Programming**

Indicator: Level of education of providers

Based on data from the CARES program, providers in Child Care Centers tend to have higher level of education, with almost half (47%) of them holding some form of advanced degree in the 2004/05 program year (AA, BA or Graduate degree). About 34% of providers in Family Child Care had some form of advanced degree in the 2004/05 program year.



Source: Children’s Network *Solano CARES Program Year Project Updates*

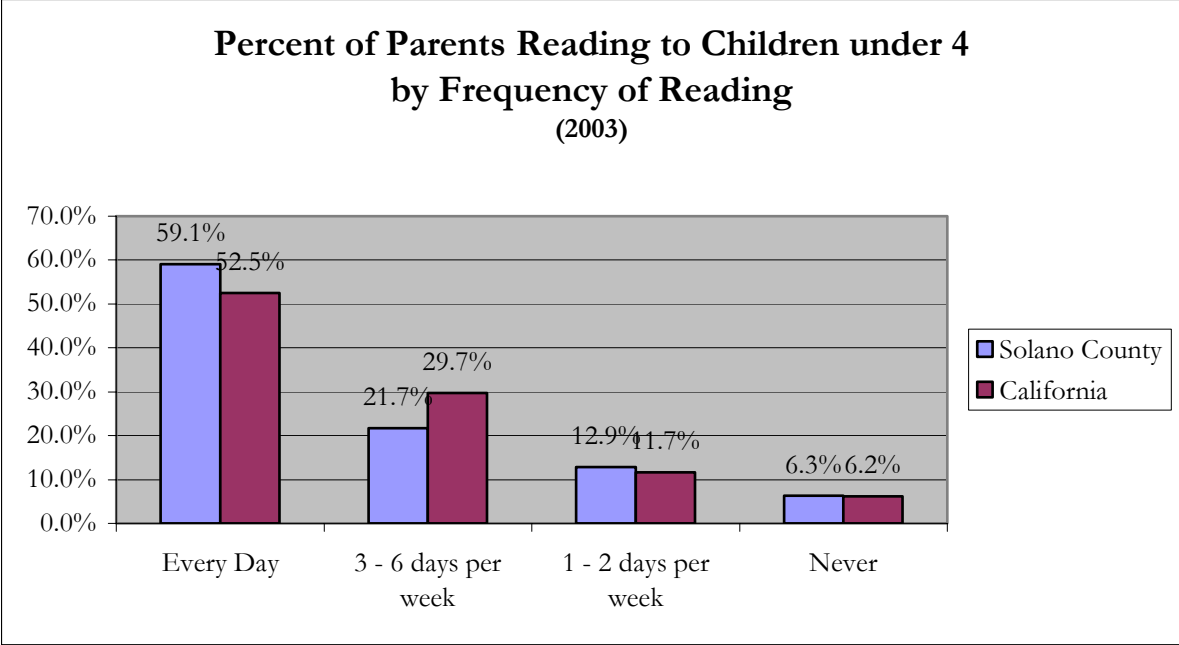


Source: Children's Network *Solano CARES Program Year Project Updates*

Strategic Plan Result 15:
***Parents and Guardians are Prepared to and Engage in Helping
 Their Children Enter School Ready to Learn***

Indicator 15.2: Number and percentage of families who report reading or telling stories regularly to their children, 3 to 5 years of age (e.g. Read at least 3 times/week).

The majority of parents of children under 4 years old in Solano County (59.1%) report reading to their children every day and an additional 21.7% report reading to the their children at least 3 days each week. Over 6% of parents report that they never read to their children.



Source: 2003 California Health Interview Survey

Strategic Plan Result 15:
***Parents and Guardians are Prepared to and Engage in Helping
 Their Children Enter School Ready to Learn***

Indicator 15.4: Number and percentage of families who engage in activities that prepare their child(ren) for school.

Data from the initial Kindergarten Readiness Assessment at four School Readiness Sites show that the vast majority of parents engage in activities that prepare their children for school.

Activity (Parents with their children)	Percent of Parents
Read stories on a weekly or daily basis	93.0%
Practice kindergarten skills on a weekly or daily basis	93.2%
Practice counting weekly or daily	93.7%
Play games that order objects weekly or daily	79.3%
Play active games weekly or daily	93.3%
Practice daily routines of getting ready weekly or daily	92.0%

Strategic Plan Result 16:
Children Have Access to Quality, Affordable Early Learning Experiences (ages 3-5)

Indicator 16.1: Percentage of entering kindergarteners with formal pre-K experience (including Head Start, State Preschool, Summer Kindergarten Preparation Programs/Academies, etc.)

Data from the Children Now California County Data Book 2005 show that in 2000 55.4% of Solano County children ages 4 and 5 attended preschool. Of these 4,212 children in preschool, 47% (1,984) attended private preschools and the remaining 53% 2,228 attended public preschools.

Based on initial data from the School Readiness Initiative, the majority of kindergarteners received at least some child care directly from their parents or a relative (70.2%), and another 52% attended preschool, Head Start or went to a childcare center. 4.4% of entering kindergarteners attended summer camp.

Prior to Entry into Kindergarten, where did this child spend time on a regular basis? (n=181)	First 5 Solano School Readiness Catchment Areas
At home with his/her parent or relative	70.2%
Preschool, Head Start or childcare center	52.0%
At someone else's home under someone else's care	12.7%
In a family childcare home	7.7%
Summer camp/Pre-K preparation program	4.4%
Other	4.4%

Strategic Plan Result 16:
Children Have Access to Quality, Affordable Early Learning Experiences (ages 3-5)

Indicator 16.3: Number of Head Start/State Preschool slots per 100 low-income children.

According to the 2001 California County Data Book, Head Start served 629 Solano County children in 1999 of the estimated 2,392 children ages 3-4 living in poverty.

These data are not included in the 2003 or 2005 County Data Books.

According to Child Start, there were 668 funded enrollment slots for Head Start and 36 for Early Start in Solano County during FY 04-05.

Additional Indicators for Which Community-Level Data Are Currently Unavailable

Indicators for the following First 5 Solano Strategic Plan Results do not currently have an available community-level data source.

First 5 Solano Strategic Plan Result	Community-Level Lead Indicator
R17. Families are informed about school and community resources	17.1 Number of families reporting awareness of services
R18. Families have access to support systems	<i>No community-level indicator identified.</i>
R19. Families receive necessary support services	<i>No community-level indicator identified.</i>
R20. Parents know how to guide and nurture their children	20.1 Percentage of parents who report sufficient knowledge and skills (related to child development, developmental milestones, safety, diet and exercise needs of children)
R21. Parents guide and nurture their children	21.1 Percentage of parents who report an increase in parenting skills

Appendix 3:

First 5 Solano Baseline Kindergarten Readiness Assessment Report



**First 5 Solano Children and Families Commission
School Readiness Initiative**

**Baseline Kindergarten Readiness Assessment Report:
A Profile of Kindergarteners and their Parents**

**Prepared by LaFrance Associates, LLC (LFA)
September 2005**

*LFA contributes to the health and well-being of communities
by providing applied research, evaluation and technical assistance services
that advance the work of organizations in the nonprofit, philanthropic, and public sectors.*

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I. Introduction

About This Report

This report presents baseline findings from the Kindergarten Entry Profile (KEP) conducted at School Readiness sites funded through the First 5 Solano County Children and Families Commission: Silveyville, Anna Kyle, Markham, and Loma Vista Elementary Schools¹. The Kindergarten Readiness Assessment consists of assessments of individual children by kindergarten teachers (the Modified Desired Results Developmental Profile Child Survey) and a survey of kindergarteners' parents. This report includes matched data for 254 children and their parents attending kindergarten in the 4 First 5 Solano School Readiness Program sites in 2004 – 2005. The data presented in this report are intended to provide a “snapshot” or point in time profile of kindergarteners' readiness to begin school in those regions targeted by First 5 Solano.

Data Collection Tools and Methods

The Modified Desired Results Developmental Profile Child Survey (MDRDP), a subset of questions from Desired Results Developmental Profile developed by the California Department of Education, is a teacher-completed observation checklist. It includes items about four of the five dimensions of children's readiness for school: Cognition and General Knowledge; Communicative Skills; Emotional Well-Being and Social Competence; and Approaches to Learning. (The fifth dimension, Health, is covered in the parent survey.)

