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Introduction

This Community Impact Report is a companion document for the “Communities Creating Change” Results Fair, sponsored by First 5 Solano Children and Families Commission in April 2008. The report uses performance data to “tell the story” of the progress First 5 Solano and its grantee partners are making towards achieving the Commission’s goals of building and helping sustain a strong, integrated system of services and care for expectant parents, children aged 0-5 and their families. First 5 grantees have the opportunity, through the innovative format of the Community Impact Report, to make the data “come alive” by outlining the challenges, partnerships and community strengths that shape their service strategies.

First 5 Solano’s approach to community change is grounded in the priorities, goals, and results outlined in its strategic plan, which was designed to address some of the most pressing and urgent family issues in Solano County. In addition to its funding of direct services to children, families and providers, the strategic plan supports investments in collaboratives, training, leveraged funding, technical assistance and other programs that strengthen the overall system of care for young children and ensure that services are progressively better-integrated, higher-quality, more comprehensive and cost-effective.

The First 5 Solano evaluation framework is articulated through a variety of methods that help ensure accountability to the public by documenting the return on its investments. These include Logic Model scopes of work, grantee training and technical assistance, evaluation plans for individual programs and initiatives, regular progress reports, ongoing data collection, special studies and evaluation reports issued annually by LFA Group, an independent evaluation consulting firm.

The First 5 Solano 2008 Community Impact Report contributes to this body of work by presenting relevant data through the “Results Accountability” framework, an evaluation method that documents the extent to which funded programs, services and system supports are helping to “turn the curve” on specific indicators of child and family health and well-being. First 5 grantees participate actively in the development of the report, which gives them the opportunity to use data to tell the “human story” of their challenges and accomplishments. The Community Impact Report is offered as a tool to help policymakers, donors, funders, and service providers more effectively allocate resources as they use the key indicators in the report to identify and address shared outcomes.

First 5 Solano’s Strategic Plan and Funded Initiatives

Priority: Health and Well-Being

Goal: All children are born to their optimal health potential

✓ *Prenatal Services/BabyFirst Solano*

Goal: All children have access to health care

✓ *Children’s Health Initiative*

Goal: All children maintain optimal health

✓ *Early Childhood Mental/Developmental Health*

Priority: Early Childhood Learning & Development

Goal: All children receive high quality child care

✓ *CARES; Child Start/Head Start; Constructing Connections*

Goal: All children enter kindergarten ready to learn

✓ *School Readiness Initiative*

Priority: Parent Education & Family Support

Goals: All families have access to support systems and community services; All parents support children’s development

✓ *Integrated Family Support Initiative/Family Resource Center Services*



Improving Birth Outcomes

BabyFirst Solano Collaborative: Solano County Health and Social Services

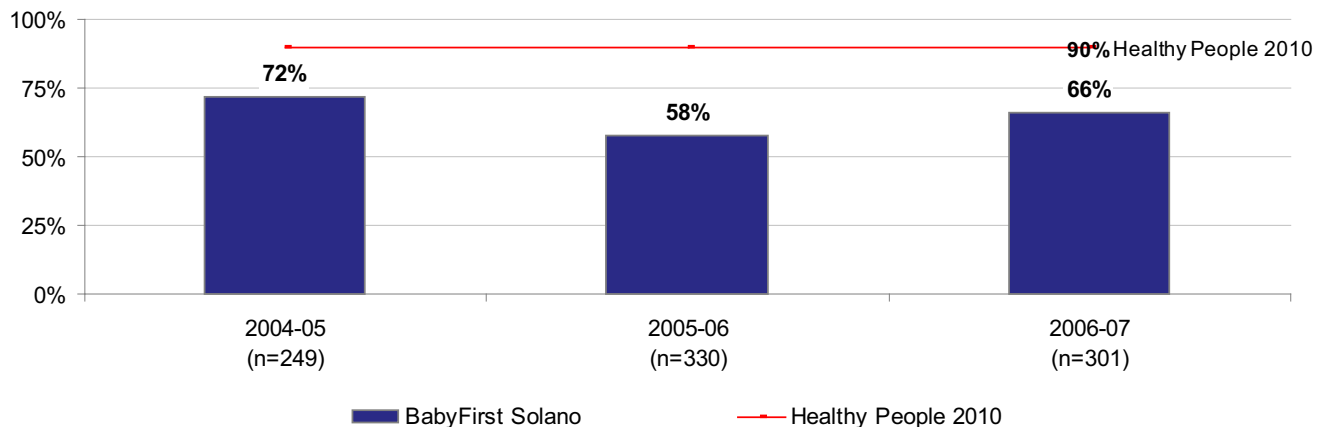
What are we measuring and why is it important?

Early prenatal care, defined as prenatal care in the first trimester or the first 12 weeks of pregnancy, allows doctors to identify and treat any health concerns early in the pregnancy, before they become problems. Prenatal care provides an opportunity for education about the pregnancy, healthy lifestyles, breastfeeding, and newborn care, along with linkage to supportive services and community resources.

BabyFirst Solano is a collaborative of community agencies serving pregnant and postpartum women in Solano whose overarching goal is to increase the number of women entering early and attending adequate prenatal and postpartum care; and improve birth outcomes for high-risk populations. In addition to funding direct services for women and teens, First 5 Solano Children and Families Commission funds a collaborative to work together to streamline services for pregnant and postpartum women in Solano to improve access to care.

The BabyFirst Solano Collaborative creates changes in delivery of services through communication between partner agencies which improves service referrals, decreases duplication of services, and forms a continuum of services.

Early Entry to Prenatal Care



What is the story behind the results?

Early entry to prenatal care is an indicator of how well a community is meeting the health care needs of pregnant women in a community. Nationally, the Healthy People 2010 objective is that 90 percent or more of pregnant women enter early prenatal care.¹ However, in Solano, less than three out of four women enter early prenatal care (72%) and less than half (44%) of women with Medi-Cal enter early prenatal care.²

¹ United States Office of Disease Prevention and Health Promotion http://www.healthypeople.gov/Document/HTML/Volume2/16MICH.htm#_Toc494699663
² Solano County Health & Social Services, MCAH Bureau, 2006.

The majority of women served by BabyFirst Solano are medically and psychosocially high-risk pregnant women and teens with Medi-Cal (approximately 85%). In 2006-2007, BabyFirst Solano increased the rate their clients entered early prenatal care to a rate of 66%.

What are the challenges to success for the population served?

Common barriers that women face in entering early prenatal care are:

- Uninsured pregnant women are not aware of the gateway program, Presumptive Eligibility, which provides immediate medical coverage and access to prenatal care;
- Women may not have adequate transportation to appointments or child care during appointments
- Women may have other concerns that interfere with prenatal care, such as homelessness, domestic violence, substance use, etc.; and
- There are a limited number of prenatal care providers in Solano County seeing low-income pregnant women. Some providers are very busy and clients who do access services may have to wait beyond their first trimester to see a provider.

Who are the partners?

Maternal, Child, and Adolescent Health Bureau of Solano County Health & Social Services serves as the lead agency for the BabyFirst Solano Collaborative. Partners include: ABC Prenatal Program at NorthBay Medical Center, the Adolescent Family Life Program, Black Infant Health, Children's Nurturing Project, It's About My Baby, La Clinica—Great Beginnings, Nubian Mentoring Program, Partnership HealthPlan of California, Prenatal Care Guidance, Youth and Family Services, and other community agencies. In addition, many divisions within Solano County Health & Social Services, including Child Welfare Services, Public Health, Substance Abuse Services, Mental Health Services, and Employment and Eligibility are part of the collaborative.

How can we make a difference?

BabyFirst Solano partners assist women in accessing early prenatal care and overcoming barriers to care. In addition, BabyFirst Solano has created a strategic outreach plan to identify women who are pregnant or may become pregnant to provide early intervention services.

Collectively, the collaborative plays a key role in the community in identifying and addressing barriers to early prenatal care in Solano. The collaborative builds and participates in coalitions devoted to developing strategies and work plans to address issues that prevent entry to early prenatal care.



Teen Parents: Preterm Births

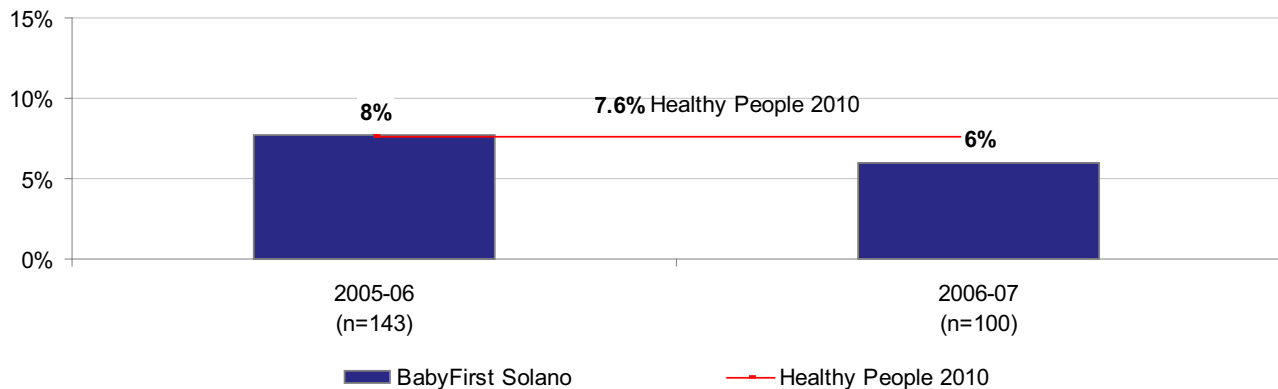
BabyFirst Solano: Teen Prenatal Initiative

What are we measuring and why is it important?

Preterm birth, defined as birth before 37 weeks gestation, is a significant factor in birth outcomes. Risks of prematurity in babies include breathing problems, feeding problems, difficulty maintaining body temperature, jaundice, and delayed brain development. In addition, babies who are born premature are also at risk to be born low birth weight (below 5lbs 8oz or 2500g), which imposes additional risks of physical and learning disabilities. The average health care costs in the first year of life for an infant born preterm are ten times the costs of a full term infant.¹

Pregnant teens are at a higher risk for preterm birth than the adult population. **BabyFirst Solano case management programs work with pregnant teens to help them overcome barriers and decrease their risk for preterm birth**, including linking teens to prenatal care and health insurance, assisting them in quitting smoking, drinking and using drugs, providing support for high risk psychosocial needs, and providing health education on topics related to preterm birth. In addition, case management programs assist teens in completing high school—an important step toward self sufficiency.

Rate of Preterm Infants Born to Teen Parents



What is the story behind the results?

The Healthy People 2010 Goal for preterm birth is 7.6%.² Teens in California gave birth to premature infants at a rate of 11.9%, and all women in Solano gave birth to preterm infants at a rate of 11.2%.³ The rate of preterm birth for infants born to teens in BabyFirst Solano case management programs in Fiscal Year 2005-06 was 8%. This rate decreased to 6.0% in Fiscal Year 2006-07. *The rate of preterm birth to teen parents in BabyFirst Solano is significantly lower than both the state and county rates, and exceeds the Healthy People 2010 objective.*

¹ Committee on Understanding Preterm Birth. Preterm Birth: Causes, Consequences, and Prevention. National Academies Press, 2006.

² United States Office of Disease Prevention and Health Promotion. http://www.healthypeople.gov/Document/HTML/Volume2/16MICH.htm#_Toc494699665

³ March of Dimes, Peristats, accessed 9/27/07, <http://www.marchofdimes.com/peristats/level1.aspx?reg=06&slev=4&top=3&stop=61&obj=1&lev=1&dv=cg>. and FHOP, CA MCAH Databooks, accessed 9/27/07, http://www.ucsf.edu/fhop/_htm/ca_mcah/counties/48solano.htm.

What are the challenges to success for the population served?

Teens may be at an increased risk of preterm birth because they still have developing and maturing reproductive systems. Also, their brains are still developing, and teens may have difficulty making important decisions that may affect the outcome of their pregnancy. Teens sometimes have little control over their surrounding circumstances, including family problems, nutrition, transportation, and exposure to second-hand smoke and other substances.

In addition to being a teen, risk factors for prematurity include: late or no prenatal care; using tobacco, alcohol, or illegal drugs during pregnancy; domestic violence, including physical, sexual or emotional abuse; medical conditions, such as diabetes, high blood pressure, and obesity; lack of social support and high stress levels.⁴

Who are the partners?

TheBabyFirst Solano's Teen Prenatal Initiative includes the Adolescent Family Life Program, Prenatal Care Guidance Teen Program, Youth & Family Services and It's About My Baby (a partner funded directly by First 5 Solano for FYs 2005-06 and 2006-07). BabyFirst Solano case management programs work together with pregnant and postpartum teens in multi-agency, multi-disciplinary teams that include case managers, public health nurses, and social workers to screen, assess, and provide resources and support to teens, addressing a wide variety of concerns that affect preterm birth.

In addition, BabyFirst Solano partners work with other community providers such as prenatal care providers, WIC, family resource centers and social service providers to provide teens in the programs with the full scope of services available to them. The close working relationship between partners and community agencies creates seamless comprehensive services, which provide optimal support to reduce risk factors associated with preterm birth.

How can we make a difference?

To decrease the risk of preterm birth, BabyFirst Solano partners work with pregnant teens to address their high risk needs and link them to prenatal care, health insurance, tobacco cessation, substance abuse prevention services, transportation, and much more. In addition, teens are provided education on prenatal topics affecting preterm birth, such as signs of preterm labor, nutrition, sexually transmitted disease (STD) and Human Immunodeficiency Virus (HIV) prevention, and the detrimental effects of substance use during pregnancy.

In addition to providing direct services to teens, through outreach with schools, providers, and the community, BabyFirst Solano increases awareness of the unique needs of pregnant and parenting teens. These needs include teen friendly health education and services, and the availability of confidential minor consent services.

⁴ March of Dimes, Pregnancy and Newborn Health Education Center, http://www.marchofdimes.com/pnhec/188_1080.asp, accessed 1/7/07

Telling the Story...

African American Women: Preterm Births



BabyFirst Solano: African American Prenatal Services Initiative

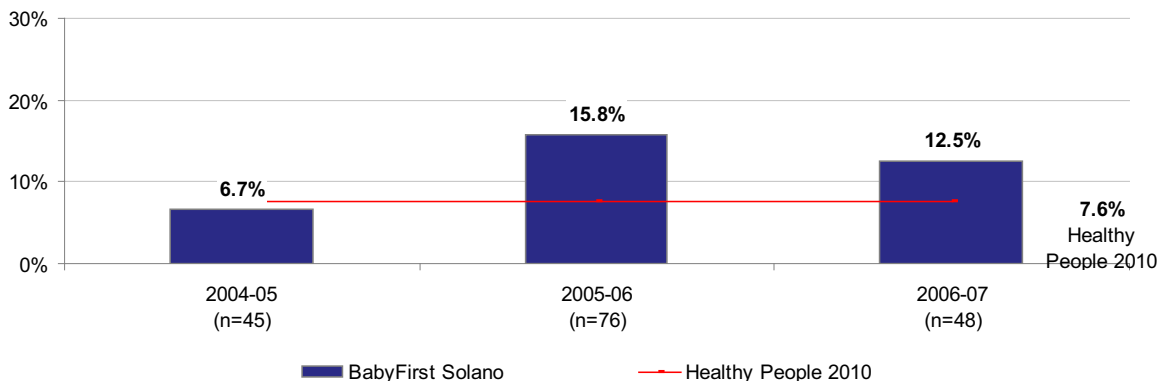
What are we measuring and why is it important?

Preterm birth, defined as birth before 37 weeks gestation, is a significant factor in birth outcomes. Risks of prematurity in babies include breathing problems, feeding problems, difficulty maintaining body temperature, jaundice, and delayed brain development. In addition, babies who are born premature are also at risk to be born low birth weight (below 5lbs 8oz or 2500g), which imposes additional risks of physical and learning disabilities. The average health care costs in the first year of life for an infant born preterm are ten times the costs of a full term infant.¹

In the United States, African American infants are more likely to be born preterm than infants of other races and ethnicities. While there has been a significant amount of research as to why, there are no definitive answers. One possibility for preterm birth that is supported by research is that stress on the African American population over generations has led to poorer health in general, which leads to poorer health during pregnancy and poorer birth outcomes, including preterm birth.²

The goal of the BabyFirst Solano case management programs is to provide a medical model of case management, offer support during pregnancy and postpartum period, and to help reduce stress of African American women and families during the perinatal period to increase their overall health and the health of their infants. The African American Prenatal Initiative has expanded the Black Infant Health medical model of case management over the past three years. In addition, the Nubian Mentoring Program serves as a path model for selective pregnant and parenting African-American women. Such models are associated with increased life optimism, helping pregnant women overcome the emotional, social and psychological barriers. This model builds community awareness and outreaches on topics related to reproductive health and parenting. Mentors are an important resource in the development of pregnant and parenting African-American women.

Preterm Birth Rate for Infants Born to African American Women (3 Year Trend)



¹ Committee on Understanding Preterm Birth. Preterm Birth: Causes, Consequences, and Prevention. National Academies Press, 2006.
² Lu, MC & N Halfon. Racial and ethnic disparities in birth outcomes: a life course perspective. Maternal and Child Health Journal. 2003 Mar 7 (1); 13-30.

What is the story behind the results?

The Healthy People 2010 Goal for preterm birth is 7.6%.³ African American women in Solano gave birth to preterm infants at a rate of 14.9%.⁴ This rate is higher for African American women in California (15.1% for 2002-2004) and nationally (17.8% for 2002-2004).⁵ The rate of African American women giving birth to preterm infants in BabyFirst Solano case management programs was 12.5% for Fiscal Year 2006-07. The three year average is 12.4%, better than the preterm rate for African Americans in Solano, California, and nationally.

The Black Infant Health Program was also established in part to address African American infant mortality. Since the start of Black Infant Health in Solano County, the infant mortality rate has decreased from 10.2 per 1,000 live births in the early 1990's (1993-1995) to 8.6 per 1,000 live births this decade (2002-2004 average).

What are the challenges to success for the population served?

African American women are more likely to have infants that are born prematurely. Risk factors for preterm birth for all women include: late or no prenatal care, using tobacco, alcohol, or illegal drugs during pregnancy; domestic violence, including physical, sexual or emotional abuse; medical conditions, such as diabetes, high blood pressure, and obesity; and lack of social support and high stress levels.⁶

Who are the partners?

The BabyFirst Solano partners in the African American Prenatal Initiative include: Black Infant Health, Nubian Mentoring Program and Youth & Family Services. BabyFirst Solano case management programs work together with pregnant African American women in multi-agency, multi-disciplinary teams.

In addition, BabyFirst Solano partners work with community providers such as prenatal care providers, WIC, family resource centers and social service providers. The close working relationship between partners and community agencies creates seamless wrap-around services which provides optimal support and reduce the risk factors associated with preterm birth.

How can we make a difference?

To decrease the risk of preterm birth, BabyFirst Solano partners work with pregnant African American women to address their high risk needs and link them to prenatal care, health insurance, tobacco cessation, substance abuse prevention services, transportation, and much more. In addition, women are provided education on prenatal topics affecting preterm birth, such as signs of preterm labor, nutrition, sexually transmitted diseases (STDs) and substance use during pregnancy.

