

F Y 0 5 - 0 6 E V A L U A T I O N R E P O R T



D E C E M B E R 2 0 0 6



bottom line

children are our

Prepared by
LaFrance Associates, LLC

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Acknowledgements



executive summary
& key accomplishments

Executive Summary

This Evaluation Report covers the period July 2005-June 2006 (fiscal year 2005-06), a year of increased intentionality with regard to the strategies by which the First 5 Solano Children and Families Commission aims to impact children 0-5, their families, and the systems that serve them in Solano County.

First 5 Solano adopted an update to its Strategic Plan on December 5, 2006, following a thoughtful process of streamlining and simplifying the Commission's goals and results. During the 2005-06 fiscal year, First 5 Solano achieved many other significant outcomes:

- First 5 Solano's Leveraged Funds Report, issued in October 2006, documented an additional \$4,000,000 leveraged into Solano County by the Commission and its grantees, using First 5 Solano funds as match or support in fiscal year 2005-06.
- The number of teen preterm births in BabyFirst Solano (7.4%) is lower than the Healthy People 2010 goal (7.6%) and lower than California's current rate (13.0%).
- Children birth to age five who received early mental health services in Solano showed significant improvement in outcome areas such as family safety, family interaction, and child well-being, measured using the North Carolina Family Assessment scale.
- Solano's Regional Children's Health Initiative, launched in 2005, continues to reduce the rate of uninsured children to a record low of 2.3% in 2005-06. The regional partner counties are Sonoma, Napa, and Yolo.
- The First 5 Solano School Readiness Initiative posted gains in competencies of entering Kindergarteners of 11-12% in all four domains of the Modified Desired Results Developmental Profile, and showed a statistically significant relationship between increased competencies and attendance at pre-Kindergarten academies.
- Solano, one of the Packard/First 5 California ABCD Constructing Connections demonstration project sites, posted an increase of 170 child care spaces across the County in the second year of the program.
- High-risk families experiencing child abuse and/or neglect and served by the Vacaville Family Resource Center improved markedly in their stability across domains of the Parent-Child Relationships on the Family Development Matrix.

Fiscal year 2005-06 also represents the first full year of the Commission's initiative-focused funding strategy. This strategy takes advantage of the Solano County provider community's history, ability, and desire to continuously improve collaboration among agencies and streamline services. The School Readiness Initiative and the prenatal collaborative, BabyFirst Solano, continue to strengthen their collaboratives and improve service delivery to women, children, and families.

In the previous fiscal year, the Commission prioritized substance abuse and early childhood mental health services. This is the first year of implementation of First 5-funded services in these focus areas. Other services continue to receive stable funding from the Commission, recently extended by another full five years, allowing organizations to devote even more energies and resources to improving service access and delivery to Solano County children and families.

The First 5 Solano fiscal year 2005-06 Evaluation Report documents a critical moment of stability, clear intentionality and purpose, and the beginnings of legacy planning for First 5 Solano.

Chapter 1: Overview and Key Accomplishments

Commission Context

First 5 Solano's 2004 Strategic Plan Update generated a two-year funding cycle that was midpoint at the close of fiscal year 2005-06. The 2004 Strategic Plan addresses **three Priority Areas** through **six Initiatives** and other system-change efforts. **Goals** are linked to each Priority Area, and **Result Areas** associated with each Goal are linked to funded programs and services, ensuring alignment of funding with the Commission's strategic intentions.

The Strategic Plan design promotes system-level improvements for all children prenatal to five while addressing some of the most pressing and urgent family issues in Solano County:

- Prenatal care and disparities in birth outcomes;
- Quality, affordable child care;
- Parent/family support;
- Access to children's health care and related services, including children with special needs;
- Children's early development; and
- School readiness.

The Commission's three Priority Areas for funding are as follows.

1. **Health and Well-Being**—major initiatives include: BabyFirst Solano initiative, which offers prenatal services to special populations (teen parents and African-American women), with a second phase of comprehensive services addressing prenatal use of substances launched in early 2006; the Regional Children's Health Initiative, aimed at achieving comprehensive health insurance coverage and portability for children in Solano, Napa, Sonoma and Yolo Counties; the Early Mental Health Services initiative featured expansion of EPSDT (Early Periodic Screening, Diagnosis, and Treatment) and other early development support such as substance-abuse related Parent Education and early mental health screenings and assessments.
2. **Early Childhood Learning and Development**—School Readiness initiative, consisting of funded services and activities in 4 school/community catchment areas representing some of the lowest-income families and lowest-performing schools in the county; and CARES (Comprehensive Approaches to Raising Educational Standards), a major investment in the growth, quality and retention rates of the child care workforce. In addition, the Commission funded the development of Solano County's Preschool for All Plan in 2005-06.
3. **Family Support and Parent Education**—IFSI (Integrated Family Support Initiative) continued throughout FY 05-06, with continued to support for not only services but collaboration and service integration across a network of eight Family Resource Centers (FRCs) in the county, as well as support for the multi-disciplinary Homevisiting Program for high-risk families (featuring a Child Protective Services Social Worker, Public Health Nurse and (as of July 2006) Substance Abuse Specialist). In addition, extensive training of trainers in the Nurturing Parent Program resulted in significant expansion of this curriculum throughout Solano County.