Each dimension includes between three and twelve items (see report sections on individual dimensions for listings of items). Teachers assess the level of mastery for each individual child according to a four-point scale. Children that demonstrate a “3” or “4” are assessed as having “Almost” or “Fully” mastered an item, respectively.

The Parent Survey collects parent-reported information about their child's health and physical development, preschool and home experiences prior to kindergarten, and kindergarten transition activities. The written survey, presented in Spanish and English, was sent home with children and returned by parents.

First 5 Solano's KEP is slightly different than the state-administered KEP. While the data collection tool and administration for child data (MDRDP) is the same, the parent survey tool and administration is different. The state chose a much lengthier survey that was administered by phone. First 5 Solano chose a more concise tool that was sent home and filled out by parents.

¹ First 5 Solano funds four School Readiness sites. One site, Silveyville Elementary, participates in the state's School Readiness evaluation and therefore was not included in the data collection conducted by LFA. The state did provide raw data for Silveyville and it is incorporated into this report with the other school data. Data for each individual school, including Silveyville, is included in the appendix of this report.

Limitations of Results from the MDRDP

The MDRDP is a cohort study – it provides a “snapshot” of readiness among a group of kindergarteners at School Readiness sites at a point in time. It is not designed to track individual children’s progress along school readiness scales *over* time; nor can it be used to demonstrate whether kindergarteners at schools in First 5 Solano School Readiness Catchment Areas have changed or improved *because* of School Readiness activities. Instead, the MDRDP is an inventory of items that are either mastered or still emerging among a group of these children at a particular point in time. Each year the MDRDP is administered in First 5 Solano School Readiness Catchment Areas it will provide a picture of school readiness among the group of children studied that year.

Finally, the children and their parents included in this report represent only a sample of families at the 4 school/neighborhood catchment areas served by the First 5 Solano School Readiness program. Therefore, the results from both the MDRDP Child Survey and Parent Survey cannot be generalized to any other school in a School District, let alone to Solano County overall.

II. Modified Desired Results Developmental Profile (MDRDP) Results

Overall, kindergarteners in the First 5 Solano School Readiness Catchment Areas had average or close-to-average competencies across all four MDRDP dimensions when compared to kindergarteners in other First 5 School Readiness programs throughout California². The percentage of children at Solano School Readiness sites who almost or fully mastered each dimension ranged from 39 to 70 percent.³

When looking across all four School Readiness programs in Solano County, evaluators found different competencies for children based on the developmental stage of the School Readiness program. For those programs that have been in operation longer, scores for children are higher⁴. Findings related to MDRDP scores for individual school sites are presented in the appendix of this report.

Cognition and General Knowledge Dimension

- Overall, 21% of children in the First 5 Solano School Readiness Catchment Areas almost or fully mastered all items within this dimension compared to 25% of children studied statewide.
- Children at First 5 Solano School Readiness sites demonstrated higher competencies in the categories of relating to writing three or more letters or numbers and lower competencies in the categories of understanding numbers and simple operations. In some categories, such as using pictures and letters to express thoughts and ideas, children in the Solano catchment areas showed slightly higher percentages of competencies than the statewide level.

Exhibit 2		
Cognition and General Knowledge	Percent Fully Mastered or Almost Mastered	
	Statewide	First 5 Solano School Readiness Catchment Areas
Orders objects from smallest to largest (e.g., orders various circle sizes, nests cups, lines up from shortest to tallest)	56%	52%
Understands that numbers represent quantity (e.g., can get three apples out of the box, asks for two more crackers, can put out one napkin for each child)	59%	43%
Understands numbers and simple operations, and uses math manipulatives, games, toys, coins in daily activities (e.g., adding, subtracting)	40%	33%
Understands that letters make up words (i.e., knows some of the letters in his or her name)	60%	52%
Recognizes print in the environment (e.g., recognizes signs around the room as labels for “Puzzles,” “Toys,” or “Books”)	54%	48%
Makes three or more letter-sound correspondences (e.g., knows the letter “b” makes the “buhh” sound)	53%	44%

² The complete First 5 California School Readiness Initiative Evaluation Report is included in the Commission packet as a separate attachment.

³ Note that only schools rated lowest on the Academic Performance Index (API), usually in high-poverty neighborhoods with high-risk families, qualify for inclusion in the First 5 School Readiness program.

⁴ Silveyville and Loma Vista both had higher competencies. The Silveyville program has been in operation longer than the other First 5 School Readiness programs. One possible explanation for Loma Vista’s high competencies is that many children who attend kindergarten at Loma Vista were enrolled in state pre-schools and therefore may have been previously introduced to kindergarten preparedness activities.

Exhibit 2		
Cognition and General Knowledge	Percent Fully Mastered or Almost Mastered	
	Statewide	First 5 Solano School Readiness Catchment Areas
Pretends to read books	64%	57%
Engages in discussion about books (e.g., predicts events in a story, retells main events from a story in order)	49%	47%
Draws a picture related to a story and talks about his or her drawing	56%	52%
Uses pretend writing during play activities (e.g., scribbles lines and shapes)	54%	55%
Writes three or more letters or numbers	69%	67%
Uses pictures and letters to express thoughts and ideas	56%	59%
Percentage of Children Who Fully or Almost Mastered All Items	25%	21%

Emotional Well-Being Dimension

- Overall, 32% of children in the First 5 Solano School Readiness schools almost or fully mastered all items within this dimension compared to 37% of children studied statewide.
- Children at First 5 Solano School Readiness sites demonstrated higher competencies in the categories relating to following rules, and comforting self and controlling emotion (higher than the state scores) and lower competencies in categories relating to negotiating with peers to resolve social conflict.

Exhibit 3		
Emotional Well-Being	Percent Fully Mastered or Almost Mastered	
	Statewide	First 5 Solano School Readiness Catchment Areas
Seeks adult help when appropriate (e.g., asks adult for assistance to open bottle of paint)	66%	58%
Seeks adult help after trying to resolve conflict or problem on his or her own (e.g., “Miss Lu, I asked Frederica not to play with the ball around our sand castle but she won’t stop.”)	55%	49%
Negotiates with peers to resolve social conflicts with adult guidance (e.g., agrees to alternatives like sharing or taking turns)	53%	44%
Expresses empathy or caring for others (e.g., consoles or comforts a friend who is crying)	58%	57%
Participates in cooperative group efforts (e.g., group project or game, dramatic play, taking turns; organized play and games with specified or invented rules)	63%	59%
Exhibits impulse control and self-regulating (e.g., uses appropriate words or sign language to show anger when a toy is taken by another child, waits for turn on playground equipment, shows some patience)	60%	56%
Follows rules when participating in routine activities (e.g.; handles toys with care, joins group for snack or circle time, tolerates transitions)	67%	68%

Exhibit 3		
Emotional Well-Being	Percent Fully Mastered or Almost Mastered	
	Statewide	First 5 Solano School Readiness Catchment Areas
Comforts self and controls the expression of emotion with adult guidance (e.g.; can express anger or sadness without tantrums, fights, or physical conflicts)	66%	70%
Understands and follows rules in different settings (e.g.; transitions between classroom, after-school program, and playgroup; lowers voice when enters library)	66%	64%
Percentage of Children who Fully or Almost Mastered All Items	37%	32%

Approaches to Learning Dimension

- Overall, 35% of children in the First 5 Solano School Readiness schools almost or fully mastered all items within this dimension compared to 39% of children studied statewide.
- Children at First 5 Solano School Readiness sites demonstrated higher competencies on the category relating to showing willingness to take risks in learning new skills.

Exhibit 4		
Approaches to Learning	Percent Fully Mastered or Almost Mastered	
	Statewide	First 5 Solano School Readiness Catchment Areas
Observes and examines natural phenomena through senses (e.g., notices different types of bugs, asks why it rains.)	46%	39%
Shows willingness to take risks in learning new skills (e.g., climbs jungle gym, tries to play a new musical instrument, tries out a new game)	59%	50%
Stays with or repeats a task (e.g., finishes a puzzle, asks that block structure be left to work on after snack, makes a really long Play-Doh snake out of many pieces)	59%	48%
Percentage of Children who Fully or Almost Mastered All Items	39%	35%

Communicative Skills Dimension

- Overall, 30% of children in the First 5 Solano School Readiness schools almost or fully mastered all items within this dimension compared to 33% of children studied statewide.
- Children at First 5 Solano School Readiness sites demonstrated higher competencies in categories relating to following two-step requests that are sequential and lower competencies on categories relating to talking about their own experience in a logical sequence.