³ United States Office of Disease Prevention and Health Promotion. http://www.healthypeople.gov/Document/HTML/Volume2/16MICH.htm#_Toc494699665

⁴ FHOP, CA MCAH Databooks, accessed 9/27/07. http://www.ucsf.edu/fhop/_htm/ca_mcah/counties/48solano.htm

⁵ March of Dimes, Peristats, accessed 9/27/07. <http://www.marchofdimes.com/peristats/level1.aspx?reg=06&slev=4&top=3&stop=63&obj=1&lev=1&dv=cg>

⁶ March of Dimes, Pregnancy and Newborn Health Education Center, http://www.marchofdimes.com/pnhec/188_1080.asp, accessed 1/7/07



Prenatal Substance Abuse Screening

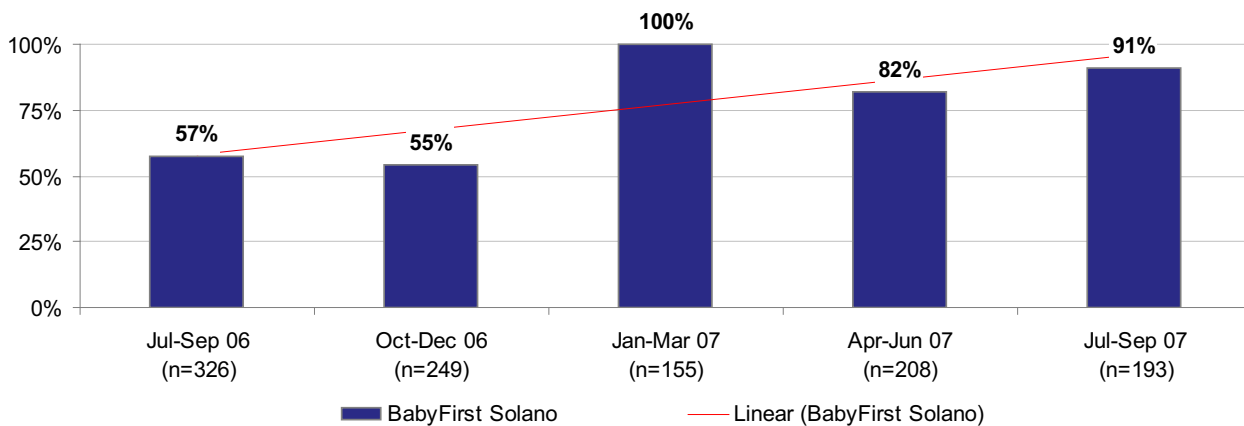
BabyFirst Solano: Prenatal Substance Abuse Initiative

What are we measuring and why is it important?

Women who use substances, including alcohol, tobacco, and other drugs (ATOD), during pregnancy put themselves and their infants at risk for health problems such as placental problems and premature delivery. Infants exposed to substances during pregnancy are at an increased risk of being born low birth weight, needing help breathing at birth, having central nervous system problems, and having congenital heart defects.¹ Older children whose mothers used substances during pregnancy may have developmental delays, mental retardation, behavior problems, and learning disabilities, as well as an increased risk of using substances.^{2,3}

Pregnancy is an opportune time to address substance use with women. Women who are pregnant are more likely to stop using substances, and studies have shown that brief physician advice decreases prenatal substance use.⁴ The BabyFirst Solano prenatal substance abuse project screens and identifies women at risk for substance use and provides substance use education and services in the prenatal care setting by skilled medical professionals.

Substance Abuse Screening Rates



What is the story behind the results?

During the first two quarters of using the tool, approximately 55% of the pregnant women seen at the ABC Prenatal Program were screened. During the next three quarters the screening rate and number of women served **increased** to meet **the target of screening 90% of all pregnant women** for risk of substance use. The increase in number of women screened identifies more women who are using or at risk of using substances during pregnancy. These women are provided with substance use education, brief intervention, motivational counseling and referral services to assist them in quitting and staying substance free.

¹ Kaye K, et al. Birth Outcomes for Infants of Drug Abusing Mothers. NY State J Med 1989 (5):256-61.
² Chasnoff, I, et al. Prenatal Exposure to Cocaine and Other Drugs: Outcome at Four to Six Years. Ann NY Acad Sci. 1998 (846):314-28.
³ Yates W. Effect of Fetal Alcohol Exposure on Adult Symptoms of Nicotine, Alcohol, and Drug Dependence. Alcoholism: Clinical and Experimental Research 22 (4), 914-920.
⁴ Little, RE, Young A, Streissguth AP, Uhl CN. Preventing Fetal Alcohol Effects: Effectiveness of a Demonstration Project. CIBA Found Symp 1984 (105).

Nationally, 10-11% of pregnant women are identified as using substances during pregnancy. The Solano County Board of Supervisors made a priority in their Strategic Plan to screen 90% of all pregnant women at participating prenatal sites in Solano for risk of substance use. In June 2006, NorthBay Medical Center's ABC Prenatal Program began using 4Ps Plus®, a verbal screening tool developed with the National Training Institute (NTI), a leading national expert in the field of prenatal substance use and substance exposed newborns, specifically modified for Solano County.

What are the challenges to success for the population served?

Introducing a new tool in the prenatal care setting is a large undertaking. The screening tool was tailored to the needs of Solano County, and clinic staff was trained on how to effectively and accurately utilize the tool and provide the appropriate education and services. Clinic flow at the prenatal care site needed to be changed to ensure all women were screened, and processes to provide substance abuse education and counseling needed to be set up. Furthermore, systems and agreements needed to be in place for clients who required additional offsite treatment services.

Who are the partners?

The BabyFirst Solano partners in the Prenatal Substance Abuse Initiative for Fiscal Year 2006-07 includes: Solano County Health & Social Services Maternal, Child, & Adolescent Health Bureau (lead agency), the ABC Prenatal Program at NorthBay Medical Center, Partnership HealthPlan of California, and Solano County Substance Abuse Services. La Clinica—Great Beginnings joined the Prenatal Substance Abuse Initiative in Fiscal Year 2007-08 and began screening patients in October 2007. *La Clinica—Great Beginnings is off to a great start and has screened 100% of their new prenatal patients in their first quarter of participation.*

Each partner has been instrumental in the implementation of the Prenatal Substance Abuse Initiative. Solano County Health & Social Services Maternal, Child, & Adolescent Health Bureau initiated the project and brought together community leaders to create a community action plan. The ABC Prenatal Program was the first prenatal care site in Solano to begin screening and providing substance use services. Partnership HealthPlan of California assisted in training the prenatal care sites and raising awareness about the project, and Solano County Substance Abuse Services provided services for clients who are seeking treatment.

How can we make a difference?

Screening pregnant women for substance use is the first step in providing services for women who are using or at risk of using substances during pregnancy. Once a woman is identified as at risk for substance use, she can be provided with a range of services to fit her needs. By providing these services at the prenatal care site, BabyFirst Solano provides early identification and maximizes the number of women who participate in services.

Many of the risks of prenatal substance use can be decreased if a woman stops using by the third trimester of pregnancy. Studies show that by identifying and addressing prenatal substance use, costs are decreased in the areas of healthcare, substance abuse treatment, child welfare services, education, and the justice system. In a study of Kaiser Permanente's similar prenatal substance use program Early Start, Kaiser saved \$1.64 million on healthcare costs for women and children when women quit using substances by the third trimester of pregnancy. By increasing screening rates, we are taking a vital step in helping women have healthy babies and creating a healthier community.

Telling the Story...

Early Identification of Special Needs in Infants and Children



Early Childhood Mental/Developmental Health: Children's Nurturing Project

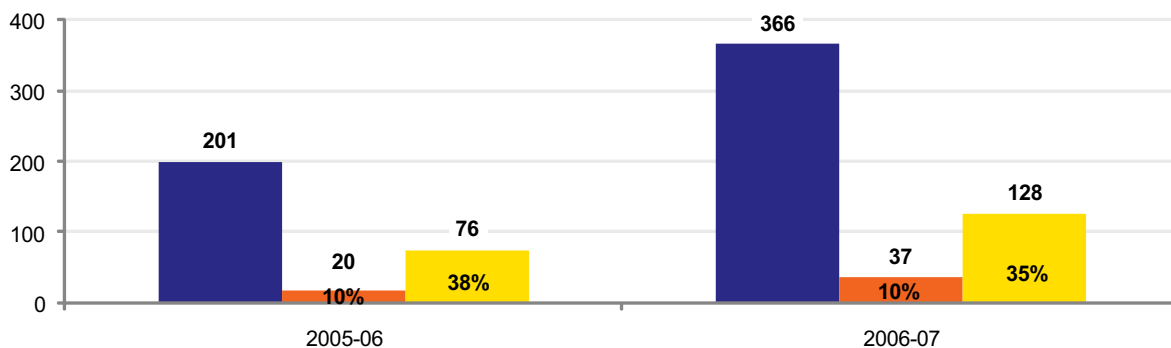
What are we measuring and why is it important?

National demographic indicators suggest that between 10-15% of children age 0-5 have significant developmental or social emotional concerns needing further assessment, early mental health, or early intervention services.¹ Many of these special needs are identified when a child enters Kindergarten, but the Welcome Baby Special Needs Screening Program seeks to identify and treat these concerns much earlier. Early identification and treatment improves the chances of positive developmental progression and even ameliorates delays in some children, helping them reach their optimal potential for health and learning readiness when they enter kindergarten at age 4 or 5. Children's Nurturing Project (CNP) is in its 3rd year of the program, and is identifying a much higher percentage of developmental concerns than the expected 10-15%.

Many conditions in infancy and early childhood are connected to dysfunction within the child's primary relationships with their parent or caregiver, as well as from lack of appropriate developmental stimulation due to lack of parental knowledge regarding age appropriate expectations and developmental milestones. This program seeks to identify and treat children earlier, and provide parents and caregivers with the support and education needed to help them nurture and support their child's healthy development during the most critical phase of brain development.

Children identified with special needs early in life and linked directly to services will have an improved chance of positive future developmental and mental health outcomes, improved school performance, enhanced and securely attached relationships, and will generally grow up as healthier and happier kids.

Children Screened as Having Developmental and/or Mental Health Concerns



- Number of Children Screened (Welcome Baby Population)
- Expected Number and Percent of Children with Concerns (0-5 Population)
- Actual Number and Percent of Children Identified with Concerns (Welcome Baby Population)

¹ www.ZeroToThree.org, and National Institutes for Mental Health (NIMH)

What is the story behind the results?

Over one-third of children screened in this program are presenting significant developmental or social emotional concerns: 38% in 2005-06 and 35% in 2006-07. The hypothesis for explaining the high number is multi-faceted: First, there are no other programs doing outreach and home-based screening, so the overall penetration rate of the 0-5 population is very low. Second, many of the families referred through other agencies for the Welcome Baby program have complex stressors such as poverty, domestic violence, substance abuse, Child Protective Services (CPS) involvement, and homelessness. All of these risk factors create a higher probability that a young infant or child will have developmental and mental health concerns.

What are the challenges to success for the population served?

Highly stressed families with complex needs generally have children that are at higher risk for poor developmental outcomes. Although this program is open to any family in Solano County, Welcome Baby targets children at highest risk in order to identify and treat concerns at the earliest opportunity. There are many more “at risk” children who are isolated and do not typically present concerns until a crisis situation occurs and they show up in the Emergency Rooms, or via the CPS or Law Enforcement systems. The biggest challenge is funding the outreach and screening at a level that will reach more children. Additional fiscal leveraging and community partnering is essential for future expansion of these efforts. If all 30,000+ children ages birth to 5 years old in Solano County² were screened at least annually for developmental delays, at least 3,000 would be identified who need further publicly funded (EPSDT or IDEA Early Start) or private services through health plans. Although this is a very large number, many of these children could have their concerns either completely ameliorated or at least significantly improved before they reach Kindergarten. This is true prevention and early intervention, and will save not just money but improve the chances of a productive successful healthy school career and adulthood down the road.

Who are the partners?

CNP is fortunate to have developed many strong partnerships with both public and private community agencies as well as being directly involved in several collaborative initiatives, including The Integrated Family support Initiative (IFSI), BabyFirst Solano, and the Early Childhood Developmental Health Collaborative. Main referral sources for the Welcome Baby program include: Solano County Child Welfare Services, Family Resource Centers throughout the County, AFLP/Cal-Learn, prenatal care providers, pediatric providers, Head Start, hospitals, Solano County Public Health Nursing, and First 5 Solano School Readiness sites.

How can we make a difference?

Welcome Baby is making a difference by identifying more children at an earlier age, who are in need of intensive developmental and mental health services. The long term outcome will eventually be fewer children over 5 with severe special needs, due to earlier identification and treatment. However, this hypothesis would take a long range longitudinal study (10-20 years) to validate. Solano County needs to develop a widespread and consistent approach to developmental and social emotional screening from birth to 5, at various venues including primary care sites, clinics, and child care providers, in addition to referral based screening in home and community settings. Screening should be accepted as the community “norm” for all infants and children, not only those considered “at-risk”. The health and well-being of the future community of adults, the future workforce, leaders, and parents, will be much improved as a result.

We, as a community of providers, government leaders, health care professionals, and family members, need to look long range toward additional funding and advocacy at the policy and legislative levels to expand the availability of screening, early identification, and treatment to every child in Solano County.

² Children's Network of Solano County, Children's Report Card. www.Childnet.org

Telling the Story...

Family Functioning and Children's Developmental Health



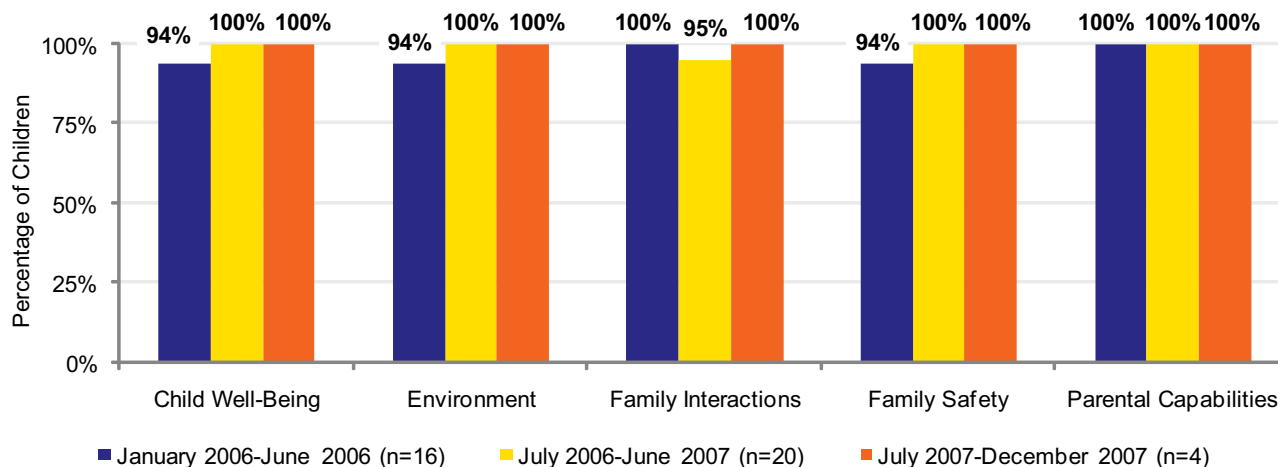
Early Childhood Mental/Developmental Health: FamiliesFirst Inc.

What are we measuring and why is it important?

Statewide research indicates that over 12% of children will experience abuse or neglect during childhood. Findings by the Little Hoover Commission report that as many as 1,300 children ages 0-5 in Solano County needing mental health services are either unserved or underserved.

FamiliesFirst, Inc. believes that early identification and treatment of children's mental health needs can improve each child's functioning and well being, and substantially reduce their need for services in the future. The goal is to help foster the development of happy, healthy and successful children and families by improving parenting skills and intervening to ameliorate children's behavioral, social and emotional challenges. FamiliesFirst believes this connects directly to First 5 Solano's 2007 strategic plan, which includes the goals of "all families are safe and stable" and "all children maintain optimal health." FamiliesFirst employs a combination of interventions including play therapy, parent-child dyadic therapy, the Incredible Years parenting skills workshops, a children's playgroup, and assistance connecting families to other community resources.

Children Who Maintained or Improved Their Level of Family Functioning 2006-07



What is the story behind the results?

FamiliesFirst uses the North Carolina Family Assessment Scale (NCFAS) as a means to determine the success of their efforts. The NCFAS is completed by a parent or primary care giver and assesses five components of family functioning: i.e. child well-being, living environment, family interaction, family safety, and parental capabilities. Outcomes are evaluated based on administration of the NCFAS at intake and discharge. The chart above is based on those children for whom FamiliesFirst has completed pre and post assessments.

Based on outcomes observed in the five component areas of the NCFAS, family functioning was maintained or improved for 95% - 100% of clients served. The parenting skills class and individual in-home follow up with families have served to improve parental capabilities and parent-child interaction. Additionally, in-home visits have resulted in stabilizing the home environment and improving child safety. In-home therapy with children and the weekly playgroups has contributed to the child's sense of well-being, and linking families to community resources has reduced their experience of isolation and helplessness.

What are the challenges to success for the population served?

The populations served face many challenges that can impede and delay successful treatment. Families often have limited resources, difficulty maintaining reliable transportation, and are frequently in and out of crisis situations. Poverty adds financial and emotional stressors. Some parents have developmental delays, suffer from physical limitations, and often have been victims of violence and trauma. All of these issues challenge the family's ability to have consistent interaction with the service provider. FamiliesFirst's provision of in-home services goes the distance in overcoming some of these barriers, however, some of the families served continue to struggle with being consistently available for service provision even when it is being delivered in the family's home.

With a shift in FamiliesFirst's Contract with Solano County Mental Health to serve the 0-5 populations, FamiliesFirst experienced a lack of referrals which resulted in considerable efforts to provide outreach and engagement to the underserved populations of Solano County. It became apparent through these efforts that there is a significant need for services among Hispanic families which is difficult to adequately address without having access to clinicians who can communicate in their primary language. The necessity to recruit bi-lingual staff and provide outreach to clients in need of services in their primary language is challenging, but must be done; otherwise families remain isolated and go unserved.

Who are the partners?

Families First's community partners include the Family Resource Centers and School Readiness programs in each of the communities we serve. FamiliesFirst partners with Head Start, the IFSI Collaborative, Child Protection, Public Health Nurses, school counselors and psychologists, medical centers and other agencies serving children and their families. Additionally, local communities of faith have been more than generous in providing venues for parenting classes.

How can we make a difference?

FamiliesFirst offers families an intensive combination of services, including parenting classes, home-based counseling for children and the parent-child dyad, referrals to needed community resources and services, and developmental screenings. This next year, FamiliesFirst will continue to develop and expand program outreach, permitting an even greater level of responsiveness to communities such as Suisun, Dixon, and Vacaville in addition to the maintenance of significant provision of services in Fairfield and Vallejo. FamiliesFirst will continue to recruit and hire bilingual staff behind staff vacancies in order to better meet the needs of the community. FamiliesFirst will also further develop the integration of the First 5 program with that of the Early Childhood contract with Solano County Mental Health to blend and expand service options for this targeted population. Lastly, FamiliesFirst will continue to work with Early Childhood Developmental Health Collaborative to enhance staff's clinical skill in serving the zero to five population, and actively seek out additional evidence-based practices to enhance service delivery.

Early Identification and Treatment of Children



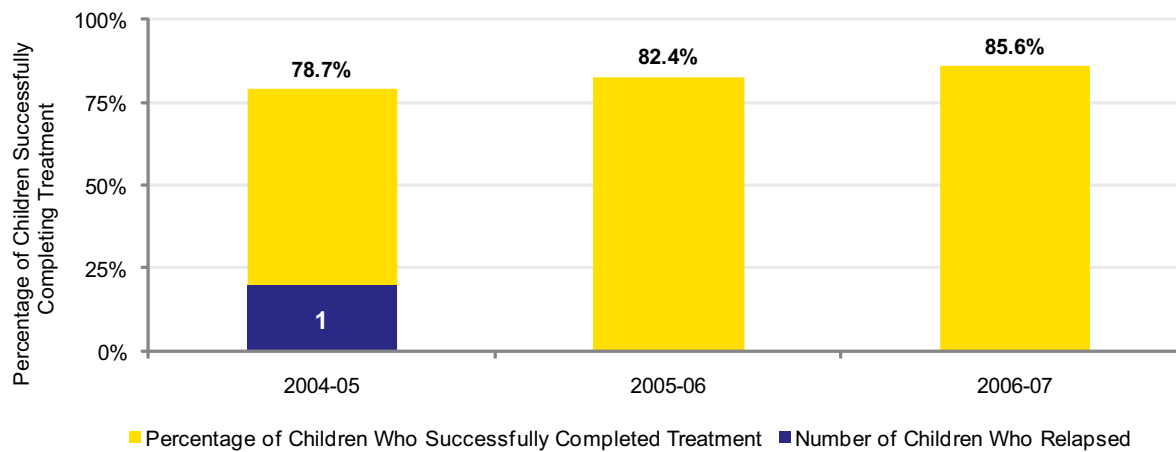
Early Childhood Mental/Developmental Health: EPSDT

What are we measuring and why is it important?

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federally mandated program that serves children ages 0-5 by establishing a diagnosis contained in the DSM-IV manual that clearly demonstrates the “medical necessity” for mental health services. The diagnostic/prescriptive element of EPSDT lends itself to monitoring program effectiveness by tracking the number of children who have progressed through their treatment goals to the extent where “medical necessity” is no longer necessary or required. The length of time that it takes to move a child out of services can help illustrate program effectiveness. Additionally, another measure of the effectiveness of the treatment services is the need to reenter medical health treatment for post-closure relapse. A low relapse rate can indicate permanency of the positive outcomes of treatment.

Child Haven and FamiliesFirst, Inc. are two providers under Health and Social Services (H&SS); the First 5 Solano EPSDT contractor. The services provided by both Child Haven and FamiliesFirst are organized so that it is a seamless process for all clients. For example, Child Haven conducted a study of EPSDT openings and closings to determine the number of children served in the last three years, and outline how many have successfully completed treatment, the average length of treatment, and the percentage that have relapsed requiring additional treatment services.

Children Successfully Completing Treatment and Children Needing Additional Treatment Services



What is the story behind the results?

The EPSDT program has made great strides to improve services through the Early Childhood Mental Health Collaborative and regular meetings with County Mental Health facilitated by First 5 Solano. The focus of services has been narrowed to individual, group, and Parent-Child Interaction Therapy (PCIT). PCIT helps parents and children together to improve the quality of the parent-child relationship and to teach parents the skills necessary to manage their children’s behavior problems.

The three year trends show PCIT therapies enabling Child Haven to greatly shorten the length of service. In 2004-05 the average length of service was 322 days with 78.7% of children successfully completing treatment. During 2005-06 the average length of service was 286 days and 82.4% of children successfully completed treatment. In fiscal year 2006-07 the average length of service was 257 days and 85.6% of children successfully completed treatment. Additionally, enhanced communication among agencies and organizations in the EPSDT Work group has assisted with the streamlining of referral and service delivery processes and thus increased access to Child Haven services.

What are the challenges to success for the population served?

Lack of regular attendance is the single largest barrier to successful completion of treatment. In general, transportation and logistics are the major factors that lead to a child's level of attendance. Occasionally, the closing of a child's case may be the result of their missing an excessive number of appointments, as opposed to the normal closure associated with successful completion of treatment goals.

Who are the partners?

Members of the EPSDT Work group have been crucial to improved referral processes and increased identification of qualifying clients. Through the sharing of ideas and procedures, each participating agency helps ensure that a greater number of children are served. By focusing attention around services directly related to trauma-based therapies, Child Haven has been able to narrow the attention to the successful completion of those therapies. Child Haven has worked with other partners to ensure prospective clients are referred to the appropriate agencies for other services that Child Haven cannot provide. In doing so, Child Haven has been able to decrease the length of service time and successfully treat nearly 98% of all clients.

How can we make a difference?

Child Haven continues to serve the most at-risk clients and their families. As the sole provider of psychological assessments and specialized therapies such as Art Therapy, Eye Movement Therapy, and PCIT, Child Haven is providing a more concentrated form of therapy on the far end of the spectrum of mental health services. Child Haven continues to expand services into outlying areas of the county through the use of the Mobile PCIT lab. By bringing services closer to the families, Child Haven aims to increase participation and attendance rates. Additionally, Child Haven is committed to working within the newly formed Early Childhood Developmental Health Collaborative. Funded by First 5 Solano, this collaborative includes county welfare services, Head Start, County School districts, local Regional Center, First 5 and other community based agencies. This group is charged with developing a strategic plan for coordination and integration of countywide developmental health services for children 0-5. Child Haven realizes that it will take the Collaborative to reach the large number of unserved families that exist in the community. Outreach to pre-schools, Head Start, and local elementary schools will increase service rates and improve social, behavioral, and emotional outcomes for children in the community.

Telling the Story...

Increasing Academic Success through Social and Emotional Development

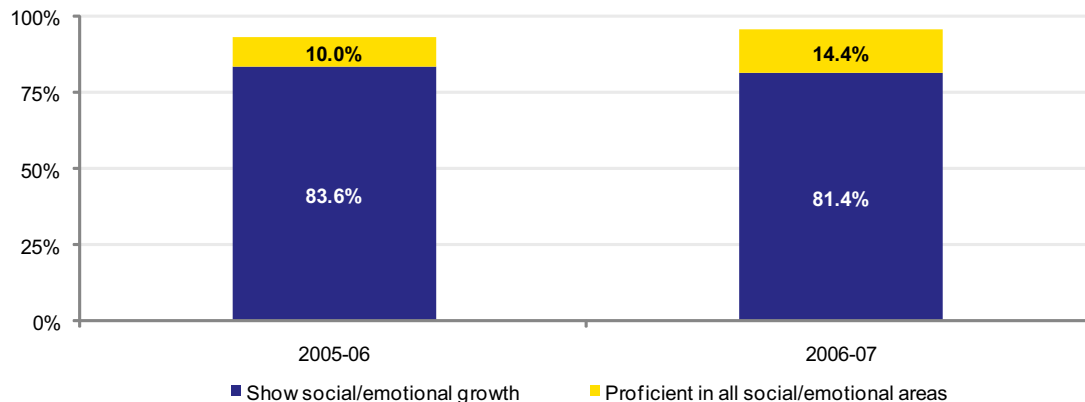


Early Childhood Mental/Developmental Health: Child Start Inc.

What are we measuring and why is it important?

The development of social and emotional skills for children is linked to fewer classroom disruptions, decreased absences and higher grades among children (Schriver and Weissberg, 2005). Psychologist, Dr. Daniel Goleman reports (1995) that children who are better able to manage their emotions can pay attention better and absorb and remember information better. For Head Start, children's social and emotional development is measured by the Work Sampling System, an authentic performance-based assessment of a child's overall development. Children's social/emotional development is rated with the following qualitative statements: "not yet," "in progress" or "proficient" in 10 social and emotional indicators. Children enrolled in the Head Start classroom, with the support of the Behavioral Health Trainees, have shown growth in their social skills and a reduction in disruptive behavior during the program year. Children with high levels of shy, aggressive, or hyperactive behaviors showed significant reduction of these behaviors

Social/Emotional Development of Head Start Children



What is the story behind the results?

With the support of the teaching team, including the Behavioral Health Trainees, children's social and emotional development progressed in the nine months they were enrolled in Head Start. Children are given opportunities to develop their social/emotional skills by working in small and large groups with their peers, participating in the use of the Second Step curriculum and being in focused groups with the Behavioral Health Trainees and teaching staff. Children participate in activities such as helping identify feelings and emotions, recognizing relationships with their peers and learning how to work in groups. Second Step, a social skills curriculum encourages the development of empathy, impulse control, and anger management through the use of pictures, stories, dramatic play, and in-the-moment problem solving using open-ended questions.

In 2005-2006, 83.6% of 408 enrolled children showed social/emotional growth (movement from one qualitative statement to the next in at least one social/emotional indicator) and 10% of the children were "proficient" in all social/emotional areas when they enrolled. In 2006-07, 81.4% of the 404 enrolled children showed growth and 14.4% of the children were "proficient."

What are the challenges to success for the population served?

Head Start programs promote school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families. At least 90% of the Head Start families enrolled during the 2006-07 program year were identified with at least one socioeconomic risk factor.

Most children entered Head Start at a great disadvantage, with early literacy and math skills substantially below national averages. The Head Start Family and Child Experiences Survey (FACES) 2003 version states “the typical Head Start child was found to enter at the 16th percentile in letter recognition and the 21st percentile in early math, when compared to the full spectrum of American children in the same age group.”

As documented in FACES, 25% percent of the Head Start parents were classified as moderately or severely depressed. Parents who were more depressed reported that their children had more problem behaviors and fewer positive social behaviors. After controlling for parent education, income and other demographic factors, children with more depressed parents had lower scores in one-to-one counting, creativity, and early math assessments.

Who are the partners?

Each child's parents or guardians are Child Start Inc.'s first and foremost partners. The Head Start staff work with each family to design their child's individualized learning plan. The parents are supported to learn about their child's unique temperament, learning style and interests. The staff focuses on each child's strengths and a positive reinforcement approach to facilitate school success. The Behavioral Health Trainees, consultants from the Psychological Services Center, are a part of the classroom team working in conjunction with the teaching staff to promote social and emotional development in the classroom, and identify children who may need additional services. When a screening or assessment determines a need for outside services, the parent/guardian is consulted and referred to a community agency for additional support. Child Start Inc. has ongoing relationships with each local school district, the Solano County Office of Education, Aldea, ChildHaven, North Bay Regional Center, doctors, dentists and nutritionists.

How can we make a difference?

All children participate in a developmental and behavioral screening within the first 45 days of enrollment. The results of both screening tools are used to create individualized programs for each child, including their social/emotional development. The teaching staff, along with the Behavioral Health Trainees and the parents, provides curriculum opportunities and individual goals to enhance each child's development.

Child Start is also a partner in the First 5 Early Childhood Developmental Health Collaborative (ECDHC) to aid in the development of a countywide strategic plan for the early identification, screening, assessments and treatment of children 0-5. This is a countywide collaborative that is geared to an improved system of care for children with social and emotional challenges. The comprehensive Head Start service delivery plan is designed to promote each child's well being through individualized programs that foster cognitive and social/emotional development. The Head Start Child Outcomes and Assessments pinpoint developmental goals for the child so that each child's progress can be tracked along with the progress of each classroom, site and the overall program. The goal of the program is to promote improvement for all children and ensure each child enters kindergarten healthy and ready to learn.



Health Insurance for All Children

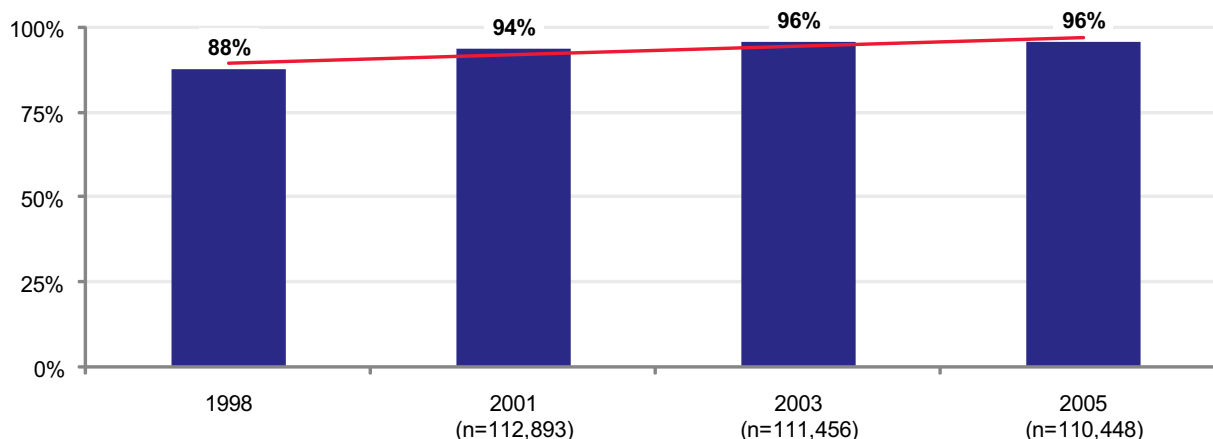
Health Access: Solano Kids Insurance Program (SKIP)

What are we measuring and why is it important?

Every child deserves a healthy start. Providing each child with the basics necessary to thrive and achieve success in life is essential. Making sure that every child has health insurance is the foundation that allows children to receive preventive exams and to get care when they are sick. Solano Coalition for Better Health measures the percentage of children insured in the county as one indicator of Solano County children getting a healthy start. This number is taken from UCLA's California Health Inventory Survey or CHIS. It is a random survey of California residents performed every two years. The Solano County insured rate has been 96% or higher for the last 5 years.

A recent USC report that studied children in three counties enrolled in Healthy Kids programs concluded that health insurance improves the overall health and well-being of children and their families. Across the board health gains were shown including a dramatic increase in the proportion of children having a usual source of care (reaching about 90% in all 3 counties). Increased utilization of dental services was also reported. Parents also reported a reduction in unmet needs. Further, there was a decrease in hospitalizations for preventable illnesses or conditions.

Percentage of Children with Health Insurance in Solano County



What is the story behind the results?

In 1998, 88% of children in Solano County had health insurance, while 15,000 (12%) were without health insurance. As a result of a concentrated collaborative effort, Solano County has increased the insurance rate to 96%, according to the most recent California Health Inventory Survey (CHIS) 2005. This is one of the best rates in the state. Most of the remaining uninsured children will qualify for state-sponsored programs such as MediCal and Healthy Families. For those children who do not, the Coalition's Healthy Kids program, or Kaiser's Child Health Plan are available. Today, there are 45 schools in Solano County where all children have health insurance, including their younger siblings. More than 35% of children assisted are ages 0-5.

What are the challenges to success for the population served?

In 2007, an ambitious move by the State to reform the health care system proved challenging. Further, the difficulties encountered in reauthorization of the Federal "State Children's Health Insurance Program" (SCHIP) block grant that funds Healthy Families has threatened to erode the progress made in insuring children and may in fact cause significant numbers of children to lose health care coverage. The impact of health care reform on children will require local communities to stay involved. Local children's health initiatives (similar to SKIP's Healthy Kids program) in 32 counties may be forced to disenroll as many as 40% of the 85,000 children covered throughout the state. California's Healthy Families program faces similar issues but on a larger scale with 873,000 children enrolled statewide (over 5,000 of these in Solano). Last, but not least, as employer-based coverage continues its decline, the great progress made to cover kids could erode in 2008-09 and beyond.

Who are the partners?

SKIP is a program of the Solano Coalition for Better Health, a long-standing collaborative dedicated to improving the health and wellness of Solano County residents. The Coalition Board includes leaders from hospitals, clinics, Solano County Health & Social Services (H&SS), education, the Partnership HealthPlan of California, and many community members. Other partners include H&SS Divisions (Medi-Cal Eligibility, Public Health, Maternal, Child and Adolescent Health (MCAH), and Child Health and Disability Program (CHDP)), Women, Infants and Children's Program (WIC), Family Resource Centers, Children's Alliance member organizations, schools, County and community clinics, neighborhood centers, Boys and Girls Club, Youth and Family Services, Prenatal Collaborative, funder partnerships such as First 5 Solano and many others.

How can we make a difference?

Communities make a difference one child at a time. Imagine a place where a child is sick and can immediately see a doctor; where dental cavities do not exist in the mouth of a young child; where parents won't have to worry how they will pay for a medical bill if their child gets hurt on the playground. The community of Solano County is making a difference, as 96% of children have health insurance.

Maintaining this level of success requires continued diligence and awareness, continued outreach to families whose children need health coverage, and sustaining our commitment to subsidize health insurance premiums for the Healthy Kids Program until statewide coverage becomes a reality. With 32 counties offering coverage to the Healthy Kids population, the state is close to that reality but there are many challenges ahead.

In this era of health care reform, it will be a challenge to ensure children do not lose coverage. The 32 counties have formed an association to strengthen our voice in the statewide effort. The role of First 5 Solano and other First 5 Commissions is critical to the statewide solution. It is important to also note that Solano County's efforts are being modeled in other counties and system change is occurring. First 5 Solano's commitment and leadership over the years is creating smiles on the faces of young children.

Telling the Story...

Percentage of Entering Kindergartners with all Immunizations



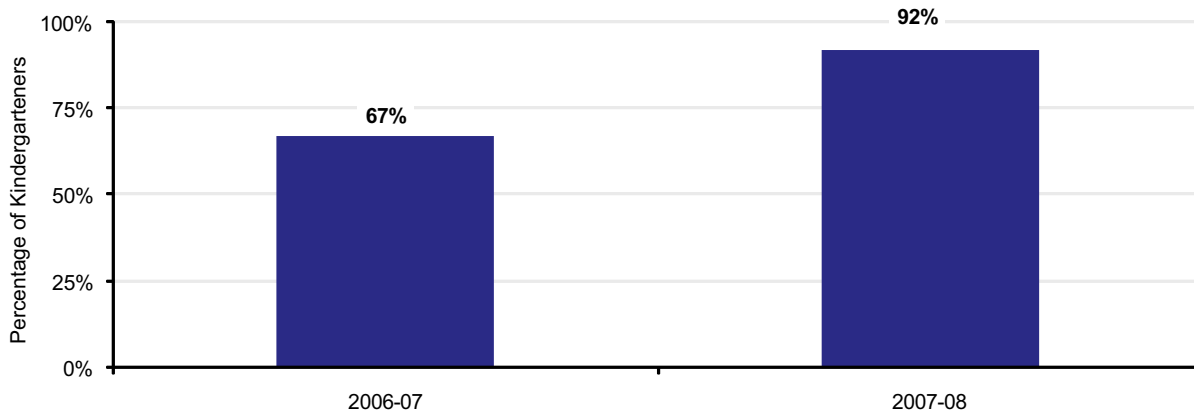
School Readiness: Silveyville Elementary School/Dixon USD

What are we measuring and why is it important?

State laws require that all children entering Kindergarten have a complete physical, be up-to-date with their immunizations, and have a dental screening. Children cannot start school unless these screenings have been completed and they are fully immunized. The medical screenings are also preventive health measures that help children 0-5 live healthier lives, find and treat health problems before they become serious, and establish a healthy baseline for doctors, children, and their parents.

This year, the goal was to provide access to appropriate care that is effective from both the medical and cost perspective for children who might not have access to these resources. Another goal was to register all incoming kindergartners and help to ensure all of the children in the catchment area were up-to-date with their medical requirements. To achieve the goals we offered these free medical services to all children at our district-wide Kindergarten Registration Health and Literacy Fair which was held on March 15-16, 2007. 181 children were registered for kindergarten and 152 medical services were provided to children 0-5. As a result of the health fair, 100% of children entering kindergarten at Silveyville Elementary were fully immunized and 92% of all DUSD incoming kindergartners in 2007 were up to date with their immunizations and able to begin school on time, as compared with only 67% of all incoming district kindergartners in 2006.

Percentage of Kindergartners Fully Immunized on the First Day of School



What is the story behind the results?

There is a great need in Dixon for First 5 School Readiness activities such as the district-wide Kindergarten Registration Health and Literacy Fair. In prior years these events were held as two separate events—a Kindergarten Registration and a Health and Literacy Fair later in the year. Additionally, these events were only specific to Silveyville Elementary School, where an average of 43 children were registered, and 40 children 0-5 received free medical services that consisted of physicals, immunizations, and dental screenings. By combining the two events and offering these services to the community as a whole, 138 more students were registered and 112 more medical services were provided to children 0-5, resulting in increased immunization rates across the district.