Exhibit 5		
Communicative Skills	Percent Fully Mastered or Almost Mastered	
	Statewide	First 5 Solano School Readiness Catchment Areas
Follows two-step requests that are sequential, but not necessarily related (e.g., “Please pick up the ball and then get your coat.”)	67%	62%
Understands increasing number of specialized words (e.g., different types of dinosaurs, various ingredients in recipe)	48%	41%
Understands complex, multi-step requests (e.g. “Put your jacket away, get any materials you need to finish what you started yesterday, and let me know if you need any help”)	51%	43%
Engages in conversations that develop a thought or idea (e.g., tells about a past event, asks how something works)	49%	40%
Participates in songs, rhymes, games, and stories that play with sounds of language (e.g., claps out sounds or rhythms of language; creates own rhyming words through songs, finger plays, chants)	57%	48%
Tells about own experiences in a logical sequence (e.g., “After I get picked up, it’s usually dinner time. Then, I play, brush my teeth, and go to bed.”)	48%	40%
Percentage of Children who Fully or Almost Mastered All Items	33%	30%

KEY FINDINGS:

- ➡ Levels of competencies for children in First 5 Solano School Readiness Catchment Areas are slightly lower across dimensions than those for children in School Readiness sites statewide.
- ➡ In some specific categories, levels of competencies for children in First 5 Solano School Readiness catchment areas are higher than those statewide.

III. Profile of Parents and Families

Characteristics of Kindergarteners

Solano kindergarteners assessed for this report are primarily Spanish/Hispanic/Latino/Chicano (60.8%). Almost one-fifth (18.2%) of the children are White. For 47% of the children, Spanish is their primary language. English is the primary language for 48% of the children.

Exhibit 1		
Characteristic		First 5 Solano School Readiness Catchment Areas
Gender	Male	43.6%
	Female	56.4%
Ethnicity*	Spanish/Hispanic/Latino/Chicano	60.8%
	White or Caucasian	18.2%
	Black or African American	16.0%
	Filipino	4.4%
	American Indian or Alaskan Native	2.2%
	Other	1.7%
	Native Hawaiian or other Pacific Islander	0.6%
	Chinese	0.6%
	Japanese	0.0%
	Vietnamese	0.0%
	Asian Indian	0.0%
	Hmong	0.0%
	Korean	0.0%
	Samoan	0.0%
	Russian	0.0%
Primary Language (or home language?)	English	48.1%
	Spanish	47.0%
	Filipino	1.1%
	Other	3.9%

* The sum of percentages is greater than 100% because respondents could check all that apply.

Teachers provided additional data on their kindergarteners beyond demographic data: they reported that 5% of the kindergarteners had an IEP and that 67.8% of teachers speak the child's primary language (when that language is other than English).

Characteristics of Parents and Families

The majority of parents who responded to the parent survey finished high school and have some additional education beyond high school (44.9%, including those who completed college and have

schooling beyond undergraduate college). Just over one-quarter of parents (27.5%) did not finish high school. One-quarter of parents (25.8%) have attended an adult education class (including ESL, GED, and other classes). In addition, the majority of parents (64.1%) have a library card.

As outlined in the introduction of this report, the parent data collected for First 5 Solano School Readiness Catchment Areas was different than the parent data collected by the state, therefore we cannot present comparisons of characteristics parents or their school readiness activities in Solano County versus those in across the state.

Exhibit 6		
Characteristic		First 5 Solano School Readiness Catchment Areas
Level of Education (n=167)	Less than High School	27.5%
	Finished High School	27.5%
	More than High School	31.1%
	Finished College	11.4%
	More than College	2.4%
Within the last 12 months, did you or anyone else in this child's household attend adult education classes, like ESL (English as a Second Language), GED, computer classes, or other classes offered to adults? (n=178)	Yes	25.8%
	No	74.2%
Do you have a library card? (n=181)	Yes	64.1%
	No	35.9%

*The sum of percentages is less than 100% due to rounding.

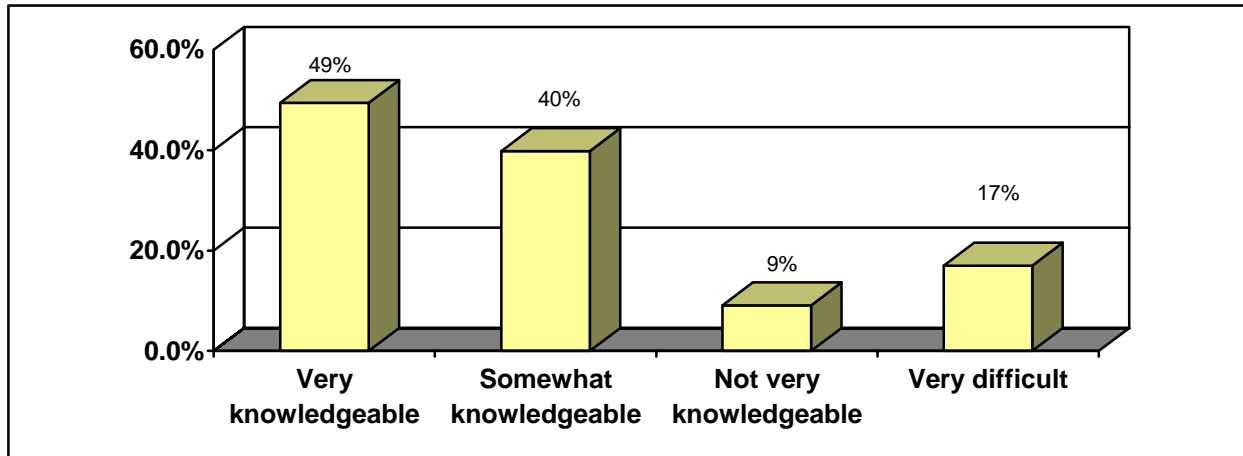
Additional characteristics of families are included in the appendix of this report. Data in the appendix includes:

- ☉ Source of insurance for child
- ☉ Where does child get routine physical check-up
- ☉ When did the child last see a medical doctor or nurse practitioner for a routine physical check-up
- ☉ When did the child last see a dentist or dental hygienist for a routine check-up
- ☉ Does anyone in this child's household smoke
- ☉ How long did child receive breast milk (if ever received)
- ☉ Has a doctor or other health professional ever told parent that child was developmentally delayed
- ☉ Parent's rating of child's health
- ☉ Where parent finds information about child health and family services

School Readiness Activities Performed by Parents

Overall, parents rated their knowledge of child development very high. Eighty-nine percent of parents say they are either somewhat or very knowledgeable about child development.

Exhibit 7



Parents reported that they engaged frequently in development activities with their child. On a scale of 1 to 4 with 1 being “not at all” and 4 being “frequently (daily),” the mean for each of the following activities ranged from 3.0 to 3.7.

Exhibit 8	
In the 12 months before this child started kindergarten, how often did you or anyone else in this household...	First 5 Solano School Readiness Catchment Areas
Practice counting with this child (n=174)	3.7
Practice daily routines of getting ready for school with this child (e.g. bedtime, morning schedule) (n=175)	3.7
Practice kindergarten skills with this child (such as holding a pencil, cutting with scissors, counting, colors, shapes, letters) (n=177)	3.6
Practice self-help skills with this child (such as zipping clothes, buttoning, tying shoes) (n=178)	3.6
Read stories to this child (n=174)	3.5
Play active games (e.g. toss a ball, skip, jump, climb) (n=179)	3.5
Play games that describe how items are the same or different (e.g. matching games or card games like “Go Fish”) (n=175)	3.1
Play games that order objects from smallest to largest (e.g. orders various circle sizes, nests cups, lines up from shortest to tallest) (n=169)	3.0

The majority of kindergarteners received at least some child care directly from their parents or a relative (70.7%), and another 52% attended preschool, Head Start or went to a childcare center.