What are the challenges to success for the population served?

Ensuring access to services for all children in the catchment area is important and some preschool-age children who reside at a local migrant camp were unable to attend the district-wide Health and Literacy Fair because their families do not arrive in the area each year until April, and the event takes place in March.

Who are the partners?

The active planning team included the DUSD Assistant Superintendent Curriculum and Instruction Specialist, DUSD Director of Health Services, all the elementary school office managers and the AmeriCorps member. Doctors at Kaiser Permanente provided free physicals for children. The Tooth Mobile provided free dental screenings. Solano County Health Department provided free immunizations. Kelly the Clown entertained with a great magic and balloon show and for the children. Roberta Walberg of the Dixon Public Library read to the children during our designated story times.

Other agencies in attendance were: Dixon Police Department, Dixon Family Services, Head Start, Migrant Education, Costco, Child Development Centers, CHDP, UCCE Solano County, and SKIP.

How can we make a difference?

School Readiness will continue to promote the importance of health care year-round, by connecting parents to health insurance resources, as well as helping children 0-5 through the Children's Health Access Program (CHAP), which provides financial help for underinsured and uninsured children who are in need of acute urgent medical and dental services. School Readiness will also collaborate with the Tooth Mobile to extend free dental screenings in May and June for children in the Dixon Migrant Camp and those who participate in the Pre-Kindergarten Academy.

Cognition and General Knowledge Assessments



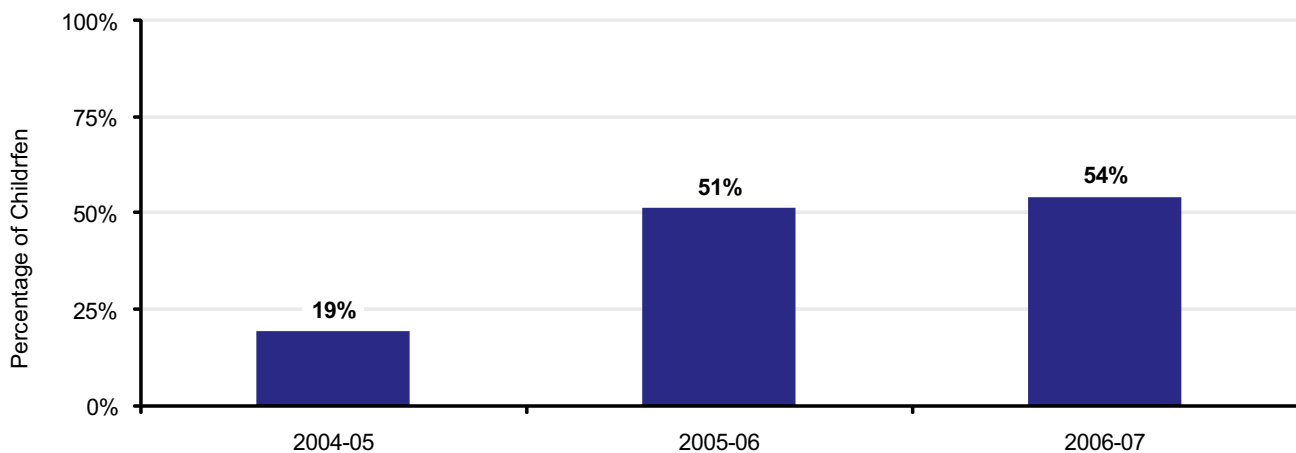
School Readiness: Anna Kyle Elementary School/Fairfield-Suisun USD

What are we measuring and why is it important?

A school readiness gap remains large and persistent among low-income children throughout the nation. The Fairfield-Suisun School Readiness Program strives to close the gap at the local level by providing quality preschool programs for families that have the highest need and fewest resources. Through targeted pre-Kindergarten interventions, the program implements research-based practices and aims to provide children with the experiences and knowledge needed in order to be successful in kindergarten. To monitor progress the program uses the annual Kindergarten Readiness Assessment (KRA), which includes the Modified Desired Results Developmental Profile (MDRDP) child competency survey.

One major indicator of a child being prepared for kindergarten is their level of cognition and general knowledge. This is the ability to combine cognitive skills to expand their learning. For example, children begin to make observations, understand cause and effect, learn intentionally, and use symbolic and representational thinking for reading, writing, mathematics, and other skills. When measuring the success of the Fairfield-Suisun School Readiness Preschool Program, the program focused on the Cognition and General Knowledge subcategory of a *child's ability to make three or more letter-sound correspondences* (e.g., knows the letter "b" makes the "buhh" sound). Over the past 3 years, assessment tools have revealed a 35% increase in this skill—which is an indicator of a student's English Language Arts (ELA) achievement level in kindergarten.

Percentage of Children Who Fully Mastered or Almost Mastered Making Three or More Letter-Sound Correspondences



What is the story behind the results?

The cognitive ability to make letter-sound correspondences is important in the English Language Arts (ELA) subject area. Students that have this knowledge and ability prior to entering kindergarten are more likely to be successful and make faster gains in the ELA subject areas. The MDRDP assessment tool shows that the Anna Kyle Elementary Kindergarten students have made a 35% gain in this category over a three year time period. Much of this gain can be attributed to an increase in teacher trainings, implementation of a research-based curriculum, parent education opportunities, and parent involvement/communication.

What are the challenges to success for the population served?

The Fairfield-Suisun School Readiness program has faced several challenges to success since it became fully operational in July of 2004. Top challenges revolve around contacting and making School Readiness services known to the target population (especially expectant mothers) within the Anna Kyle catchment area, and obtaining and keeping abreast current knowledge of all available resources and the correct course of action to effectively access/provide services to our target population.

Who are the partners?

In partnership with First Five Solano, Fairfield-Suisun Unified School District, Fairfield Family Resource Center (Healthy Start), AmeriCorps members, Children's Health Access Program, and Solano Coalition for Better Health Kids Insurance Program (SKIP), the program has agreed to work together toward the mutual goal of improving school readiness for children birth to five in Solano County through Improved Family Functioning (Parent/Family Support Services and Social Services); Improved Child Development (Early Care and Education Services); Improved Child Health (Health and Social Services); and Improved Systems of Care (Schools' Readiness and Program Infrastructure Administration and Evaluation).

Through these combined efforts, the school readiness program will continue to provide parenting classes, refer underinsured children for medical/dental care, provide service outreach, and serve children and families with formal linkages between early childhood programs and the education system.

How can we make a difference?

The Fairfield-Suisun School Readiness Program can increase the level of cognition and general knowledge among preschool age children by serving children and families with formal linkages between the education system and family service/support systems. One way the program has strengthened this "link" is through the creation of our Literacy Packets. There are two versions of the Literacy Packet—one for children ages 1-3, and another for children ages 3-5. These packets include information on age-appropriate milestones and suggested literacy activities for parents to implement at home. The other portion is to be used as a consumable that introduces and reinforces early literacy and mathematical awareness activities. These packets are distributed to children that we case-manage, children that are not enrolled in preschool, and preschool children in need of extra support.

Through past experiences, current knowledge, collaborative partners, and strong commitments the program continues to strive to close the school readiness gap at the local level by preparing children and their families for school, and creating an awareness/understanding of early childhood education in the schools and community.

Telling the Story...

Adult and Adolescent Parenting Inventory Scores



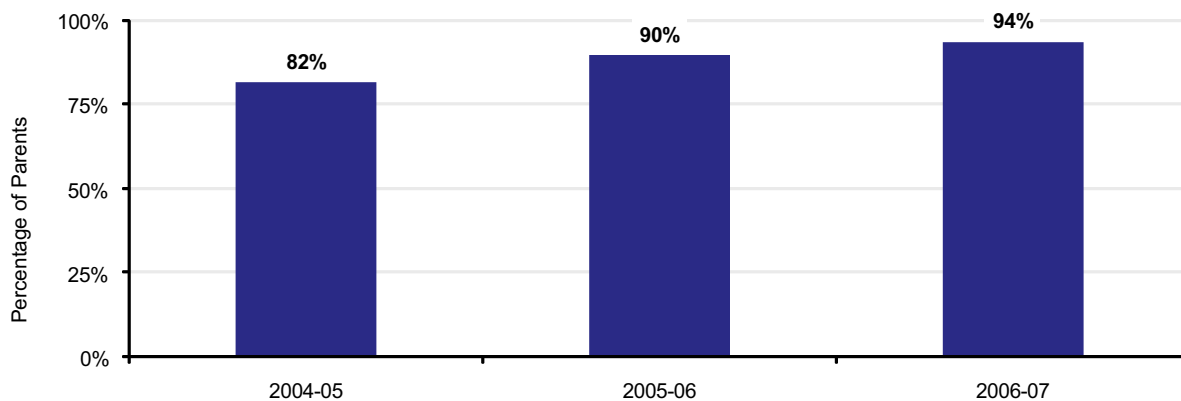
School Readiness: Markham Elementary School/Vacaville USD

What are we measuring and why is it important?

The Markham School Readiness Program offers a series of classes as well as workshops for parents. The Nurturing Parent Program (NPP) is one of the best received and attended. The program is presented in Spanish and English, and held in the evening once a week for 8 weeks. The series of classes has several components that contribute to the interaction between children and parents which include dinner, childcare for infants, curriculum-based classes for preschool age and school age children which parallel the parent curriculum, and a weekly culminating activity in which the parent and children reunite and share. The progress of the Nurturing Parent Program is measured using the Adult and Adolescent Parenting Inventory (AAPI). The classes cover Ages and Stages of Child Development, Appropriate Level of Empathy, Understanding Discipline, Appropriate Family Roles, and Power and Independence.

The school readiness program was introduced to the NPP through the collaboration with the Vacaville Family Resource Center. At that time, they were the only organization in Vacaville to offer the class and maintained a huge waiting list. Realizing the needs, program staff participated in a multi-agency facilitator training which enabled us to offer the NPP in the school readiness program. Collaborating with the FRC allowed the program to offer two classes at Markham; one in English and one in Spanish. Since then we have expanded to 5 classes.

Percentage of Parents with an Increase in Adult and Adolescent Parenting Inventory Score (AAPI)



What is the story behind the results?

As program staff see the need for more parenting classes, especially in Spanish, the strategy has been to increase the number of classes as well as the number of participants in each class. When the collaboration with the Family Resource Center began in 2004-05 there were two classes with 24 parents enrolled; 82% of these participants showed growth. In 2005-06, School Readiness program offered the Nurturing Parent Program three times and served 40 parents. The AAPI pre/ post scores were kept by the Family Resource Center since they had the system in place to score it. They reported back that 90% of the 40 participating parents showed growth. In 2006-07 the School Readiness program purchased the license to score the AAPI and offered the class five times with 58 participants. That year 94% of the participants showed growth in the post AAPI.

What are the challenges to success for the population served?

Parents come to the class with a deep desire to support their children. They differ in cultural, educational and economic backgrounds. This presents some challenges. One challenge is the varying literacy levels, as many families' have limited educational experiences therefore making it difficult for them to read and understand written explanations. A general belief held by the community is that if the material is offered in parents' native language, there will be understanding, but that is not the case because many parents also face literacy challenges in their primary language. Another challenge is finding facilitators that are aware of cultural norms and accepted practices. Staff are constantly self-evaluating to assess whether services are simply being provided or if there is an impact demonstrated by a behavioral change in the way parents are parenting.

Who are the partners?

The program has been very fortunate to have the support of the Vacaville Unified School District in allowing use of the space. The Vacaville Family Resource Center joins the School Readiness program to contribute food and facilitators for the adult and children's classes. The AmeriCorps member facilitates a children's group.

How can we make a difference?

The Markham School Readiness program is interested in offering more classes where parents and children interact. Staff believe that by educating parents on the developmental stages of their children, they will better understand what their child is able to do and have appropriate expectations of behavior. The skills learned will enable the parent to understand discipline and have interactions that promote the self worth of their children and themselves.

After taking the class, some parents have shared that becoming aware of the difference between discipline and punishment has allowed them to set rules, routines, and consistency at home. Using alternatives to corporal punishment has helped increase a calm home atmosphere and lessen outbursts of anger. As a result of the school readiness interventions, staff believe parents are more likely to become a positive partner in their child's education, and through parent support the child will be better equipped to learn.



Literacy Skills Assessments

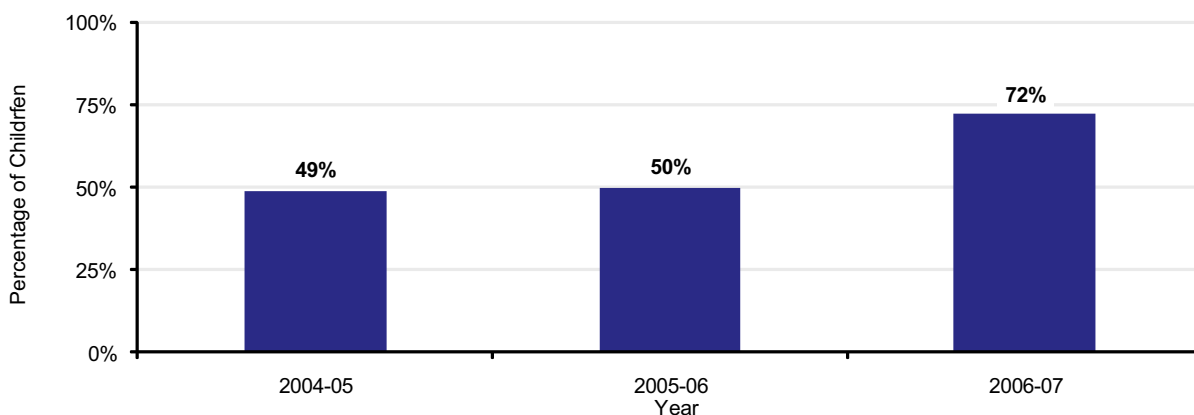
School Readiness: Loma Vista Elementary School/Vallejo City USD

What are we measuring and why is it important?

Loma Vista's School Readiness program has focused on creating a strong foundation for literacy and language development for our parents and children. As a result of the program's efforts, over 72% of entering Kindergarteners in 2006-07 were able to name the parts of the book and to "pretend" to read, scanning from left to right. These scores are up from the prior two years. The strategy to increase literacy skills included two tactics:

1. **Parent Education.** The program coordinated efforts with the Solano County Library-Adult Literacy Program and incorporated information about Preschool and Kindergarten curriculum into weekly Parents' English language class. The program informed them of what was expected of their students in the classroom in both English and Spanish. Teaching parents basic elements of literacy, like the parts of a book, the ABC's, the sounds of letters, basic concepts of numbers, in addition to making them aware of the cultural aspects of how things work in this county has a positive cascade effect on their children.
2. **Child Education.** Students were provided with educational materials, daily activities (before and after school), books, brought storytellers to our site twice a month, and gave away books. Literacy is an open window that empowers families to grow in many different areas.

Percentage of Children Who Fully Mastered or Almost Mastered Naming Parts of a Book and "Pretending" to Read



What is the story behind the results?

During the last three years the program has focused efforts on developing reading skills for parents and children. Teachers and literacy programs both emphasize the importance of reading. In the Loma Vista area there are a large number of working families that do not have direct and/or easy access to books. With the support of the administration and agencies like the Solano County Library-Adult Literacy Program, the program has created a small library, work classes, "book drive" events, literacy fairs

and story tellers. There are 220 books for our Preschool and Kindergarten students in the center. Children pick as many books as they want and bring them back when ever they want. Through workshops and classes with parents, the program provides families with bilingual strategies that they can take home and practice with their children. There is “story time” twice a month after school. There is open communication with Preschool and Kindergarten teachers and articulated valuable information on what is needed from the students in the classroom. This is communicated to parents in weekly meetings. Linking all these activities creates a consistent effort in the message that reading is fun, important, and a family endeavor.

What are the challenges to success for the population served?

There are a good number of families that utilize the School Readiness services. However, because of the high mobility among these families, tracking their children’s progress or the application of knowledge of these students can be challenging. Other factors that affect and play a role, especially with immigrant families, include the uncertainty that parents have about registering their children in preschool because of their legal status. This has a detrimental impact on different levels. Even though it is a step in the right direction, once parents register these students in Kindergarten, the barriers may mount up and seem difficult to overcome. One of the main issues is limited English language proficiency. At times there are vast disparities in ability levels in a single Kindergarten class. Cultural factors, language barriers, economic factors, undereducated staff, continuity and effectiveness of support programs, and funding all play a strong role in the way services are provided and received.

Who are the partners?

Current partners include the families, elementary schools teachers, parent liaisons/volunteers, AmeriCorps members, the on-site School Readiness coordinator, First 5, Boys and Girls Club, the Family Resource Centers Network, State Preschools, Healthy Start, and the Solano County Library-Adult Literacy Program.

A good percentage of parent involvement at the Loma Vista site is linked to the great partnership we have with the Solano County Library-Adult Literacy Program. It is also important to highlight the support of the Loma Vista School administration by providing a classroom for these classes and the School Readiness Staff for providing childcare while parents are learning.

How can we make a difference?

The program is planning to continue offering workshops, bringing speakers, and having more classes that are relevant to the efforts of both parents and the School Readiness program. Daily educational activities for the preschool students and parents that visit the site before and after school will be offered. The program will keep fostering our partnerships with agencies to organize family events, and will keep promoting participation of parents in the different school activities, not just as participants but as organizers. If funding allows, the program will bring school-based health services to parents and their 0 to 5 children. Most of all, efforts to provide fun, interesting, and informative venues for our parents and students to prepare for their school experience will continue. Staff will take advantage of training opportunities. And last but not least, the program will keep creating relationships with teachers, parents, and students.

Telling the Story...

Strengthening the Child Care and Development Workforce



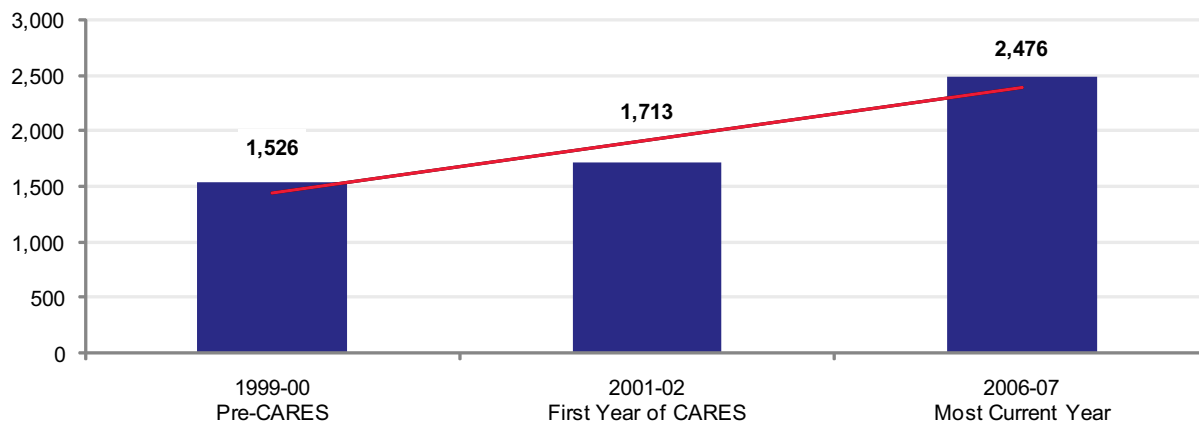
Quality Child Care: CARES

What are we measuring and why is it important?

Studies show that one of the most significant predictors of high quality child care and child development is the level of education that a provider achieves. High-quality child care supports the workforce, allowing the economy to flourish while maximizing children's health, school readiness, and future potential as contributing members of society. Cost-benefit analyses of 3 long-term studies indicate that every dollar spent on quality child care results in as much as seven dollars in future public sector savings.¹

The Solano Comprehensive Approaches to Raising Educational Standards (CARES) program was created in 2001 to improve the quality of child care by creating incentives for early childhood educators to continue their professional development. Children's Network administers CARES in Solano County. In addition, the program is designed to promote provider retention in the field, and ideally at their current workplace, so that children receive the continuity of care that is so important for their development. Solano CARES increases providers' access to training, professional development, and additional supports that will assist them in becoming the highest quality and most effective early childhood educators they can be.

Number of Early Childhood Education & Human Development Students Successfully Completing Coursework



What is the story behind the results?

In response to the need for coursework in the field, Solano Community College provided 138 Early Childhood Education (ECE) and Human Development (HD) sections, which nearly doubled (180% increase) the "Pre-CARES" level of 77 sections in 1999-2000. The number of students' successfully completing coursework in these sections has increased by 162 percentage points from the "Pre-CARES" students. Additionally, the college provided educational services to 361 new ECE and HD students; representing a 25% increase since CARES began.

¹ Barnett, Steven, W. Some Simple Economics of Preschool Education. Presented at the Early Childhood Municipal Leadership Academy, sponsored by the Institute for Youth, Education, and Families, National League of Cities, Alexandria, VA, April, 2002.

The high participation in ECE and HD courses for 2006-07 in Solano County shows significant accomplishments for the students participating in CARES and in the promotion of provider retention in the field. The turnover rate during pre-CARES was 25% compared to 4% in 2007. The turnover rate for participating members of the child care workforce has declined from 4% in 2004 to 0% in 2007. Additionally, for the second consecutive year, center-based programs completing the workforce survey reported there was no turnover rate for Site Supervisor/Teacher Directors or Director.

What are the challenges to success for the population served?

The high cost of education and time are the most significant challenges child care providers face. Often they work long hours, and historically very few college classes were available at times convenient for the workforce. Solano CARES has been successful in working with Solano Community College to provide evening classes so that providers can extend their professional development.

Who are the partners?

Solano CARES has been collaborating with Solano Community College, Solano Family and Children's Services, and others to do outreach to informal caregivers and licensed-exempt providers (family, friends and neighbors). Children's Network staff continues to develop and strengthen supports with key community stakeholders in addressing the quality of child care and child development in terms of the level of education providers achieve.

The Solano County Child Care Planning Council, Solano Preschool for All Advisory Group and CARES staff are working together to create opportunities for upper division degrees, such as Chapman University and Sonoma State University via a Napa Campus extension program. The Children's Network provides the administrative oversight for the initiative, but more important are the program participants who commit to providing quality child care and development services to ensure children have greater ability to succeed in school and ultimately in life.

How can we make a difference?

The child care field must continue to professionalize the workforce to ensure the optimal physical, social/emotional, and intellectual development of our children. The workforce must be adequately compensated to advance their education beyond the community college level as well as to support their retention in the field. Community colleges and four-year institutions must continue to create additional opportunities for degrees in child development and early childhood education.

Telling the Story...

Promoting Readiness for Kindergarten



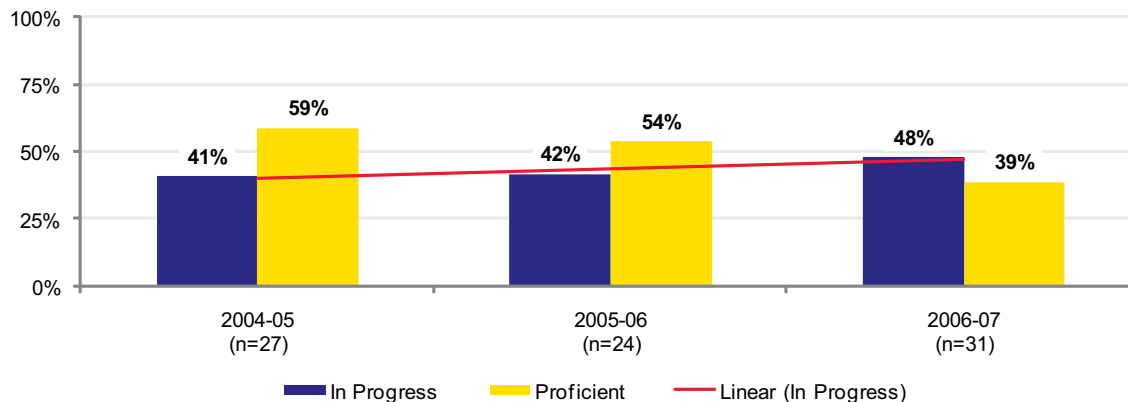
Quality Child Care: Child Start Inc. Full Day Head Start

What are we measuring and why is it important?

According to B. Hart and T.R. Risley (1995) children from affluent, more highly-educated families show significantly greater rates of vocabulary growth than children from families of lower socio-economic status, and demonstrate richer forms of language use and interaction. They conclude that the achievement gap begins even before preschool, in the home environments of children from birth to age 3, and they recommend that underprivileged parents receive parenting supports that can promote the literacy development of their children.¹

For Head Start, children's literacy development is measured by the Work Sampling System, an authentic performance-based assessment of a child's overall development. Children's literacy is rated with the following qualitative statements: "not yet," "in progress" or "proficient" in 10 areas of early learning and development.

Head Start Children Identifying 10 Letters of the Alphabet



What is the story behind the results?

In 2006-07, 88% of children in Child Start Inc.'s Head Start Program were identified as racial/ethnic minorities, compared to the national average of 67% of children. Two-thirds (62%) of children were English Language Learners, and less than half (39%) of children enrolled were able to identify as least 10 letters of the alphabet, compared to the national average of 58%. Child Start Inc. recognizes the socio-economic and other disadvantages experienced by many of the children enrolled in their Head Start Program and how these factors impact children's early language skills skills.²

While the increasing numbers of children who are making progress in this area of language development is encouraging, there has been a slight decline in overall proficiency in the area presented above over the last three program years. Some of the possible factors are discussed in the next section of this report. Child Start Inc. takes into account that each group of new children entering the program will have a unique set of needs different from those of previous participants. As time progresses, the issues families face have become more challenging and complex.

¹ Meaningful Differences in the Everyday Experiences of Young American Children. Baltimore: Paul H. Brookes Publishing Company.
² Head Start National Reporting System Program Report 2006-2007

What are the challenges to success for the population served?

Most children entered Head Start at a great disadvantage, with early literacy substantially below national averages. The typical Head Start child was found to enter at about the 18th percentile in vocabulary and early writing skills, and at about the 34th percentile in letter recognition when compared to the full spectrum of American children in the same age range.

Additionally, 90% of the Head Start families enrolled during the 2006-07 program year were identified with at least one socioeconomic risk factor. Children in these families had lower parent ratings on emergent literacy, and higher teacher and parent ratings of problem behavior. In the assessments, the children scored lower on design copying, color naming, one-to-one counting, book knowledge, vocabulary, early math, early writing, letter identification, social awareness, comprehension, and print concepts.

Child Start, Inc. is currently analyzing investigating whether children enrolled in the full-day program may also be impacted by relatively less parental involvement in their early learning. The part-day Head Start model actively engages parents, both in and outside the classroom, in support of their children's learning and development. This is more difficult to achieve in the full-day service model, as parents are more likely to be working full-time and have less time to spend on these activities with their children.

Who are the partners?

To address these barriers, Child Start Inc. works to increase parental involvement for full-day participants. Each child's parents or guardians are Child Starts Inc.'s first and foremost partner. Teaching staff and Community Advocates work with each family three times throughout the program year to design their child's individualized learning plan tree. The parents are supported to learn about their child's unique temperament, learning style and interests. The staff focuses on each child's strengths and a positive reinforcement approach to facilitate school success. When a screening or assessment determines a need for outside services, the parent/guardian is consulted and referred to a community agency for additional support. Child Start has contracts or Memorandums of Understanding with each school district, the Solano County Office of Education, Aldea, Child Haven, doctors, dentists and nutritionists.

How can we make a difference?

The comprehensive Head Start service delivery plan is designed to promote each child's well-being through individualized programs which foster cognitive and social/emotional development. The Head Start Child Outcomes and Assessments pinpoint developmental goals for the child so that each child's progress can be tracked along with the progress of each classroom, site and the overall program. The goal of the program is to promote improvement for all children and ensure each child enters kindergarten healthy and ready to learn. Parents are involved in the implementation of the curriculum through parent education sessions and parent support groups. In partnership with the teaching staff and the Behavior Health Trainees, the parents apply the same techniques at home as the children apply in the classroom. To this end, Child Start works with the First 5 Early Childhood Developmental Health Collaborative to aid in the development of a countywide strategic plan for the early identification, screening, assessments and treatment of children 0-5.

Additionally, Child Start Incorporated will continue to provide ongoing family literacy activities for each enrolled family through the "Raising A Reader" program. Raising A Reader books and activities are checked out by children and their parents weekly. Parents meet monthly with teaching staff and are provided family literacy resources or activities. How families cope with the current issues they are faced with directly impacts a child's ability to learn. As a result, Child Start Inc. individualizes classroom curriculum in an effort to focus on the special needs of each and every child served in the program.

Telling the Story...

Expanding Child Care Capacity



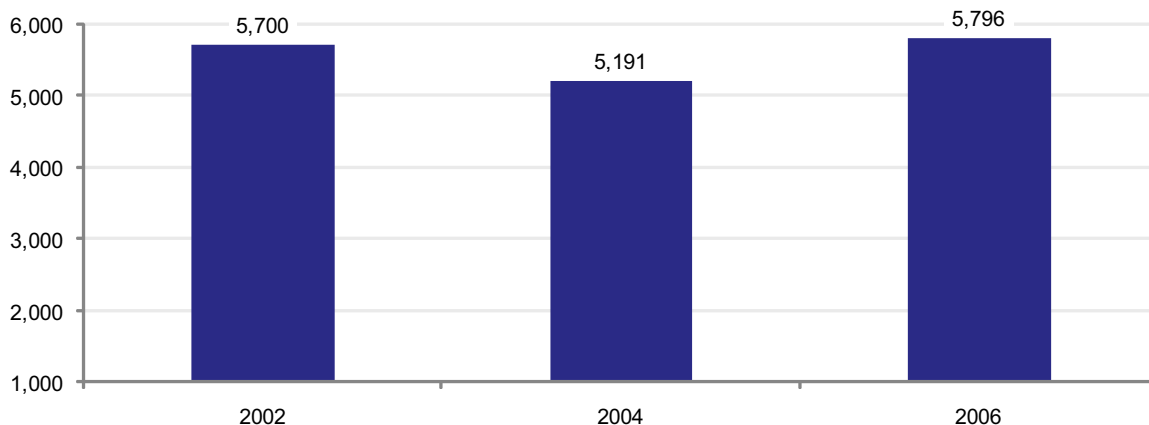
Quality Child Care: ABCD Constructing Connections

What are we measuring and why is it important?

Child care, historically seen only as a social and/or educational service, is in fact, a critical service supporting economic development. The child care industry supports workforce development and generates revenue for local communities. High-quality, affordable child care enables parents to work full-time rather than accept limited employment and to avoid public assistance.

The Affordable Buildings for Children's Development (ABCD) Constructing Connections program, led by Children's Network of Solano County, focuses on systems change to increase the development of child care centers throughout Solano County. One measure of success is the increase in the number of child care centers and spaces for those who receive direct hands-on assistance and those for whom assistance is provided indirectly. The increased attention and focus on child care provided through Constructing Connections should be considered part of its success. In addition to increased numbers of centers and child care spaces, changes in local land use policies and development procedures, shifts in attitudes about child care among business owners and employers, and the improved receptivity to funding and development of child care centers among finance professionals and developers are measurements of success as well.

Number of Child Care Center-based Spaces in Solano County



What is the story behind the results?

Between 2002 and 2004, the number of child care centers and spaces decreased and it is believed the decrease was linked to the general slowing of the State economy during these years and the need for families to seek less costly child care options, such as family and friends. One might assume this trend would continue, or at least stay constant, given economic conditions have not significantly improved. However, greater emphasis in both the private and public sectors for the need of center-based child care is a factor for the increase in the number of centers and center-based spaces between 2004 and 2006.

Constructing Connections was started in the Fall of 2005 and outreach began with local government officials, business leaders, and child care professionals. The Constructing Connections Collaborative was created to bring together business leaders, elected and appointed public officials, representatives of finance and lending institutions, real estate, and child care professionals to identify and address challenges to child care facility development. With the completion of a Child Care Needs Assessment and Child Care Economic Impact Report in Solano County, tools became available to engage the public and private sectors. The climate for center-based child care began to change with greater receptivity and cooperation among a number of players (e.g. Due to Constructing Connections intervention, child care was retained in the city of Fairfield's 5-Year Consolidated Plan as a Medium Priority by action of the City Council).

What are the challenges to success for the population served?

The Constructing Connections Collaborative identified barriers and challenges to developing high quality child care centers in Solano County. Without reducing or eliminating these barriers, parents may be unable to join the workforce or, alternatively, children may be placed in less than desirable child care environments. While the list of barriers and challenges is long, the most significant are: 1) establishing child care as a high priority among elected and appointed government officials, and thus reflected in applicable planning documents; and 2) finding adequate and affordable financing for facility development. Addressing these two challenges translates into systems change—improving the regulatory and financing environment in which child care works.

Who are the partners?

Because of the nature of child care, our partners are found in government, private industry, social services and the community at large. Government is a key partner since child care facility development is initially a land use issue and local governments normally exercise discretionary approval over proposed projects. Thus, elected officials (city council members and members of the Board of Supervisors) and key governmental staff persons are important partners. These individuals are in positions to streamline and incentivize the process of child care facility development. Beyond the regulatory environment, finance and lending institutions, real estate professionals, and housing and commercial developers, all play important roles in enabling the development of child care facilities.

Constructing Connections, through the Collaborative, has established and maintained relationships with these partners which in the long-run will improve the environment related to child care facility development. The Low Income Investment Fund, through the Affordable Buildings for Children's Development initiative, provides important financial, technical and administrative support for Constructing Connections.

How can we make a difference?

Constructing Connections serves as a convener for organizations, agencies and individuals interested in, or involved with, the development of child care centers. Focusing on the barriers and challenges with those who can reduce or remove them, offers the only possible way of changing the system to allow development of child care centers.

By maintaining strong and direct ties with the Resource and Referral agency (Solano Family and Children's Services) and specific agencies and organizations working with and for families and children (e.g. The Children's Network, Child Start Inc., Solano Community College/ECE Department, Solano County Office of Education), Constructing Connections is able to operate within a framework that inherently supports child care. Constructing Connections will continue to maintain strong ties with its partner agencies and organizations to develop new collaborative members. Of particular note, developing support within the business community, in particular the pursuit of employer-based child care, was a concerted effort initiated in FY2006/07 and is continuing to be pursued.

Telling the Story...

Collaborative Coordination and Data Management



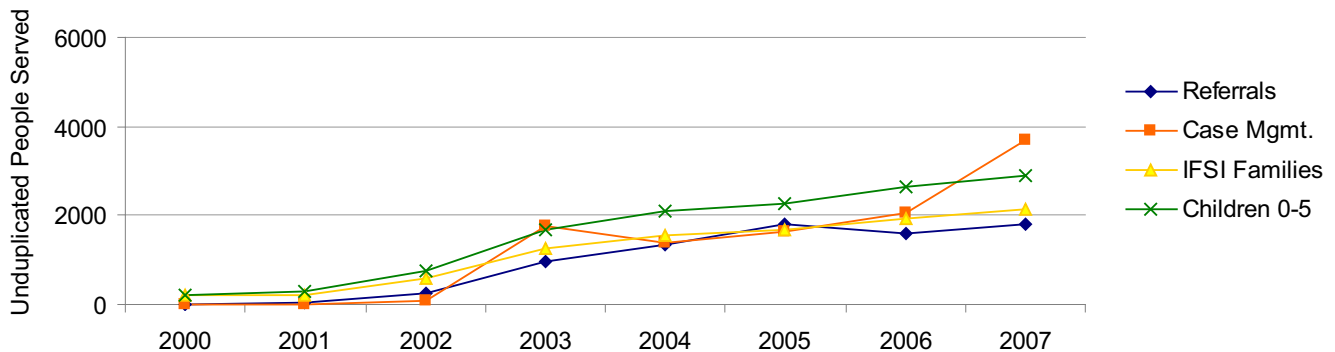
IFSI Collaborative: Children's Network of Solano County

What are we measuring and why is it important?

Family Resource Center (FRC) services to 0-5 families include case management services for high risk families. Isolated families are at greater risk of child abuse and neglect and other adverse outcomes than families that are connected to resources in their communities. The IFSI project connects isolated, at risk families to a variety of coordinated resources in all seven Solano cities through the Family Resource Center Network and more than 30 collaborative partners.

Coordinated, collaborative community efforts such as IFSI facilitate and support constructive responses to creating supportive, caring communities and expanding the safety net for children, youth and families. Through IFSI, an array of home-based, center-based and community-based family support and prevention, early intervention and treatment services are provided to Solano County's families with children 0-5. Family progress and family outcomes are documented utilizing common assessment and data collection tools.

IFSI Families and Children 0-5 Served, Case Managed, and Referred to Services



What is the story behind the results?

Previous to IFSI, agencies worked together informally and potential was seen for more formal partnerships. The ABC (Cal-SAHF) and Healthy Families programs offered opportunities for small scale trials and First 5 Solano Funding in 2001 brought the model to scale in the form of the Integrated Family Support Initiative (IFSI), a coordinated countywide multidisciplinary collaborative that serves isolated families with children prenatal to age 5 in a highly integrated fashion. Isolated families are being connected to a variety of resources in a coordinated way.

What are the challenges to success for the population served?

The Family Resource Center Network has been working collaboratively with Child Welfare Services (CWS) to integrate family support principles into the work of CWS. As the County's Differential Response System for assessed out Path One families, IFSI and, in particular, the FRCs are serving as a fundamental resource to CWS to assist with accessing community supports and services. This outreach and collaboration has led to an increase in the number and types of families that are facing multiple issues being seen by the FRCs (249 CPS linked families in 2007). This impact on resources will be monitored and adjusted as needed. However, as illustrated in the graph, the number of children and families seeking services is increasing exponentially including families that are in need of intensive case management services. If current trends continue and with decreasing resource support, the number and intensity of families' needs may exceed the capacity of agencies to serve them. The FRC can best support families by providing services that are family-centered, relationship-based, developmentally appropriate, culturally and linguistically responsive and meet the complex needs of families.

Who are the partners?

Led by The Children's Network of Solano County, the IFSI Collaborative partners include Solano County Health and Human Services, the Family Resource Center Network (with sites in all seven Solano County cities), Child Haven, Children's Nurturing Project, Families First, Youth & Family Services, California Hispanic Commission, Heather House, and more than twenty additional community-based agencies. Together, the partners provide a coordinated array of services including basic needs, shelter, developmental and health assessments, counseling, childcare and education, substance abuse and parenting services.

How can we make a difference?

The Children's Network's role in coordinating services continues to be critical as new challenges arise for today's families. The enhanced communication among providers that has resulted from increased coordination allows us to stay in touch with the challenges and concerns facing families. New directions emerging from our collaborative process and data analysis include an awareness of the role of coordination in ensuring that sufficient resources are available to meet the increasing need for services for families at risk of adverse outcomes. These necessary services include substance abuse, children's mental health, assisting families with basic needs and economic security issues.

The IFSI Collaborative is able to continue to identify barriers to serving children and families, and to transform these observations into systematic policy advocacy and legislative change. Improved county-wide data collection and analysis will allow more sophisticated tracking of CWS/Differential Response services and identification of emerging trends and development of responses based on family needs.