Exhibit 9	
Prior to Entry into Kindergarten, where did this child spend time on a regular basis? (n=181)	First 5 Solano School Readiness Catchment Areas
At home with his/her parent or relative	70.2%
Preschool, Head Start or childcare center	52.0%
At someone else's home under someone else's care	12.7%
In a family childcare home	7.7%
Summer camp	4.4%
Other	4.4%

*The sum of percentages is greater than 100% because respondents could check all that apply.

Most commonly (68.1%), parents received a letter or other written information from their child's school prior to the start of kindergarten. The majority (62.8%) also toured the school or visited a classroom, participated in activities at the school (53.7%) or met with the principal or other school staff (50.9%).

Exhibit 10	
In the 12 months prior to entry into Kindergarten, did you or anyone else in this child's household...	First 5 Solano School Readiness Catchment Areas
Meet with a kindergarten teacher (n=168)	48.8%
Meet the elementary school principal or other school staff (n=163)	50.9%
Participate in school-wide activities (n=164)	53.7%
Tour the school and/or visit a kindergarten classroom (n=164)	62.8%
Receive a letter or other written information from your child's school on how to help get your child ready for kindergarten? (n=166)	68.1%
Receive a phone call or home visit (n=163)	20.2%
Have your child's skills and development assessed (n=164)	35.2%

*The sum of percentages is greater than 100% because respondents could check all that apply.

The majority of parents enrolled their child into kindergarten a few months before kindergarten (72.1%). Only a small percent of parent (8.2%) enrolled their child on the first day or after the first day of kindergarten.

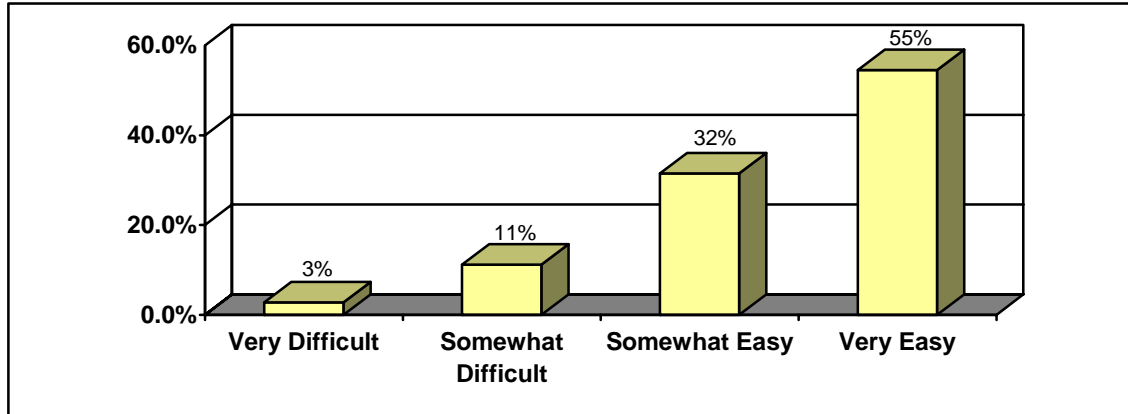
Exhibit 11	
When Child Enrolled in Kindergarten (n=172)	First 5 Solano School Readiness Catchment Areas
During the few months before kindergarten	72.1%
A few weeks before kindergarten began	20.0%
On the first day of kindergarten	4.1%
After school started	4.1%

*The sum of percentages is greater than 100% due to rounding.

Only a small percentage of parents (14%) reported that the first weeks of kindergarten were somewhat or very difficult for their child. The majority (86%) reported that it was easy or very easy for their child.

Exhibit 12
How difficult or easy were the first weeks of kindergarten for this child?

(n=178)



KEY FINDINGS:

- ☛ Parents at First 5 Solano School Readiness sites reported they are engaging in a host of school readiness activities with their child.
- ☛ Parents have a significant amount of contact with schools prior to their child's enrollment in kindergarten.
- ☛ Very few parents receive home visits or have their child's skills and development assessed prior to the start of kindergarten. This could be an area of expansion for the First 5 School Readiness initiative in Solano County.

IV. Key Findings Related to Parent School Readiness Activities and MDRDP Results

LFA looked at key school readiness activities engaged in by parents and conducted statistical analysis to determine whether any of the activities can be correlated to higher child scores on the MDRDP. **Across the board, children whose parents engaged in school readiness activities were more likely to have almost mastered or fully mastered all items within each dimension of the MDRDP** (although not all of the findings were statistically significant, it is interesting to note that this finding was consistent across each activity in each dimension).

In general children whose parents had contact with the school principal or other school staff prior to the start of kindergarten or were enrolled in preschool, Head Start or other childcare center were more likely to have fully or almost mastered all items in dimensions of the MDRDP. Statistically significant findings are presented below⁵:

Communicative Skills Dimension

- Children whose parents met with the school principal or other school staff prior to the start of kindergarten were more likely to have almost or fully mastered all items within this dimension versus those whose parents did not (42% compared to 19%, respectively).**
- Children who attended preschool, Head Start or received child care at a childcare center were more likely to have almost or fully mastered all items within this dimension versus those who did not (40% compared to 17%, respectively).**

Approaches to Learning Dimension

- Children whose parents met with the school principal or other school staff prior to the start of kindergarten were more likely to have almost or fully mastered all items within this dimension versus those whose parents did not (41% compared to 24%, respectively).*
- Children who attended preschool, Head Start or received child care at a childcare center were more likely to have almost or fully mastered all items within this dimension versus those who did not (42% compared to 20%, respectively).**

Cognition and General Knowledge Dimension

- Children who attended preschool, Head Start or received child care at a childcare center were more likely to have almost or fully mastered all items within this dimension versus those who did not (23% compared to 10%, respectively).**

⁵The level of statistical significance for each test run and summarized in the report is indicated by a system of asterisks as follows:

** = Findings across groups in the given analysis are statistically significant different at the p<.05 level (standard level of significance).

* = Findings across groups in the given analysis are statistically significant different at the p<.10 level (borderline level of significance)..

V. Implications, Recommendations, and Next Steps

The findings presented in this report have several important implications for First 5 Solano. This section highlights those implications and identifies recommendations and outlines, the next steps for the First 5 Solano School Readiness Initiative Evaluation.

Implications and Recommendations

- **First 5 Solano’s School Readiness Initiative is supporting the right schools and children: those with the greatest need.** For half of the children in these schools, English is not their primary language; while this does not inherently make children any less ready for school, not all teachers speak Spanish or children’s languages other than English. Moreover, most children did not have high levels of school readiness competencies according to MDRDP results at the start of kindergarten. These are the children that can most benefit from school readiness interventions and activities.
- **Promote outreach to support parents in connecting with school principals and teachers prior to their child starting in school.** The results of our analysis reveal that parents who had contact with the school principal or other school staff prior to the start of kindergarten were more likely to have fully or almost mastered all items in dimensions of the MDRDP than children of parents who had not previously connected with the school. This finding implies that outreach to parents to help them connect with the school prior to their child starting in kindergarten will help them help their child prepare for school.
- **Outreach to parents whose children had not been enrolled in preschool, Head Start or other childcare center may be indicated.** This study found that children who had been enrolled in preschool, Head Start or other childcare center prior to school were more likely to have fully or almost mastered school readiness dimensions assessed in the MDRDP. Without in any way discounting the value of at-home care for young children, these findings imply that families might also benefit from some additional outreach and education about the formal school system.

The level of parents’ receptiveness to the value of education is encouraging--one-quarter of parents in the First 5 Solano Parent Survey have attended an adult education class and two-thirds have a library card. Parents also rated their knowledge of child development as high.

Taken together, these findings could mean that classes geared towards parents whose children are not in preschool, Head Start, or center-based care should be designed, packaged, and marketed with sensitivity towards the efforts parents have already made to prepare their children for school and a clear focus on the particular areas of school readiness needs for their children.

Next Steps

LFA is collecting more data as part of the larger School Readiness Initiative Evaluation (to be presented in the First 5 Solano Annual Evaluation Report in Fall 2005). We are conducting interviews with Principals and School Readiness Site Coordinators, and looking at client data collected by the School Readiness sites. By collecting this data, we hope to answer questions about the School Readiness Initiative, such as:

- How are schools helping to transition young children into kindergarten?
- How are agencies and school districts coordinating the provision of services to young children and their families?
- How are schools and communities impacted by the School Readiness Initiative?