Telling the Story...

Community Engagement & Family Relations



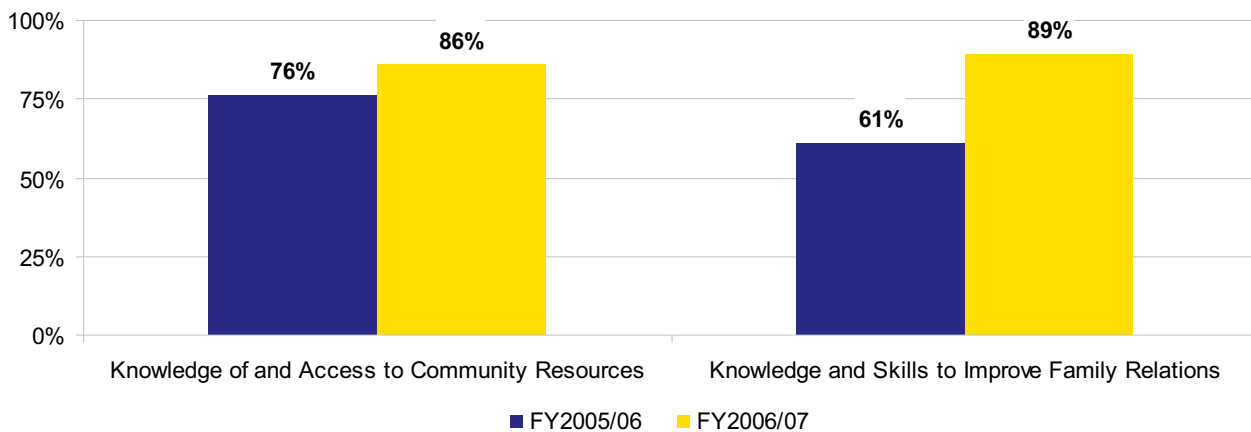
IFSI: Benicia Family Resource Center

What are we measuring and why is it important?

The Benicia Family Resource Center believes it is critical for families with children ages 0-5 to be aware of the community support services available to them. The Benicia FRC assists families in being aware or accessing these services, enabling them to better guide and nurture their children. As families receive support from the FRC, they become more engaged in the community and become advocates for others to seek FRC services. The FRC's overall goal is to increase awareness in the community about the opportunities for family support assistance. For those families in need of more intensive support, the FRC engages them in the IFSI Collaborative Case Conferencing. The IFSI Collaborative is a partnership of over 30 service providers who assist families in receiving early intervention and family support services through development of a family service plan.

The best measure the Benicia FRC has found for reporting success in this area is the Family Development Matrix, especially the categories of community engagement and family relations.

Improved Community Engagement and Family Relations



What is the story behind the results?

The mission of the Benicia Family Resource Center is to promote the growth and development of families and children, through information and referral and family support so that children are safe and families are strong. Benicia FRC's vision is: "Safe Children, Strong Families." As a family develops a trusting relationship with FRC staff, they disclose more about the challenges they face. The number of families receiving assistance has increased since 2004, when the Benicia Police Department received the contract to administer the FRC. The schools, police department and churches have helped to advocate and work toward strengthening families to build a better community. The FRC also has many families who have their needs met through the local churches in the community. Some of the families receive food, clothing, rental assistance, and in some cases churches provide on site counseling for families. There exists a close bond with neighbors, who watch out for each other. The FRC is pleased that neighbors keep an eye on families, referring them to the FRC as necessary. We work collaboratively with other agencies to enhance services.

What are the challenges to success for the population served?

Transportation for families who are required to travel outside of Benicia to receive services or go to work is a challenge. Additionally, there are families who are hesitant to receive services outside of Benicia regardless of transportation issues. The FRC also serves families that have great difficulty finding affordable housing in Benicia. This makes it very difficult for families with low-income to remain in the community. Adequate office space is another challenge for the Benicia FRC. The present space is not conducive to conducting group activities or one-on-one consultations. Presently there is a full-time and part-time worker. It would be beneficial to have 2 full-time workers which would enhance the FRC's ability to reach more families in Benicia.

Who are the partners?

The Benicia FRC is successful in building connections with the appropriate and specialized partners who provide services to meet the needs of Benicia families. Partners include the Benicia Library, schools, churches, local agencies, chaplains, IFSI multi-disciplinary team, intervention therapist, City of Benicia, City Council, all the Family Resource Centers in Solano County and the Children's Network. The FRC is able to help families access countywide services that help families in crisis receive the help they need.

One of the successful collaboration is with the Benicia Library. Together the library and FRC coordinate volunteers that provide childcare to the adult learners' children in the literacy/ESL program. A curriculum developed by a kindergarten teacher is in place so that the children are also learning English and having fun while their parents are learning.

How can we make a difference?

Referrals from the Benicia Police Department provide the FRC with the opportunity to reach families who may not have otherwise sought services. The FRC reaches out to the teen parent population, connected to the Cal-Safe Program at Liberty High School. The FRC can also impact the community by increasing collaboration with the preschools in the area, getting the message out about "Safe from the Start", thus helping reduce children's exposure to violence. Efforts to get information to the community about parenting classes are always on-going. The FRC is working to bring an overall awareness of the possibilities for the community to keep children safe and families strong. Families know that they can come back to the FRC if and when they need further services. The FRC serves repeat families that may not need much, but feel safe calling and asking for additional help. As the community learns more about our efforts, we can truly make a difference in our small community.

Community Engagement & Family Relations



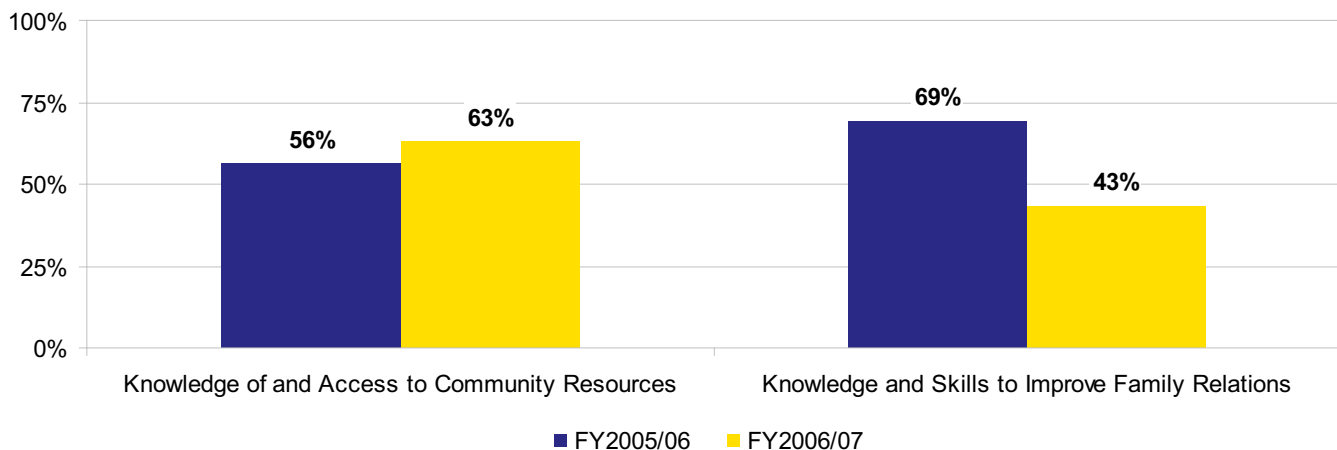
IFSI: Dixon Family Resource Center

What are we measuring and why is it important?

Dixon Family Resource Center is a “one-stop shop” of social services, all existing under one roof. For this report the FRC is highlighting work in the areas of Community Engagement and Family Relations. These are two categories from the Family Development Matrix that can show positive results in building family strengths as a direct result of working with Family Resource Center staff. Before a family leaves the FRC’s care, they should be connected to the programs and services that they need, informed about all benefits and programs pertinent to their situations in the community, better off than when they first came to the FRC, and supported by a case manager/home visitor who tracks their progress with follow-up calls and visits for as long as needed.

The best measure the Dixon FRC has found for reporting success in this area is the Family Development Matrix, especially the categories of community engagement and family relations.

Improved Community Engagement and Family Relations



What is the story behind the results?

Because of some families’ undocumented status and some cultural issues, reassessment of family status is often challenging as families are unwilling to return once their crisis situation has been resolved. Dixon FRC staff work with families to assist them to understand and build on their strengths and learn about the resources available in our community and the surrounding area. The FRC offers services including basic needs case management, substance abuse and mental health counseling and support groups, parenting classes, food programs, volunteerism, school-based youth services in every school from grades K-12, a School Readiness Program for children 0-5 and their families, employment development, monthly life skills workshops and community forums and events.

All services are provided in English and Spanish by a bilingual, bicultural staff. The FRC has a Clinical Department that provides substance abuse prevention and treatment, mental health services for all ages, mentoring, individual counseling and group support in all Dixon Schools, School Readiness for ages 0-5, and referrals to other agencies (many of which co-exist in the building) for the families served by the FRC. All Clinical services are provided by qualified and credentialed staff under the supervision of a Licensed Clinical Social Worker. In addition, the case management department provides support in basic needs such as rental assistance, budgeting, employment development, food and much more. The Women Infants and Children (WIC) Program is co-located in the building and as many as 700 families with children ages 0-5 are seen each month. The Dixon FRC is very much connected to the low-income families with children 0-5 in our community as well as other families and individuals who need help.

What are the challenges to success for the population served?

The community of Dixon has a large migrant, farm worker and working poor population which is typically unserved/under-served. The Dixon FRC conducts significant outreach to this high-risk community. Our greatest need is additional staff time to assure continuous support and nurturing of parent volunteers. Helping others become involved in community engagement, influencing government policy, building positive relations with neighbors and other community members and increasing knowledge of local resources are some of the benefits of a parent involvement program. The above activities often are left on “back-burner” status while our limited staff hours are spent on families in crisis.

Who are the partners?

Over the past 23 years Dixon Family Services FRC has formed many partnerships. Working toward the common goal of strengthening families are partners First 5 Solano, Dixon Unified School District, Silveyville School Readiness, City of Dixon, Dixon Police Department, Solano County Health and Social Services, Solano County Child Welfare Services, CAP Solano, Solano Public Health, the faith community, Solano Juvenile and Adult Probation, Solano County Substance Abuse, and local child care providers. In addition to all that the staff provides, the FRC has numerous agencies and service providers in the building on regularly scheduled days and times each week. Agencies and programs out-stationed at Dixon FRC include WIC, Section 8, CalWORKs, Medi-Cal, Food Stamps, Families First Inc., Solano County Mental Health and many others. The FRC also formed a collaborative of all service providers in Dixon. The mission of the Dixon Counseling Collaborative is “We, as a collaborative, honor the diversity and culture of the community, and strive to increase service levels and effectiveness for the clients we serve.”

How can we make a difference?

The Dixon FRC continues to work with our partners to provide coordinated and integrated services to our families. The FRC looks for funding sources such as corporations and foundations, as well as reaching out to the community-at-large for financial donations and fund-raising events. Expanding the funding base allows the FRC to see more people with more in-depth services and to follow their cases for longer periods. The FRC wants to meet families at their readiness levels and build from there. FRC goals include ending homelessness and poverty. The steps needed include more involvement by community members, including those who are directly affected.

Telling the Story...

Community Engagement & Family Relations



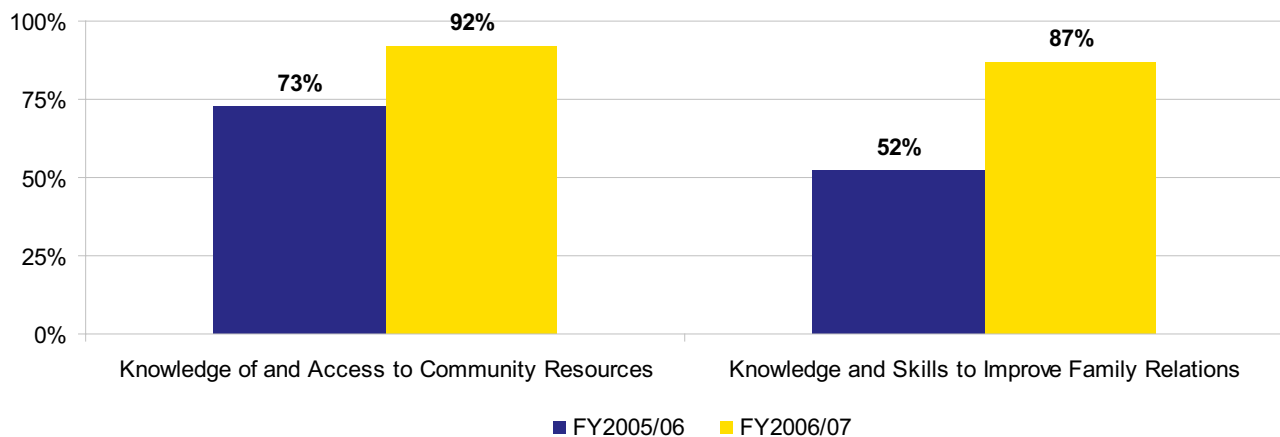
IFSI: Fairfield-Suisun Unified School District Healthy Start FRC

What are we measuring and why is it important?

The Fairfield-Suisun Unified School District Healthy Start Family Resource Centers are family-friendly places where families can come to receive information and referrals, health insurance enrollment, parent education classes, children's mental health services and family support. Parents are able to access the FRCs readily due to the fact they are neighborhood based. All services are free and services can be accessed in English and Spanish. Childcare is always provided for workshops, meetings, and other family events. The FRCs work to empower families by helping them connect to available resources and build new support networks as they meet and become friends with other families in the neighborhood.

The best measure the Fairfield-Suisun FRCs have found for reporting success in this area is the Family Development Matrix, especially the categories of community engagement and family relations.

Improved Community Engagement and Family Relations



What is the story behind the results?

The Fairfield-Suisun Unified School District Healthy Start Family Resource Centers are located on three elementary school campuses in key areas of Fairfield and Suisun. Two of the schools also have preschools, one Head Start and one state preschool.

The parent education program that includes life skills, parenting, and English as a Second Language, has grown extensively over the last 2 years. As a result of a growing need and subsequent First 5 funding, the FRCs now have a part-time staff person dedicated solely to the coordination of the program. The mothers who come on a regular basis have formed supports for each other. They come to the FRC for the usual services of parent education and referrals, but they also come for the community they have developed and the less formal connections.

These moms have met at the FRCs to organize holiday parties for the FRC families and staff, workshop (preventing foreclosures), and income producing activities (such as selling Avon or kitchenware) They have also become more empowered as a result of their community engagement. These parents give the FRC valuable feedback on services that are working for the neighborhood and services that are still needed. This coming year, they will be providing input to the Solano Transportation authority regarding Fairfield and Suisun transportation needs.

What are the challenges to success for the population served?

The greatest challenge to greater success is lack of space. The facilities are small (especially the classroom and childcare space). The FRCs sometimes need to move classes to other locations due to high enrollment. As a result, the mothers have created a petition requesting a separate building for parent education.

As parents become more aware of the services provided by the FRCs, the number of families self-referring has increased tremendously. The FRCs are far exceeding targeted goals. However, it has become a significant challenge to meet the increasing needs.

Who are the partners?

In addition to the IFSI partners, the FRCs partner with the City of Fairfield, churches, health providers, UC Cooperative Extension and the Solano County Library, which have provided services and workshops to our families. Because these providers are in the community and make services easily accessible through the Family Resource Center, families are able to engage in their community and achieve a higher level of functioning. Families that are isolated due to the young ages of their children, limited public transportation, language barriers and lack of income are able to easily find the supports they need.

How can we make a difference?

Family Resource Centers that are neighborhood based can “bring together services and activities that educate, develop skills and promote moving in new directions for families. This increases the capacity of families to be healthy, involved members of dynamic communities” (The California Family Resource Center Learning Circle. (2000). Family Resource Centers, Vehicles for Change.)

Telling the Story...

Community Engagement & Family Relations



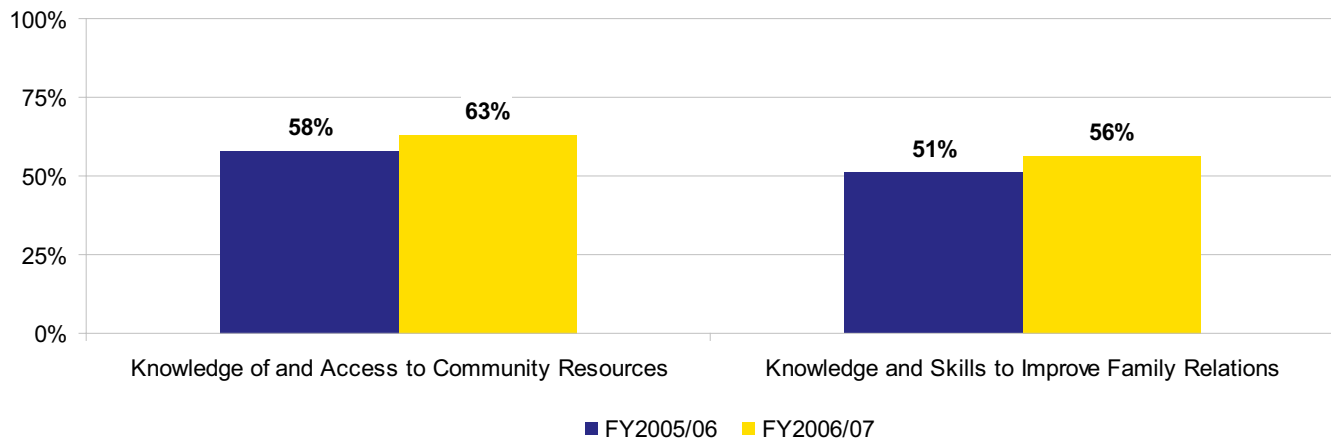
IFSI: Rio Vista CARE Family Resource Center

What are we measuring and why is it important?

Rio Vista CARE Family Resource Center is a community-based organization which provides information and referrals to families with children 0-5 living in the city of Rio Vista and its surrounding rural areas. Rio Vista Family Resource Center provides home visiting services that link families to resources in order to meet basic needs, life skill classes, health insurance, and parenting support groups. Through the continuous efforts of the FRC staff, families have been able to help decrease isolation and increase knowledge and connectedness with resources in the community.

The best measure Rio Vista FRC has found for reporting success in this area is the Family Development Matrix, especially the categories of community engagement and family relations.

Improved Community Engagement and Family Relations



What is the story behind the results?

Many families are isolated from the typical family and community supports that most of us take for granted. Possible causes for isolation include geography, domestic violence, young children, substance abuse, lack of transportation, limited English proficiency, lack of technology and limited incomes. Providing family support services in the city of Rio Vista and its surrounding rural areas helps to ameliorate these issues.

This year, the parent support groups have grown in topics and attendance. As a result, parents have become more empowered and engaged in services. Staff are finding that parents speak up on behalf of their own children and their community at large. More families are coming to the FRC than ever before. Parents have developed a trust in each other as well as the providers. Word of mouth is a strong referral source. FRC staff also work very closely with a number of providers (both IFSI partners and others) to bring topics and services to families based on expressed needs and through the Matrix assessment tool.

What are the challenges to success for the population served?

The greatest challenges to Rio Vista families are usually related to issues of poverty and language. Lack of financial support for transportation and childcare, as well as limited English proficiency, prevent many of the Rio Vista families from reaching the level of community engagement that they would like to achieve.

Who are the partners?