In addition, LFA will conduct a second Kindergarten Entry Profile Study in late fall of 2005. We will administer both the MDRDP and the Parent Survey to a second cohort of children and their parents. This will allow us to compare two years of KEP data to see how the cohort is changing, if at all, with the continued development of the School Readiness Initiative.

IV. Appendix

- **Tables with Individual School Data**
- **Additional Family Characteristics from Parent Survey**
- **MDRDP Child Survey**
- **Parent Survey**

Tables with Individual School Data

Characteristics of Kindergarteners					
Characteristic		Silveyville	Anna Kyle	Markham	Loma Vista
Gender	Male	43.6%	53.4%	40.8%	36.2%
	Female	56.4%	46.6%	59.2%	63.8%
Ethnicity*	Spanish/Hispanic/Latino/ Chicano	60.8%	69.0%	65.8%	42.5%
	White or Caucasian	18.2%	27.6%	22.4%	0.0%
	Black or African American	16.0%	6.9%	5.3%	44.7%
	Filipino	4.4%	1.7%	1.3%	12.8%
	American Indian or Alaskan Native	2.2%	1.7%	3.9%	0.0%
	Other	1.7%	1.7%	2.6%	0.0%
	Native Hawaiian or other Pacific Islander	0.6%	0.0%	1.3%	0.0%
	Chinese	0.6%	0.0%	1.3%	0.0%
	Japanese	0.0%	0.0%	0.0%	0.0%
	Vietnamese	0.0%	0.0%	0.0%	0.0%
	Asian Indian	0.0%	0.0%	0.0%	0.0%
	Hmong	0.0%	0.0%	0.0%	0.0%
	Korean	0.0%	0.0%	0.0%	0.0%
	Samoan	0.0%	0.0%	0.0%	0.0%
	Russian	0.0%	0.0%	0.0%	0.0%
Primary Language	English	48.1%	36.2%	47.4%	63.8%
	Spanish	47.0%	53.4%	50.0%	34.0%
	Filipino	1.1%	0.0%	1.3%	2.1%
	Other	3.9%	10.3%	1.3%	0.0%

MDRDP: Cognition and General Knowledge	Percent Fully Mastered or Almost Mastered			
	Silveyville	Anna Kyle	Markham	Loma Vista
Orders objects from smallest to largest (e.g., orders various circle sizes, nests cups, lines up from shortest to tallest)	56%	47%	56%	45%
Understands that numbers represent quantity (e.g., can get three apples out of the box, asks for two more crackers, can put out one napkin for each child)	59%	35%	43%	38%
Understands numbers and simple operations, and uses math manipulatives, games, toys, coins in daily activities (e.g., adding, subtracting)	40%	17%	33%	40%
Understands that letters make up words (i.e., knows some of the letters in his or her name)	60%	35%	45%	36%
Recognizes print in the environment (e.g., recognizes signs around the room as labels)	54%	35%	38%	40%

MDRDP: Cognition and General Knowledge	Percent Fully Mastered or Almost Mastered			
	Silveyville	Anna Kyle	Markham	Loma Vista
for “Puzzles,” “Toys,” or “Books”)				
Makes three or more letter-sound correspondences (e.g., knows the letter “b” makes the “buhh” sound)	53%	19%	46%	34%
Pretends to read books	64%	41%	58%	49%
Engages in discussion about books (e.g., predicts events in a story, retells main events from a story in order)	49%	28%	36%	62%
Draws a picture related to a story and talks about his or her drawing	56%	43%	37%	53%
Uses pretend writing during play activities (e.g., scribbles lines and shapes)	54%	38%	41%	51%
Writes three or more letters or numbers	59%	57%	65%	49%
Uses pictures and letters to express thoughts and ideas	56%	48%	47%	49%
Percentage of Children Who Fully or Almost Mastered All Items	25%	9%	18%	26%

MDRDP: Emotional Well-Being	Percent Fully Mastered or Almost Mastered			
	Silveyville	Anna Kyle	Markham	Loma Vista
Seeks adult help when appropriate (e.g., asks adult for assistance to open bottle of paint)	66%	60%	57%	49%
Seeks adult help after trying to resolve conflict or problem on his or her own (e.g., “Miss Lu, I asked Frederica not to play with the ball around our sand castle but she won’t stop.)	55%	47%	48%	45%
Negotiates with peers to resolve social conflicts with adult guidance (e.g., agrees to alternatives like sharing or taking turns)	53%	41%	42%	34%
Expresses empathy or caring for others (e.g., consoles or comforts a friend who is crying)	58%	47%	53%	43%
Participates in cooperative group efforts (e.g., group project or game, dramatic play, taking turns; organized play and games with specified or invented rules)	63%	55%	59%	51%
Exhibits impulse control and self-regulating (e.g., uses appropriate words or sign language to show anger when a toy is taken by another child, waits for turn on playground equipment, shows some patience)	60%	43%	63%	51%
Follows rules when participating in routine activities (e.g.; handles toys with care, joins group for snack or circle time, tolerates transitions)	67%	57%	71%	62%
Comforts self and controls the expression of emotion with adult guidance (e.g.; can express anger or sadness without tantrums, fights, or physical conflicts)	66%	55%	72%	60%
Understands and follows rules in different	66%	48%	68%	60%

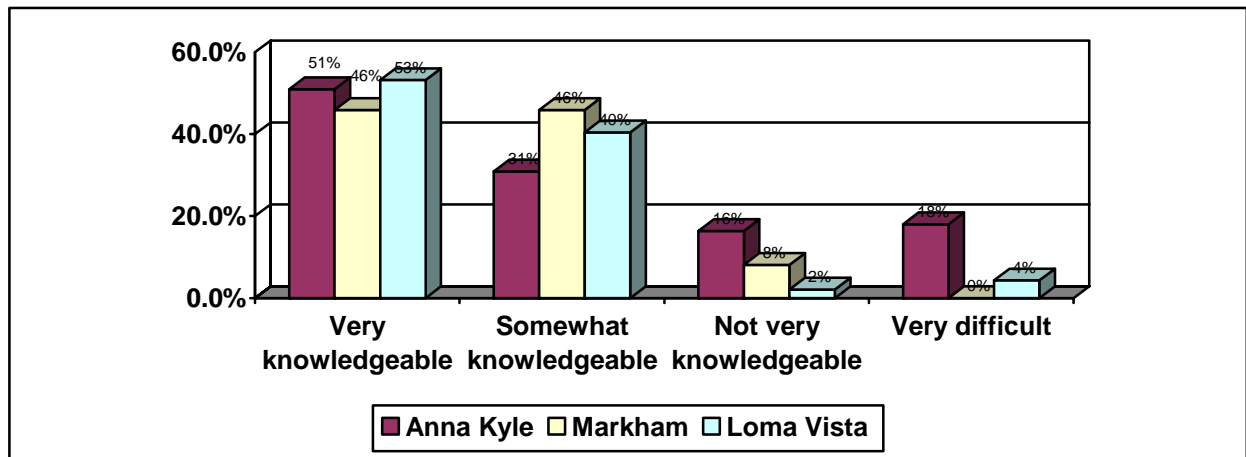
MDRDP: Emotional Well-Being	Percent Fully Mastered or Almost Mastered			
	Silveyville	Anna Kyle	Markham	Loma Vista
settings (e.g.; transitions between classroom, after-school program, and playgroup; lowers voice when enters library)				
Percentage of Children who Fully or Almost Mastered All Items	37%	26%	24%	32%

MDRDP: Approaches to Learning	Percent Fully Mastered or Almost Mastered			
	Silveyville	Anna Kyle	Markham	Loma Vista
Observes and examines natural phenomena through senses (e.g., notices different types of bugs, asks why it rains.)	46%	33%	34%	53%
Shows willingness to take risks in learning new skills (e.g., climbs jungle gym, tries to play a new musical instrument, tries out a new game)	59%	57%	42%	53%
Stays with or repeats a task (e.g., finishes a puzzle, asks that block structure be left to work on after snack, makes a really long Play-Doh snake out of many pieces)	60%	36%	51%	57%
Percentage of Children who Fully or Almost Mastered All Items	39%	28%	22%	49%

MDRDP: Communicative Skills	Percent Fully Mastered or Almost Mastered			
	Silveyville	Anna Kyle	Markham	Loma Vista
Follows two-step requests that are sequential, but not necessarily related (e.g., “Please pick up the ball and then get your coat.”)	68%	57%	63%	66%
Understands increasing number of specialized words (e.g., different types of dinosaurs, various ingredients in recipe)	48%	35%	37%	55%
Understands complex, multi-step requests (e.g. “Put your jacket away, get any materials you need to finish what you started yesterday, and let me know if you need any help”)	51%	38%	36%	60%
Engages in conversations that develop a thought or idea (e.g., tells about a past event, asks how something works)	49%	35%	38%	49%
Participates in songs, rhymes, games, and stories that play with sounds of language (e.g., claps out sounds or rhythms of language; creates own rhyming words through songs, finger plays, chants)	57%	36%	47%	62%
Tells about own experiences in a logical sequence (e.g., “After I get picked up, it’s usually dinner time. Then, I play, brush my teeth, and go to bed.”)	48%	28%	42%	51%
Percentage of Children who Fully or Almost Mastered All Items	33%	26%	24%	43%

Characteristics of Parents and Families ⁶				
Characteristic		Anna Kyle	Markham	Loma Vista
Level of Education (n=167)	Less than High School	39.7%	27.9%	9.8%
	Finished High School	29.3%	25.0%	29.3%
	More than High School	27.6%	30.9%	36.6%
	Finished College	3.4%	11.8%	22.0%
	More than College	0.0%	4.4%	2.4%
Within the last 12 months, did you or anyone else in this child's household attend adult education classes, like ESL (English as a Second Language), GED, computer classes, or other classes offered to adults? (n=178)	Yes	29.3%	24.7%	23.4%
	No	70.7%	75.3%	76.6%
Do you have a library card? (n=181)	Yes	63.8%	61.8%	68.1%
	No	36.2%	38.2%	31.9%

Parents' Knowledge of Child Development



⁶ Silveyville Primary School participated in the state's School Readiness evaluation and therefore was not included in the parent data collection conducted by LFA. The state did administer a parent survey and did provide raw data for Silveyville but because of the differences in how and what questions were asked Silveyville parent data is not comparable to the parent data collected by LFA at the other school sites and therefore is not included in this report.

Parents' Engagement in Child Development Activities			
In the 12 months before this child started kindergarten, how often did you or anyone else in this household...	Anna Kyle	Markham	Loma Vista
Practice counting with this child (n=174)	3.5	3.6	3.6
Practice daily routines of getting ready for school with this child (e.g. bedtime, morning schedule) (n=175)	3.5	3.7	3.8
Practice kindergarten skills with this child (such as holding a pencil, cutting with scissors, counting, colors, shapes, letters) (n=177)	3.4	3.6	3.7
Practice self-help skills with this child (such as zipping clothes, buttoning, tying shoes) (n=178)	3.4	3.6	3.9
Read stories to this child (n=174)	3.4	3.4	3.6
Play active games (e.g. toss a ball, skip, jump, climb) (n=179)	3.4	3.7	3.6
Play games that describe how items are the same or different (e.g. matching games or card games like "Go Fish") (n=175)	3.1	3.0	3.2
Play games that order objects from smallest to largest (e.g. orders various circle sizes, nests cups, lines up from shortest to tallest) (n=169)	2.9	3.0	3.3

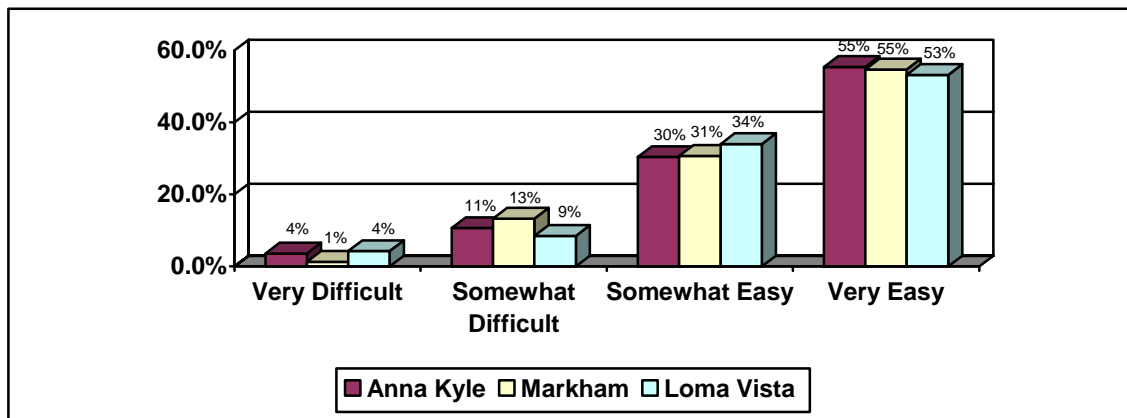
Where Child Spent Time Before Entering Kindergarten			
Prior to Entry into Kindergarten, where did this child spend time on a regular basis? (n=181)	Anna Kyle	Markham	Loma Vista
At home with his/her parent or relative	70.7%	73.7%	63.8%
Pre-school, Head Start or childcare center	53.4%	46.1%	59.6%
At someone else's home under someone else's care	20.7%	9.2%	8.5%
In a family childcare home	8.6%	3.9%	12.8%
Summer camp	5.2%	5.3%	2.1%
Other	3.4%	3.9%	6.4%

Parents' Interactions with the School 12 Months Prior to Start of Kindergarten			
In the 12 months prior to entry into Kindergarten, did you or anyone else in this child's household...	Anna Kyle	Markham	Loma Vista
Meet with a kindergarten teacher (n=168)	57.7%	44.3%	54.3%
Meet the elementary school principal or other school staff (n=163)	24.5%	63.2%	60.9%
Participate in school-wide activities (n=164)	30.0%	59.4%	71.1%

Parents' Interactions with the School 12 Months Prior to Start of Kindergarten			
In the 12 months prior to entry into Kindergarten, did you or anyone else in this child's household...	Anna Kyle	Markham	Loma Vista
Tour the school and/or visit a kindergarten classroom (n=164)	45.1%	70.6%	71.1%
Receive a letter or other written information from your child's school on how to help get your child ready for kindergarten? (n=166)	56.0%	71.4%	76.1%
Receive a phone call or home visit (n=163)	24.0%	26.5%	6.7%
Have your child's skills and development assessed (n=164)	13.9%	12.7%	8.5%

When Child Enrolled in Kindergarten (n=172)	Anna Kyle	Markham	Loma Vista
During the few months before kindergarten	65.5%	78.9%	69.6%
A few weeks before kindergarten began	23.6%	12.7%	26.1%
On the first day of kindergarten	5.5%	4.2%	2.2%
After school started	5.5%	4.2%	2.2%

How difficult or easy were the first weeks of kindergarten for this child?