All of the IFSI partners, churches, health providers, Rio Vista Library, and the California Hispanic Commission have provided services and workshops at the FRC. Because these providers are in the community and make services easily accessible through the Family Resource Center, families are able to engage in their community and achieve a higher level of functioning. Families who are isolated due to the young ages of their children, lack of transportation, language barriers, and lack of income are able to find the supports they need in their neighborhood.

How can we make a difference?

Rio Vista CARE is a Family Resource Center that is community based and can bring together services and activities that educate, develop skills and promote self-sufficiency for families. The FRC is always looking for other funding sources that would blend with the First 5 funding sources. Rio Vista FRC is a leader in bringing together agencies and residents with the best interests of the Rio Vista community at heart working together to improve the lives of our youngest children and their families.

Telling the Story...

Community Engagement & Family Relations



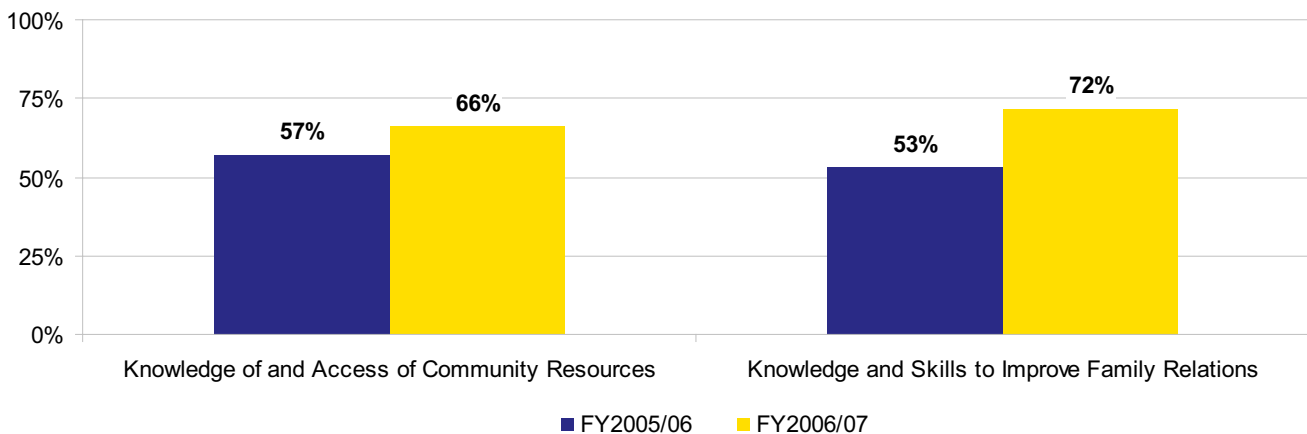
IFSI: Vacaville Family Resource Center/CART Program

What are we measuring and why is it important?

Thriving communities start with stable families. Families with positive family relations and knowledge of community resources are better positioned to retain stability through new challenges. In contrast, isolated and stressed families are at greater risk of child abuse and neglect than families that are connected to resources in their communities.

For this report Vacaville FRC is highlighting work in the area of Community Engagement and Family Relations. These are two Categories from the Family Development Matrix that can show positive results in assisting struggling families. The Matrix measures family stability. The Vacaville FRC goal is to have at least 50% of their families reach a score of 3 or higher on the Matrix, which reflects stability. The FRC was able meet and surpass that goal in FY2005/06 and FY2006/07.

Improved Community Engagement and Family Relations



What is the story behind the results?

Most families that seek services at the Vacaville FRC are in crisis and isolated from family and friends. They are less likely to engage in community events and access resources that may assist them. The FRC is seeing more and more families in economic distress represented in the increased number of families who are unemployed and in need of housing assistance. Thus, families are focused on meeting their basic needs of food, clothing and shelter, and they place less emphasis on improving family relations or participating in community events.

The FRC family support workers (FSWs) provide case management services, connecting families to appropriate community resources that can assist with basic needs. Once those needs are met and the family is stable, then the FSW can focus on community engagement and in services to improve family relations such as individual, group, and family counseling. Most of these services are offered at the FRC, at the schools, or in community locations. The intent is that the families obtain tools to keep them in a stable situation or help them improve to thriving in future assessments.

What are the challenges to success for the population served?

Many families that obtain services face challenges directly related to immigration and poverty. Families lack resources to obtain legal residency in the United States and lack financial stability. They live in overcrowded apartments because that is what they can afford. This may result in safety, privacy, and noise concerns that prohibit them from providing the best environment to raise their children. These financial stressors directly affect family relations as well.

Who are the partners?

The Vacaville FRC is part of a greater Solano Family Resource Center Collaborative as well as a member of the Integrated Family Support Initiative. Other partners include: Children's Network, Child Welfare Services, which co-locates a Child Protective Services worker on site at the FRC; Vacaville Welfare Association, a non-profit agency that provides food and gas vouchers for our families; the Vacaville Police Activities League (PAL) which provides children with recreational activities at low or no cost; the Vacaville Unified School District which houses our Youth Services Section that provides counseling in the schools and the School Readiness Program; and Victim Witness which provides access to counseling for victims of crime. All of these partners are helping to make services more accessible to our families.

How can we make a difference?

The Vacaville FRC is focused on helping families become self sufficient and stable, improve family relations, and increase their knowledge of community resources. The FRC staff needs to continue to work with the partners to refine our coordinated response to the needs of families in our community.

Telling the Story...

Community Engagement & Family Relations



IFSI: Fighting Back Partnership/Vallejo Family Resource Centers

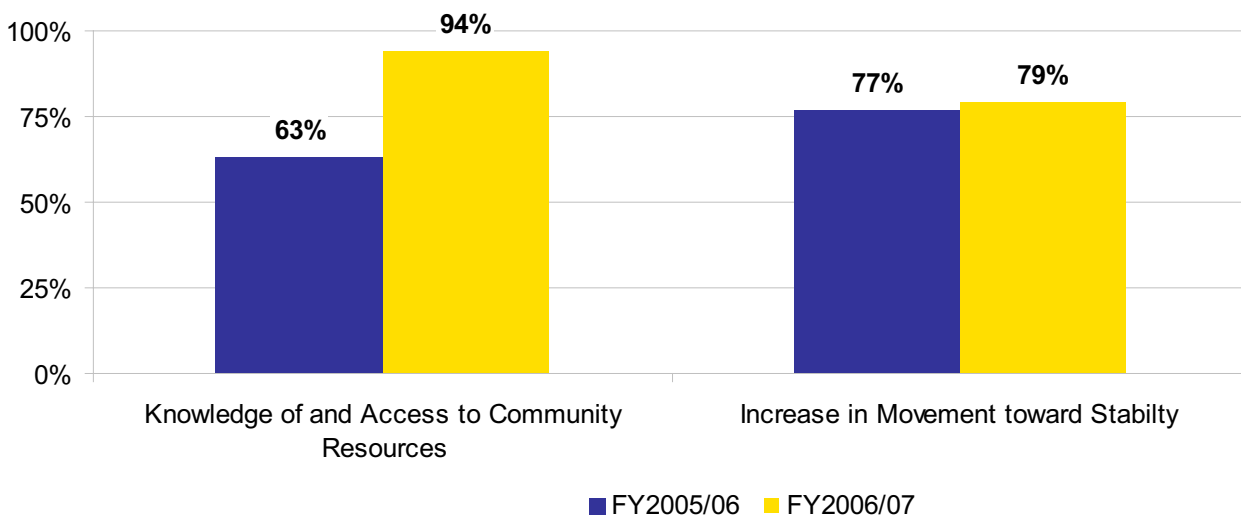
What are we measuring and why is it important?

The Vallejo Fighting Back Partnership's three Family Resource Centers are uniquely located in our Vallejo neighborhoods to serve all families in their respective communities. These FRCs are providing support linkages and services to families in their own neighborhoods. Having FRCs at multiple locations enhances their ability to promote and better advocate for healthy communities. Each FRC brings together services and activities that educate and develop skills that provide direction to families seeking to achieve long-term stability. The FRCs provide strength-based assessments to families, with the goal of improving outcomes for both families and communities. FRC services expand families' capacities to be healthy and involved community members in Vallejo.

Each of the three Family Resource Centers (Greater Vallejo, Sereno Village, and Loma Vista) offers basic services; in addition, each has its own unique culture and focus. Services include information and referral, follow-up for families who need extra support and home visitation for families participating in collaborative case management with community partners. Parent education classes and child development resources are made available to parents/caregivers to support them in their efforts to enhance their parenting skills and positively engage with other families in their neighborhoods.

The best measure the Vallejo FRCs have found for reporting in this area is the Family Development Matrix, especially the categories of community engagement and family relations. Results indicate that these resources and activities are helping our families to achieve a better quality of life.

Improved Community Engagement and Family Relations



What is the story behind the results?

The Vallejo FRCs are a vital resource to the families of Vallejo. Parent participation in Parent Education, parent support groups, parent advocacy training, English as a Second Language and Life Skills classes has increased by 40% over the last two years. This increase reflects a growing need for these services and activities, as well as a continuing need for First 5 funding support. Two additional part-time bilingual staff have recently been employed who are skilled in helping non-English speaking clients to access the resources and services they need.

There are significant increases in requests for domestic and family violence prevention services. Domestic violence victims are accessing factual information about these services and reducing the length of time they are adversely impacted by their perpetrators.

Families in the community are using the FRCs to plan children's activities, social events, holiday parties and crime prevention meetings. These families are also helping the FRC staff identify what additional services are needed; services not working, and/or services needing improvement. FRC staff continue to seek ways to empower residents to become more involved. As an example, the FRC coordinated three community focus group meetings with Solano Transportation Authority as an opportunity to voice concerns regarding the state of public transportation in Vallejo. The FRC staff actively recruited residents from their respective neighborhoods to attend these meetings and provided translation services. The expected result is better transportation service for all Vallejo residents.

What are the challenges to success for the population served?

The greatest challenges are in the areas of capacity and sustainability: to continuously assist the increasing number of underserved families and to acquire adequate funding.

Who are the partners?

In addition to the Integrated Family Support Initiative collaborative partners, Fighting Back Partnership has built strong partnerships with the Vallejo Police Department, Vallejo Faith Coalition, Kaiser Permanente, Vallejo Garbage Service, Vallejo Unified School District, Solano County Library Literacy Program, Solano Transportation Authority and many other providers and supporters of families in Vallejo.

How can we make a difference?

The Vallejo FRCs are making a difference in the lives of Vallejo families by building positive relationships within the community, helping families connect to resources that will enable them to become self-sufficient, by making community engagement a priority, and by continuing to rely on the multidisciplinary team approach to addressing family stability. Working collaboratively with our community partners, the neighborhood-based FRCs are producing positive outcomes by providing services and activities that empower parents to realistically achieve a better quality of life for their children and community.

Telling the Story...

Early Intervention to Address Child Abuse and Neglect



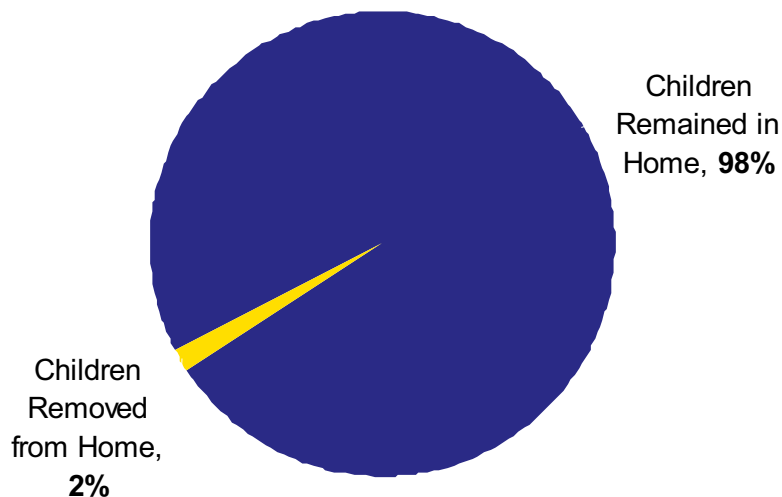
IFSI: Child Welfare Services Social Worker

What are we measuring and why is it important?

When families are offered and accept community-based supportive services it strengthens their family unit and improves child and family functioning and well being, thus, preventing child abuse and neglect. Ultimately, children are able to remain safely in their homes with their family unit.

Generally, many of the families served by the IFSI Child Welfare Services Social Worker would not have otherwise been contacted by Child Welfare Services until further reports of substantial allegations were received. IFSI allows for taking a preventive approach by offering services to these families to prevent future referrals and/or children being placed out-of-the home. The IFSI child welfare social worker is able connect these families to services within their community while participating within the IFSI/FRC network.

Children Served by the Child Welfare Services Social Worker in 2007



What is the story behind the results?

Solano County has adopted Differential Response as best practice as it enhances general child welfare practice by providing services to children and families at the earliest signs of trouble. By providing early and meaningful responses to emerging signs of family problems, Child Welfare Services can mobilize community resources to help families before troubles escalate. Child Welfare Services supports families by utilizing community resources early on where there are identified needs within the family. Participating in IFSI allows Child Welfare Services to be part of an innovative partnership that is integrated, responsive, family-friendly and specialized to meet the needs of families who have children ages 0-5.

What are the challenges to success for the population served?

The higher risk population referred to and served by Child Welfare Services is predominantly low-income and many times does not have stable housing. A major challenge in serving this population is initially locating the family in an attempt to offer them services. In the year 2007, of the 126 referrals made to CWS, we were unable to locate 19 of those families as the homes were either vacant or we were informed that the family had moved out of the area.

Who are the partners?

Child Welfare Services participates in IFSI to collaborate and conference families in need of community resources/services. The partners include the 7 family resource centers within the county, Public Health Nursing, Baby First Solano Prenatal Care Initiative, California Hispanic Commission on Alcohol and Drug Abuse, FamiliesFirst, Children's Nurturing Project, NorthBay Regional Center, Youth and Family Services, and Child Start. The partners meet on an on-going monthly schedule throughout the county to case conference the families and case plan using a multidisciplinary approach. Having the ability to be a part of a multidisciplinary team is a great advantage in ensuring coordination of services and case planning by having many of the service providers at the table on a regular basis for consultation.

How can we make a difference?

We continue to work with families within IFSI to reduce the risk of child abuse, neglect, and out-of-home placements for the 0-5 population served by IFSI. Through IFSI, the child welfare social worker is able to conduct family needs assessments for community based services for cases in which the reported allegations do not meet statutory definitions of abuse or neglect, yet there are indications that the family is experiencing problems that could be addressed by community services. Because of IFSI, Child Welfare Services is able to take a preventive and proactive approach in reaching, engaging, and working with these families on a voluntary basis.

Connecting Families to Health Resources



IFSI: Public Health Nurse

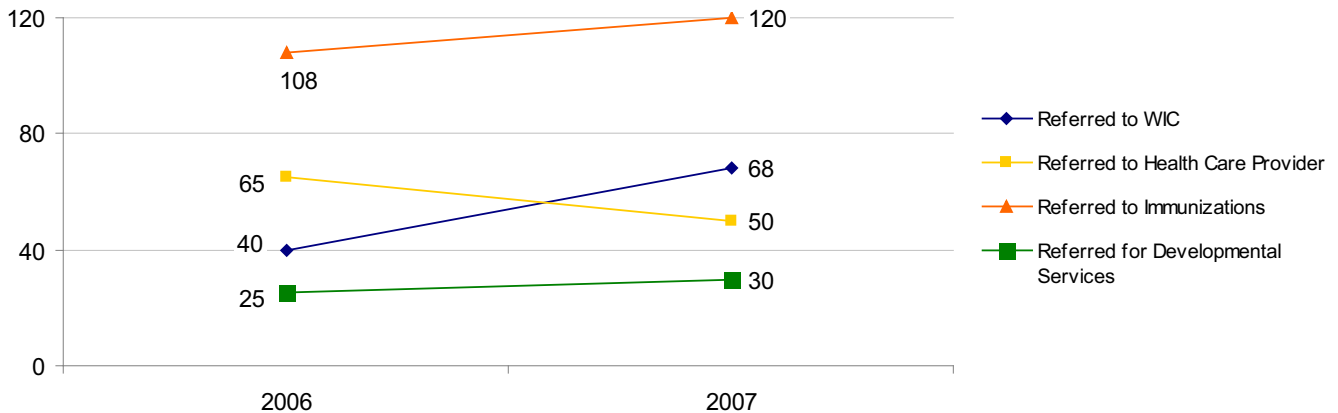
What are we measuring and why is it important?

The IFSI Public Health Nurse collaborates with a variety of community services to connect families with children 0-5 with community services throughout Solano County. The two performance measures used as a blueprint for the work of the IFSI PHN are:

1. 50% of parents will show an increase in knowledge of primary or specialized health care services for the family unit.
2. 50% of children will improve health status by referral to health care provider, WIC enrollment, administration of age-appropriate immunizations and developmental screenings.

These specific performance measures were identified because the IFSI PHN and other community partners understand that after the parent is empowered with knowledge of community services available to their family, it is more likely that they will access those services therefore becoming self-reliant. As the parents become more aware of service providers, the emotional and physical development of the child will also prosper as their specific needs are met.

Children 0-5 Referred to Services by the Public Health Nurse, 2006-07



What is the story behind the results?

The IFSI PHN participates in monthly case conferences at each FRC. Families requiring intervention of multiple IFSI partners are discussed and a Family Service Plan is developed. The IFSI program continues to be a strength-based collaborative focusing on the strengths of the family unit. This year the IFSI PHN participated in 10 case conferences where the family members were invited and they played an integral part in the development of the Family Service Plan. As a result of the collaborative including the family members, we saw that the family actively participated in improving outcomes for their family and were compliant with services.

What are the challenges to success for the population served?

The IFSI PHN receives referrals from a variety of community partners and the needs typically fall within the performance measures. The major risk factor affecting families is substance abuse. Families often have to develop trust for in-home service providers before accepting referrals to substance abuse assessment and treatment. The PHN works collaboratively with the FRC staff to address basic needs for the family to establish trust and then the substance abuse concerns are addressed by the IFSI substance abuse specialists or the PHN.

Who are the partners?

IFSI partners collaborate in order to case manage the families in need of community services. The partners include Planned Parenthood, Child Haven, Child Start, Children's Nurturing Project, Dixon Family Practice, Families First, Northbay Healthcare, Northbay Regional Center, Nueva Vida, Project Aurora, Safe Quest, Solano Family Children's Services, Youth and Family Services, all the FRCs and many other organizations.

How can we make a difference?

Working with families under the IFSI program continues to make a difference in Solano County. The clients who are in need of referral to health care provider, WIC, immunizations, developmental screenings are identified and offered the services. The Public Health Nurse will continue to perform a comprehensive assessment when in the home environment with the goal of improving health status of families in Solano County.