Additional Family Characteristics from Parent Survey

Characteristic		Solano County (Across the 3 Schools)	Anna Kyle	Markham	Loma Vista
Source of Insurance (n=176)	Insurance provided by the employer of the caregiver	41.5%	25.9%	42.5%	57.4%
	Medi-Cal	36.4%	46.6%	36.6%	23.4%
	Healthy Families	9.1%	12.1%	5.6%	10.6%
	Other	6.3%	6.9%	5.6%	6.4%
	California Kids or similar program	4.5%	5.2%	7.0%	0.0%
	No health insurance	1.1%	1.7%	1.4%	0.0%
	Insurance purchased directly by caregiver	1.1%	1.7%	0.0%	2.1%
Where do you take this child for a routine physical check-up? (n=176)	Regular care from a medical doctor, nurse practitioner, medical practice or clinic	100.0%	100.0%	100.0%	100.0%
When did this child last see a medical doctor or nurse practitioner for a routine physical check-up? (n=178)	Less than a year ago	96.1%	94.6%	97.8%	97.8%
	More than 1 year ago, but less than 2 years ago	3.9%	3.4%	5.4%	2.2%
	2 years ago or more	0.0%	0.0%	0.0%	0.0%
	Never	0.0%	0.0%	0.0%	0.0%
	Declined	0.0%	0.0%	0.0%	0.0%
When did this child last see a dentist or dental hygienist for a routine check-up (not due to a toothache or cavity)? (n=178)	Less than a year ago	73.7%	74.1%	70.7%	78.3%
	More than 1 year ago, but less than 2 years ago	10.6%	12.1%	6.7%	15.2%
	2 years ago or more	1.1%	0.0%	1.3%	2.2%
	Never	14.0%	13.8%	20.0%	4.3%
Does anyone in this child's household smoke? (n=178)	Yes	17.7%	13.8%	22.4%	14.9%
	No	80.7%	84.5%	75.0%	85.1%
If you breastfed your child, how long did this child receive breast milk (in any amount)? (n=176)	12 months or more	25.4%	28.1%	31.1%	13.0%
	Between 6 and 12 months	18.8%	10.5%	16.2%	32.6%
	Between 3 and 6 months	14.2%	15.8%	17.6%	6.5%
	Less than 3 months	15.3%	26.3%	12.2%	6.5%
	Child was not breastfed	26.1%	19.3%	23.0%	39.1%
Has a doctor or other health professional ever told you that your child was developmentally delayed? (n=179)	Yes	4.5%	0.0%	6.7%	6.4%
	No	95.5%	100%	92.3%	93.6%
Overall, would say this child's health is... (n=178)	Poor	0.6%	1.8%	0.0%	0.0%
	Fair	2.2%	3.5%	2.6%	0.0%
	Good	10.7%	8.8%	5.3%	21.3%
	Very Good	25.3%	22.8%	28.9%	21.3%
	Excellent	61.2%	61.4%	61.8%	57.4%
Where do you find out information about	Family Resource Center	21.5%	17.2%	28.9%	14.9%
	WIC Clinic (Woman, Infant, and Children)	43.6%	44.8%	46.1%	38.3%

Characteristic		Solano County (Across the 3 Schools)	Anna Kyle	Markham	Loma Vista
child health and family services? (n=181)	Church/Synagogue/Mosque	8.8%	8.6%	7.9%	10.6%
	Advertisements	23.8%	22.4%	28.9%	17.0%
	Health Clinic	40.3%	41.4%	36.8%	44.7%
	Home Visitation Worker	7.2%	8.6%	5.3%	8.5%
	Families/Friends	30.4%	22.4%	31.6%	38.3%
	School	33.7%	34.5%	40.8%	21.3%
	Other	17.7%	17.2%	14.5%	23.4%

CHILD INFORMATION:

Child's Name (First and Last): _____

Did this child participate in the Pre-K Academy? ___ Yes ___ No ___ Don't Know

Child's Sex: Male ___ Female ___ **Child's Birthday:** _____ **199**____
Month Day Year

Child's Primary Language:

___ English ___ Spanish ___ Hmong ___ Vietnamese ___ Filipino ___ Punjabi
___ Other (specify): _____

Does this child have an IEP? ___ Yes ___ No ___ Don't Know

Child's race or ethnicity: (Mark all that apply)

___ American Indian or Alaskan Native	___ Asian Indian
___ Black or African American	___ Chinese
___ Native Hawaiian or other Pacific Islander	___ Filipino
___ White or Caucasian	___ Hmong
___ Japanese	___ Korean
___ Vietnamese	___ Samoan
___ Spanish/Hispanic/Latino/Chicano	___ Russian
___ Other: _____	___ Decline
___ Do not know	

TEACHER INFORMATION:

Teacher Name: _____

School Name: _____ **District:** _____

Date completed: _____ 2004
Month Day

How long have you been this child's teacher? ___ months

Do you speak this child's primary language? ___ Yes ___ No

Developmental Theme	Child Desired Result 1: Children are personally and socially competent	Not Yet	Emerging	Almost mastered	Fully Mastered
Interaction with adults	1. Seeks adult help when appropriate (e.g. asks adult for assistance to open bottle of paint)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Seeks adult help after trying to resolve conflict or problem on his or her own (e.g., “Miss Lu, I asked Frederica not to play with the ball around our sand castle but she won’t stop”)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with peers	3. Negotiates with peers to resolve conflict or problem on his or her own (e.g., agrees to alternatives like sharing or taking turns)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Expresses empathy or caring for others (e.g., consoles or comforts a friend who is crying)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Participates in cooperative group efforts (e.g., group project or game, dramatic play, taking turns; organized play and games with specified or invented rules)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self regulation	6. Exhibits impulse control and self-regulation (e.g., uses appropriate words or sign language to show anger when a toy is taken by another child, waits for turn on playgroup equipment, shows some patience)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. Follows rules when participating in routine activities (e.g., handles toys with care, joins group for snack or circle time, tolerates transitions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8. Comforts self and controls the expression of emotion with adult guidance (e.g., can express anger or sadness without tantrums, fights, or physical conflicts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9. Understands and follows rules in different settings (e.g., transitions between classroom, after-school program, and playgroup; lowers voice when enters library)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Developmental Theme	Child Desired Result 1: Children are personally and socially competent	Not Yet	Emerging	Almost mastered	Fully Mastered
Language comprehension	10. Follows two-step requests that are sequential, but not necessarily related (e.g., “Please pick up the ball and then your coat”)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11. Understands increasing number of specialized words (e.g., different types of dinosaurs, various ingredients in recipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12. Understands complex, multi-step requests (e.g., “Put your jacket away, get any materials you need to finish what you started yesterday, and let me know if you need any help”)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language expression	13. Engages in conversation that develop a thought or idea (e.g., tells about a past event, asks how something works)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	14. Participates in songs, rhymes, games, and stories that play with sounds of language (e.g., claps out sounds or rhythms of language; creates own rhyming words through songs; fingerplays chants)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	15. Tells about own experiences in a logical sequence (e.g., “After I get picked up, it’s usually dinner time. Then, I play, brush my teeth and go to bed”)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in learning	16. Observes and examines natural phenomena through senses (e.g., notices different types of bugs, asks why it rains)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	17. Shows willingness to take risks in learning new skills (e.g., climbs jungle gym, tries to play a new musical instrument, tries a new game)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive competence	18. Stays with or repeats a task (e.g., finishes a puzzle, asks that block structure be left to work on after snack, makes a really long Pay-Doh snake out of many pieces)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Developmental Theme	Child Desired Result 1: Children are personally and socially competent	Not Yet	Emerging	Almost mastered	Fully Mastered
Measure, order and time	19. Orders objects from smallest to largest (e.g., orders various circle sizes, nests cups, lines up from shortest to longest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number concepts	20. Understands that numbers represent quantity (e.g., can get three apples out of the box, asks for two more crackers, can put out one napkin for each child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	21. Understands numbers and simple operations, and uses math manipulatives, games, toys, coins in daily activities (e.g., adding, subtracting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading skills	22. Understands that letters make up words (e.g., knows some of the letters in his or her name)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	23. Recognizes print in the environment (e.g., recognizes signs around the room as labels for “Puzzles,” “Toys,” or “Books”)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	24. Makes three or more letter-sound correspondences (e.g., knows the letter “b” makes the “buhh” sound)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in books and other written materials	25. Pretends to read books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	26. Engages in discussion about books (e.g., predicts events in a story, retells main events from a story in order)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	27. Draws a picture related to a story and talks about his or her drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	28. Uses pretend writing during play activities (e.g., scribbles lines and shapes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	29. Writes three or more letters or numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	30. Uses pictures and letters to express thoughts and ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. What is the highest level of education you have completed?

- Less than High School
- Finished High School
- More than High School (e.g. vocational training, some college, or junior college)
- Finished College
- More than College (e.g. graduate work)

8. Families may do activities with their child before kindergarten. In the 12 months before this child started kindergarten, how often did you or anyone else in this child's household...

	Activities	Frequently (Daily)	Sometimes (Weekly)	A little (Monthly)	Not at all
A	practice counting with this child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	read stories to this child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	play games that order objects from smallest to largest (e.g. orders various circle sizes, nests cups, lines up from shortest to tallest)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	play active games (e.g. toss a ball, skip, jump, climb)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	practice daily routines of getting ready for school with this child (e.g. bedtime, morning schedule)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	practice kindergarten skills with this child (such as holding a pencil, cutting with scissors, counting, colors, shapes, letters)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	practice self-help skills with this child (such as zipping clothes, buttoning, tying shoes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	play games that describe how items are the same or different (e.g. matching games or card games like "Go Fish")?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Last year, where did this child **PRIMARYLY** spend time on a regular basis, prior to entering kindergarten? Please check the **ONE PRIMARY** location (During the time this child is awake).