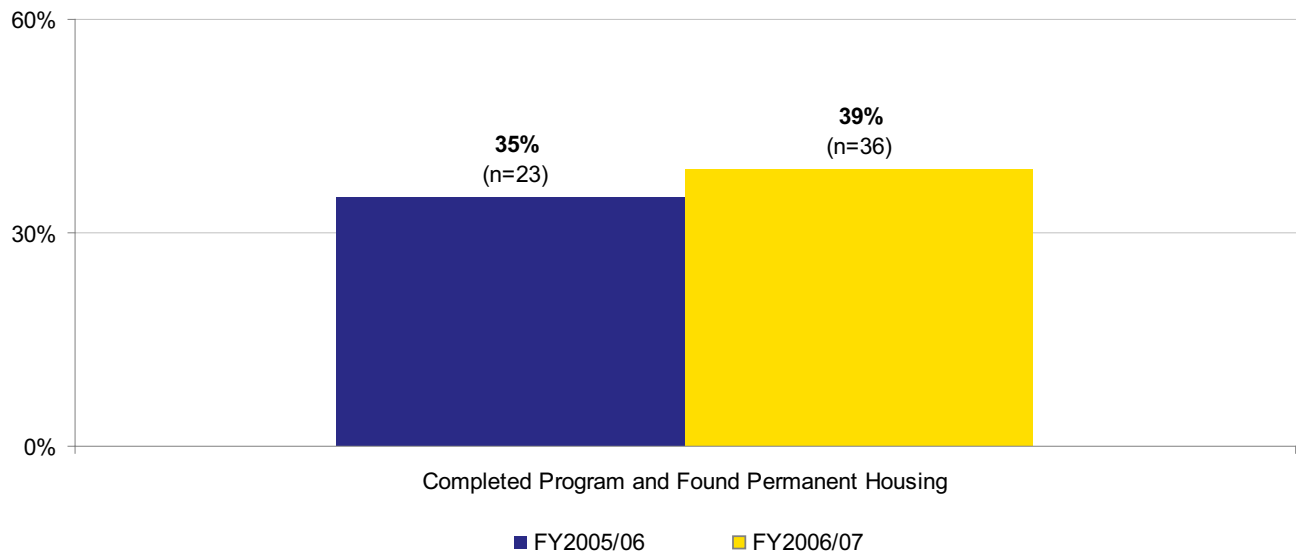
Addressing Homelessness

IFSI: Heather House/Interfaith Council of Solano County

What are we measuring and why is it important?

Homelessness is an issue that faces individuals, families, and the communities in which they live. There are many factors that affect the future of the homeless and their ability to find permanent housing. Having a safe, drug and alcohol free, supportive shelter where individuals and families can receive comprehensive wrap-around services in addition to safe housing are important factors that can lead to a successful outcome. Heather House is a homeless shelter that provides a stable environment for individuals and families and connects them with additional service providers to increase the probability of greater self-sufficiency and stability through permanent housing.

Outcomes for Families Served by Heather House FY2005/06 - FY2006/07



What is the story behind the results?

Heather House provided shelter and support to 23 families with children 0-5 in FY2005/06 and to 36 families with children 0-5 in FY 2006/07. The increase is attributable to catastrophic flooding experienced at the shelter in FY2005/06, which caused closure of Heather House for a significant period of time. In both years, over one-third of those families were able to complete the program. All families who complete the program find permanent housing.

What are the challenges to success for the population served?

There are multiple factors that must be addressed when helping the homeless transition into permanent housing. Substance abuse plays a large role in determining the future of homeless families, due to the fact that many shelters require sobriety, and treatment centers do not provide childcare for patients with children. In addition, lack of education, poor work ethics, mental illness, low wage jobs, lack of public transportation and the high cost of housing prohibits some families from finding a safe, permanent living situation.

Who are the partners?

The Interfaith Council (IFC) is committed to collaboration among the faith and business communities and with local service providers. In addition to the 25 partnering faith communities across Solano County, the Interfaith Council has a strong collaborative with Youth and Family Services (YFS), which provides substance abuse counseling to Heather House residents through Project Aurora. In addition YFS staff work directly with incarcerated individuals residing in the jails on Union Avenue and Claybank in Fairfield. Those individuals who would qualify for Heather House services upon release are assisted by the YFS staff to move directly into the shelter once they have left the jail. Heather House then provides assistance to the individual to gain employment and housing, hopefully preventing said client from returning to crime.

The Children's Nurturing Project provides bi-monthly parenting classes, and children's groups on site at both the shelter and at our Children's Resource Room. The Council receives and gives referrals to Healthy Start, which seeks to provide support services to at-risk families through the Fairfield Suisun Unified School District. Kaiser Permanente provides physicians who come into the shelter to assist with life skills classes and medical advocacy. Heather House works directly with Solano County Health & Social Services and also works directly with Solano County Superior Courts and Child Protective Services (CPS) to reunify and preserve families in the CPS system. Families First provides mental health resources to at-risk children residing in the shelter. The shelter also works closely with Goodwill to provide job training to shelter clients. The Interfaith Council is a member of the Integrated Family Support Initiative (IFSI) collaborative, and has access to a social worker and public health nursing to address individual needs. The Interfaith Council is represented on the Fairfield Suisun Basic Needs Subcommittee and as a result, works closely with the Fairfield Suisun Community Action Council, the Food Bank of Contra Costa and Solano and the Salvation Army. In addition, the Interfaith Council also participates in the monthly CAP Solano Provider Meetings, the Solano County Shelter Collaborative, and is a member of the County-wide FEMA Board.

How can we make a difference?

Heather House is a good example of a local organization that is working towards reducing homelessness in its community. By providing safe shelter and access to essential services, families and individuals are able to get back on their feet, find permanent housing and provide stability to themselves and their children.

Promoting Positive Parenting



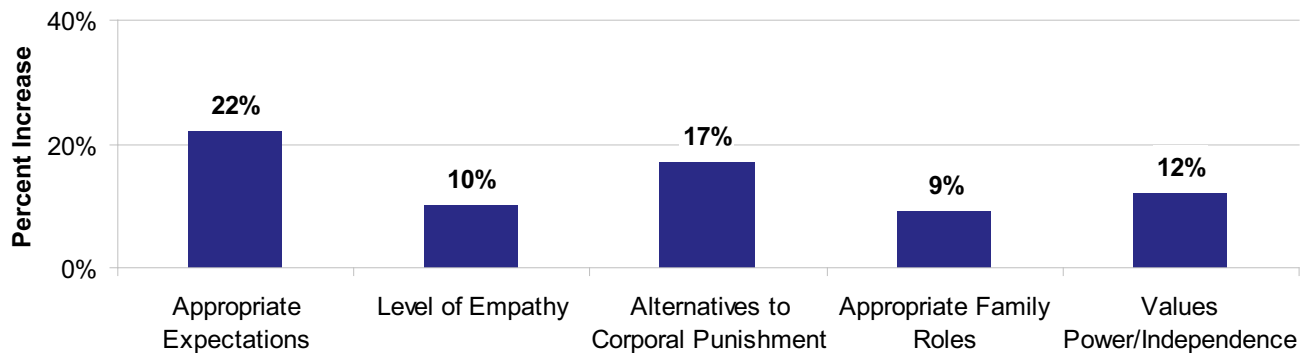
IFSI: Parenting Partnership

What are we measuring and why is it important?

Strong parent-child relationships are correlated with a host of positive outcomes. Children who are connected to a stable, supportive, nurturing adult do better in school, relate better with peers, and have stronger relationships in adulthood. They are less likely to experiment with substances and sex and are less likely to get into trouble with the law. Conversely, the results of poor parent-child connectedness are far-reaching and varied. At its worst, severe parental neglect and abuse in the first three years of life have the potential to permanently alter the structure and functioning of the developing brain. Nurturing relationships are key, and the Parenting Partnership's facilitator trainings have increased the number of providers trained to teach parenting classes and help parents develop healthy family dynamics.

The most widely used curriculum in Solano County for families with children 0-5 is the Nurturing Parenting Program (NPP), taught in both English and Spanish. NPP is an evidence based approach for the prevention and treatment of child abuse and neglect by developing non-violent parenting beliefs and practices through empathy, self-worth, empowerment, self-awareness, and discipline with dignity. Agencies such as Vacaville FIRST, Children's Nurturing Project, Youth and Family Services and Dixon Family Services offer a variety of classes using the NPP curriculum each year. The Adult-Adolescent Parenting Inventory is the assessment tool used in NPP workshops, and is designed to assess the parenting and child rearing attitudes of adult and adolescent parent and pre-parent populations. Based on the known parenting and child rearing behaviors of abusive parents, responses to the inventory provide an indicator of the risk for practicing behaviors known to be attributable to child abuse and neglect.

Reported Increase In Positive Parenting Attitudes and Awareness
(n=35)



What is the story behind the results?

Solano County's AAPI assessment outcomes reflect a 22% increase in parents having appropriate expectations of their children. This bears significance as appropriate expectations are likely to reduce a parent's instinct to discipline. Most importantly, parents' awareness of alternatives to corporal punishment increased by 17% over the 16-week workshop period. This demonstrates the potential impact of effective parenting classes towards the "zero tolerance" philosophy sought in many communities.

What are the challenges to success for the population served?

Parents need a range of support services across the continuum—from social opportunities for isolated families to intensive therapeutic services for families with extreme dysfunction.

Who are the partners?

The Solano Parenting Partnership was formed in October 2002 when Fighting Back Partnership and the Office of Family Violence Prevention convened a meeting of parenting providers and related stakeholders to envision a comprehensive, countywide parenting system. Funding from First 5 Solano Children and Families Commission allowed the Children's Network to hire a half-time Parenting Coordinator and half-time Computer Specialist for the Partnership in May 2003, which moved the Parenting Partnership's work from vision to reality.

The Parenting Partnership is composed of representatives from more than 30 agencies and organizations. Its members come from many disciplines, including child welfare, probation, schools, mental health, substance abuse prevention and intervention, the court system, family resource centers, early childhood education, and community-based organization.

How can we make a difference?

With First 5 Solano Children and Families Commission funding, the Parenting Partnership has been successful in building a solid foundation of networked providers and a Parenting Database that increases access to currently available parenting services. We need to ensure that sufficient resources are allocated to maintain the infrastructure the collaborative has built. Needs include continued funding for information technology support for the parenting database and for coordination of the collaborative. Because evidence-based parenting programs are some the most expensive to learn and to implement, funding for facilitator training and implementation is also key.

In addition, the Parenting Partnership is committed to ensuring that parenting services in Solano County are of high quality. Parenting providers need assistance learning to assess the efficacy of parenting programs and a system for compiling parenting outcomes county wide. Using outcomes data in combination with demographic data, providers' observations of community trends and records in the parenting database, the Parenting Partnership can continue its work of assessing, expanding and improving the range and quality of parenting services available to Solano County families.

Reducing Substance Abuse



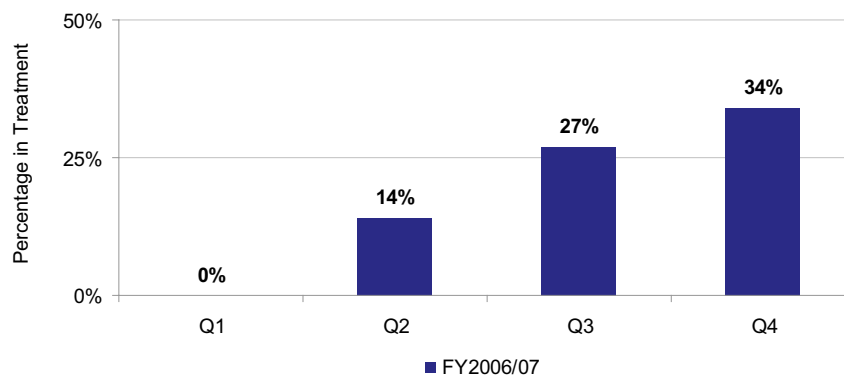
IFSI: California Hispanic Commission on Alcohol and Drug Abuse, Inc.

What are we measuring and why is it important?

The California Hispanic Commission on Alcohol and Drug Abuse's Substance Abuse Specialist's goal is to get substance abusing parents into treatment. Substance abuse has a major impact on the child welfare system. It is estimated that 9% of children in this country (6 million) live with at least one parent who abuses alcohol and other drugs (Office of Applied Studies, 2003). Research has demonstrated that children of substance abusing parents are more likely to experience abuse – physical, sexual, or emotional – or neglect than in children with non-substance abusing households. (Dobell's, Broussard, Herring Wexler, Moritz, & Benitez, 2001).

The Substance Abuse Specialist, known as Hand in Hand, provides case management, interim interventions, referrals, follow-up and wraparound services to substance-using parents of children 0-5 in Fairfield, Vacaville and Rio Vista, so they can enter into long-term recovery, resulting in decreased risk of child abuse and/or neglect, a positive environment for child rearing, and a decrease in the number of out-of-home placements. Hand in Hand, in collaboration with Youth and Family Services and Dixon Family Services, provides training and support services to the Family Resource Centers and the IFSI Collaborative.

Substance Abuse Specialist Clients In Treatment, FY2006/07
(n=38)



What is the story behind the results?

The Substance Abuse Specialist had been funded for one fiscal year as of June 2007. Most referrals begin with CWS (Children Welfare Services). CWS will then refer to agencies that can help meet the family's needs. If the family needs help meeting basic needs, CWS will refer to a Family Resource Center (FRC). If there is suspected substance abuse, CWS will refer to the Hand in Hand Program for a substance abuse specialist. Once the substance abuse specialist receives the referral, contact is made within 3 days, a home visit is scheduled and assessment is completed. Referrals are made to other needed agencies, such as Public Health Nurse (PHN) or Children's Nurturing Project (CNP). The Substance Abuse Specialist makes contact with clients on a weekly basis and conducts case conferences with IFSI Collaborative members. Staff provide transportation to the county Substance Abuse Assessment Center where recommendations for treatment are made for the client. Clients are then monitored during treatment to ensure completion of program.

What are the challenges to success for the population served?

Parents who abuse substances are less likely to be able to function effectively in a parental role. This can be due to:

- Impairments (both physical and mental) that occur while under the influence of alcohol or other drugs
- Expenditure of often-limited household resources on purchasing alcohol or other drugs
- Time spent seeking out drugs
- Time spent using alcohol or other drugs

The basic needs of children, including nutrition, supervision, nurturing, and school readiness often go unmet due to parental substance abuse, resulting in neglect. Additionally, families in which one or both parents abuse substances often experience a number of other problems, including mental illness, unemployment, high levels of stress, and impaired family functioning, all of which put children at risk for abuse.

Who are the partners?

The partners in the Integrated Family Support Initiative (IFSI) include the Children's Network, the Family Resource Centers in the cities of Vacaville, Fairfield and Suisun, Vallejo, Dixon, Benicia and Rio Vista which provide culturally appropriate family support services. Other partners include a social worker from Child Protective Services, a Public Health Nurse, and the Children's Nurturing Project, which provides parenting education classes. Hand in Hand and Youth and Family Services provide Substance Abuse Specialists who work directly with families that are referred for substance abuse.

The IFSI collaborative brings together an interdisciplinary approach to service provision.

How can we make a difference?

Only about 30% of the clients referred to assessment (without the personal contact of staff like the Substance Abuse Specialist) ever make it to assessment, with even fewer ever accessing treatment. Hand in Hand Program establishes a personal relationship with the clients because staff do home visiting and are able to transport clients to assessment so that they do not feel isolated or alone, leading to dramatically higher rates of clients accessing needed treatment services.



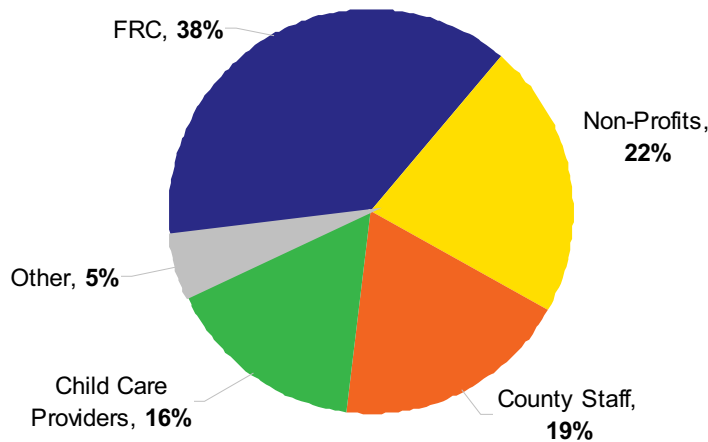
IFSI: Youth and Family Services

What are we measuring and why is it important?

With significant numbers of families experiencing substance abuse, it is critically important that education be a factor in service provision with those organizations interacting with these families on a day-to-day basis. As part of the IFSI collaborative, Youth and Families Services (YFS) partners with California Hispanic Commission to provide educational opportunities to service provider staff in the area of substance abuse. Topics include: identifying signs, symptoms, and stages of abuse, current California substance abuse trends, and the role of the substance abuse specialist in the IFSI collaborative. By educating the local community and participating on a Multi-Disciplinary Team for family case management, YFS is able to contribute this critical knowledge, enhancing their ability to better serve the family. Of particular concern are special or high-risk populations – pregnant and parenting women who are/may be chemically-dependent.

Increased awareness of and access to substance abuse prevention and treatment services for providers is critical in serving this high-risk population. Substance abuse in a family has shown to be a significant factor in increased domestic and family violence, homelessness, and other family stressors.

Types of Service Providers Trained in Substance Abuse Issues by YFS in FY2006/07



What is the story behind the results?

The neighborhood-based Family Resource Centers are the first line of defense for the families they encounter. As such the FRC staff are the primary attendees at these trainings. Armed with the knowledge that substance abuse education provides, the FRC staff are able to identify and deal with this issue in a non-threatening manner. They learn how to encourage trust to elicit and address substance abuse issues that families are hesitant to reveal. County staff and community-based organizations also benefit from the education as they can have a large clientele with potential substance abuse/use issues.

What are the challenges to success for the population served?

Firstly, staff (whether County, non-profit or FRC-based) are often stretched thin, as their caseloads increase. In addition, the level of complexity has increased as the families served have presented with multiple issues (other than or including substance abuse), such as meeting their basic needs, domestic/family violence, homelessness, financial assistance, immigration status, and others. Staff are hard-pressed for time to take advantage of educational opportunities such as substance abuse training even when it is offered.

Secondly, substance abuse/use is often kept secret because of the societal perceptions and stigma associated with this condition. Substance abuse specialists can only meaningfully contribute when identification has occurred. Clients often initially deny that substance use is an issue, thus delaying intervention and connection to resources for recovery.

Who are the partners?

The partners are the Integrated Family Support Collaborative including the Children's Network, the Family Resource Centers in the cities of Vacaville, Fairfield and Suisun, Vallejo, Dixon, Benicia and Rio Vista which provide culturally appropriate family support services. Other partners include; a social worker from Child Protective Services, Public Health Nurse, Children's Nurturing Project which provide parenting education classes. California Hispanic Commission who work directly with families that are referred for substance abuse. The IFSI collaborative brings together an interdisciplinary approach to service provision.

How can we make a difference?

Youth and Family Services helps families move in a positive direction from no resources to full support. The substance abuse specialist teaches families how to navigate systems across the County so that they can gain access to needed services such as child therapy, support groups, basic needs help, and others. Families with a member who is actively using substances and/or contemplating treatment receive information on the biological and historical repercussions of drug and alcohol use that can lead to addiction. The substance abuse specialist provides psychosocial assessments and substance abuse intervention and education in order to develop a service plan appropriate for the family's, as well as the individual's, recovery.

VISION

All Solano County children are loved, healthy, confident, eager to learn, nurtured by their families, caregivers, and the community.

MISSION

First 5 Solano Children and Families Commission creates and fosters programs and partnerships with community entities to promote, support and improve the lives of young children, their families and their communities.

CORE VALUES

Collaboration – We will model the spirit of collaboration through team work in our interactions with one another, community members and service providers.

Innovation – We will seek and embrace new ideas and ways of supporting services and building community capacity, considering the highest and best use of Commission resources to be leveraging funds to support system change.

Community Engagement – We will be accessible to our communities, which possess our greatest assets and whose contribution is essential to our success, making every effort to incorporate community participation into policy and funding decisions.

Respect for Diversity – We are committed to fostering an environment that supports families, children, and organizations in ways that are respectful, inclusive, egalitarian, fair, responsive and tailored to the community.

Advocacy – We will use our unique role to build public support for policies and programs that benefit young children and their families.

Integrity – We will set and maintain the highest ethical and professional standards for our programs and ourselves.

Accountability – We will establish goals for progressing toward our vision, define results for funded endeavors, measure and report our progress, and use what we learn to improve the early childhood service system.