Location (check one)	
<input type="checkbox"/>	At home with his/her parent or other relative
<input type="checkbox"/>	At someone else's home under someone else's care (a friend or relative, not a licensed childcare provider)
<input type="checkbox"/>	In a family childcare home (please identify_____)
<input type="checkbox"/>	Pre-school, Head Start or childcare center (please identify_____)
<input type="checkbox"/>	Summer Camp (please identify_____)
<input type="checkbox"/>	Other (please identify_____)

10. When did this child enroll into kindergarten?

- During the few months before kindergarten (e.g. kindergarten registration, kindergarten round-up)
- A few weeks before kindergarten began
- On the first day of kindergarten
- After school started

11. Some schools offer activities, information, and resources to families with children who are entering kindergarten. In the 12 months before your child entered kindergarten, did you or anyone else in this child's household...

Activities, Information, and/or Resources		YES	NO
A	meet with a kindergarten teacher (not necessarily your child's teacher)?	<input type="checkbox"/>	<input type="checkbox"/>
B	meet the elementary school principal or other school staff?	<input type="checkbox"/>	<input type="checkbox"/>
C	participate in school-wide activities (such as open house, assemblies, reading night, parent meetings, etc)?	<input type="checkbox"/>	<input type="checkbox"/>
D	tour the school and/or visit a kindergarten classroom with this child?	<input type="checkbox"/>	<input type="checkbox"/>
E	receive a letter or other written information from your child's school on how to help get your child ready for kindergarten?	<input type="checkbox"/>	<input type="checkbox"/>
F	receive a phone call or home visit from someone from the school who talked to you about child development?	<input type="checkbox"/>	<input type="checkbox"/>
G	have your child's skills and development assessed by someone in the school or district?	<input type="checkbox"/>	<input type="checkbox"/>

12. Please think about this child when he/she began kindergarten this year. How difficult or easy were the first weeks of kindergarten for this child?

- Very easy Somewhat difficult
 Somewhat easy Very difficult

13. How knowledgeable are you about child development?

- Very knowledgeable Not very knowledgeable
 Somewhat knowledgeable Not at all knowledgeable

14. Within the last 12 months, did you or anyone else in this child's household attend adult education classes, like ESL (English as a Second Language), GED, computer classes, or other classes offered to adults?

- Yes No

15. Do you have a library card?

- Yes No

16. What is the source of this child's health insurance?

- Insurance provided by the employer of a caregiver
 Insurance purchased directly by caregiver
 Medi-Cal
 Healthy Families
 Aid to Infants and Mothers
 California Kids or similar program
 No health insurance
 Other
 Declined
 Do not know

17. Where do you take this child for a routine physical check-up?

- No routine physical check-up
 Regular care from a medical doctor, nurse practitioner, medical practice or clinic
 Other type of healer (alternative healer, spiritual healer)
 Declined
 Do not know

18. When did this child last see a medical doctor or nurse practitioner for a routine physical check-up?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Less than a year ago | <input type="checkbox"/> Never |
| <input type="checkbox"/> More than 1 year ago, but less than 2 years ago | <input type="checkbox"/> Declined |
| <input type="checkbox"/> 2 years ago or more | <input type="checkbox"/> Do not know |

19. When did this child last see a dentist or dental hygienist for a routine check-up (not due to a toothache or cavity)?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Less than a year ago | <input type="checkbox"/> Never |
| <input type="checkbox"/> More than 1 year ago, but less than 2 years ago | <input type="checkbox"/> Declined |
| <input type="checkbox"/> 2 years ago or more | <input type="checkbox"/> Do not know |

20. Does anyone in this child's household smoke?

- Yes No Don't know Decline

21. If you breastfed your child, how long did this child receive breast milk (in any amount)?

- | | |
|--|--|
| <input type="checkbox"/> 12 months or more | <input type="checkbox"/> Child was not breastfed |
| <input type="checkbox"/> Between 6 and 12 months | <input type="checkbox"/> Declined |
| <input type="checkbox"/> Between 3 and 6 months | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Less than 3 months | |

22. Has a doctor or other health professional ever told you that your child was developmentally delayed? (A developmental delay means that the child is somewhat slower physically or mentally than other children the same age.)

- Yes No Declined Do not know

23. Overall, would you say this child's health is...

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Good | <input type="checkbox"/> Don't Know |

24. Where do you find out information about child health and family services? (Please check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Family Resource Center | <input type="checkbox"/> Home Visitation Worker |
| <input type="checkbox"/> WIC Clinic (Women, Infant, and Children) | <input type="checkbox"/> Families/Friends |
| <input type="checkbox"/> Church/Synagogue/Mosque | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisements (e.g. flyers, brochures, posters) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Health Clinic | (Please specify_____) |

Appendix 4:

Data Sources for this Report

Data Sources for this Report

The LFA team integrated information from the following data sources for this report:

- **Prior First 5 Solano Annual Reports to First 5 California.** We reviewed and used information First 5 Solano submitted in prior Annual Reports to First 5 California. Primarily, we drew from these reports descriptive information about Solano County to provide the community context.
- **First 5 Solano “CBO Survey”.** LFA administered a survey to all First 5 Solano grantees funded in the 2004-05 fiscal year. Grantees completed the survey at the end of the funding cycle and provided information about who they served and changes in their service delivery to improve the system of care in Solano County.
- **Grantee Progress Reports.** We reviewed progress reports submitted by grantees to First 5 Solano for information on key accomplishments and challenges grantees experienced. This information largely informed the preparation of the grantee chapters.
- **Custom Grantee Outcome Reports.** LFA worked with grantees to develop a few (one to three) custom outcomes for their funded programs. Grantees provided LFA with results for these outcomes, which are included here.
- **Outcomes Collection, Evaluation and Reporting Service (OCERS) Data.** We referenced OCERS reports to summarize grantees’ accomplishment of objectives related to service targets.
- **Provider Key Informant Interviews.** We conducted key informant interview with service providers involved in the Prenatal Care Collaborative Initiative, School Readiness Initiative, and Integrated Family Support Initiative.
- **Service Participant Focus Groups.** LFA convened focus groups with participants in the Prenatal Care Collaborative Initiative to hear directly from participants the benefits of participating in these funded programs.
- **Secondary Data Sources.** Our analysis of lead indicators draws on secondary data sources such as the Children’s Health Information Survey (CHIS) and the California County Data Book.

FY 04-05 Annual Report: Acknowledgments

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Commissioners

Stephan Betz
Sheryl Fairchild, Chair
Debbie Gossell

Barbara Kondylis
Jan Maguire
Maureen McSweeney

Elaine Norinsky
Norma Thigpen
Sharon Tucker, Ph.D

Former FY 04-05 Commissioners

Ellen Blaufarb
Nancy Calvo

Grantee Partners (FY 04-05)

Community-Based Organizations

California Hispanic Commission/Latino Family Services
Child Haven, Inc.
Children's Network of Solano County
Child Start, Inc.
Everlasting Hope Ministries
Families First, Inc.
Kids Xpress
Latino Commission
MATRIX
NorthBay Health Care
Planned Parenthood: Shasta-Diablo
Solano Coalition for Better Health
Youth and Family Services

School Districts/Schools

Dixon USD: Silveyville Primary School
Fairfield-Suisun USD: Anna Kyle Elementary
Vacaville USD: Markham Elementary
Vallejo City USD: Loma Vista Elementary

Family Resource Centers

Benicia Family Resource Center
Dixon Family Resource Center
Fairfield Healthy Start Family Resource Center
Suisun Family Resource Center
Vacaville Family Resource Center
Vallejo Family Resource Centers
Rio Vista Family Resource Center

Public Agencies

City of Benicia Parks and Community Services
Solano County Health & Social Services
Vacaville Police Department

First 5 Solano staff:

Venis Jones Boyd, Administrative Secretary
David Carrillo, Contract and Program Specialist
Michele Duane, Fiscal and Contract Administrator
Christina Linville, Executive Director
Kathi McLaughlin, Contract and Program Specialist
Michael Stover, Contract and Program Specialist

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