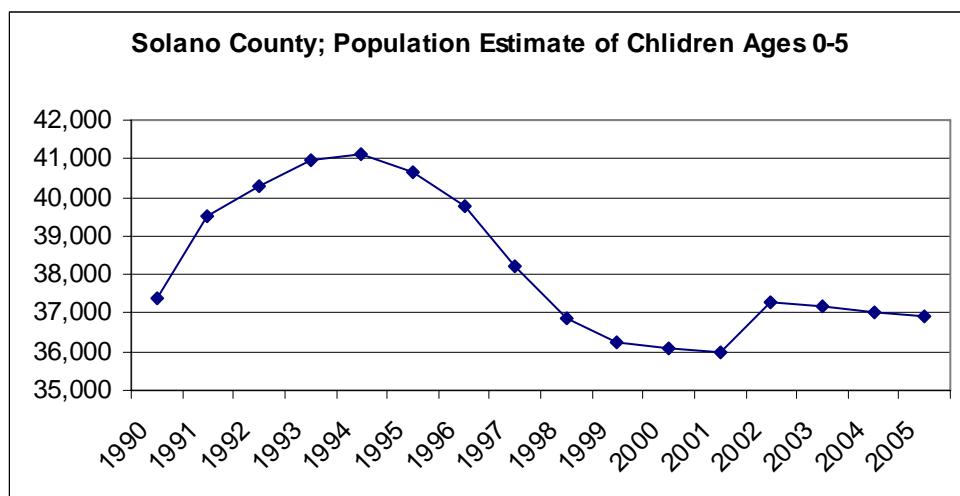
First 5 Solano has now experienced a full year of working with grantees whose services and programs are based on Logic Model scopes of work and evaluation plans, featuring established service targets and effectiveness measures, with programmatic and technical support provided by Commission staff, the Commission's Evaluator, Regional technical assistance and First 5 California staff/support. First 5 Solano's significantly strengthened infrastructure provides strong support for the tracking and measurement of Commission investments as well as for its abiding commitment to system-change efforts for children 0-5 and their families. (For example, four of the six First 5 Solano initiatives have Commission-funded collaborative structures.) To ensure stability and continuity of funding, First 5 Solano Children and Families Commission continue to adhere to its Strategic Plan Framework, Long-Term Financial Plan and Three-Year Program Investment Framework.

Over the course of 2006, the Commission embarked on an **update to its Strategic Plan** which was finalized and adopted at the December 5, 2006 Commission meeting. This updated Plan will guide the Commission's deliberations and decisions for the next funding cycle, which begins in July 2007.

Community Context

Solano County continues to grow at a pace greater than that of most other San Francisco Bay Area Counties and, unlike some counties, Solano's growth is driven by its birth rate. Moreover, minorities comprise 61% of Solano's children under age 5 compared to 52% of the overall population in the county. Exhibit 1-1 depicts the 16-year trend in the population of children 0-5 in Solano County.¹

Exhibit 1-1



¹ The estimations were calculated using the following methods:

- An average population change was calculated using data from 1990-1999. This change was -128 children.
 - To estimate population for 2000-2003, the average yearly change was subtracted from previous year.
- For years 2000-2002, state population estimates were available for children 0-4. No data were available for 2003. Using available data, evaluators estimated the number of children 0-5 in California for 2000-2003. The estimations were calculated using the following methods:
- To estimate population for 2000-2002: Assuming constant birth rates for each year, evaluators added 25% to the Census estimates for the population of children 0-4.
 - An average population increment was calculated using data from 1990-1999. This increment was +2869 children.
 - To estimate population for 2003: The average yearly change was added to the 2002 population.

With almost 19,000 children aged 0-5 with parents in the labor force in 2004 (including 62% of mothers of this age group), a median annual rent cost of \$14,052 for a two-bedroom apartment, a 15% 0-5 child poverty rate and an annual cost of \$7,402 for full-time licensed center care for a preschooler, families continue to experience significant challenges in their efforts to provide environments that are safe, stable, healthy and geared toward optimum early development. Solano's unemployment rate is the highest in the Bay Area and its Cal-Works and Food Stamp populations have increased over the past four years.

29% of the County's families speak a language (primarily Spanish) other than English in their homes. There are significant pre- and perinatal disparities associated with pregnancy and birth outcomes among African-American women and teens in Solano County. Percentages of women of all ethnicities receiving early prenatal care continues to lag behind state averages and the percentages of infants with low birthweight born to immigrant mothers is significantly higher than that of the state as a whole.

Solano's efforts to ensure that all children have health insurance (97.4% in fiscal year 2005-06) have boosted the County's rate of child coverage significantly higher than the statewide rate, while the percentage of children lacking dental coverage remains in the double-digits. According to the 2003 California Health Interview Survey (CHIS), less than 50% of Solano's young children eat at least 5 servings of fruits and vegetables per day, and childhood obesity in the County is over 16%. Full immunization rates of kindergarteners exceed the state average, but are still below the Healthy People 2010 goal (92.8% versus 95%). The number of children reporting asthma attacks (77.9%) and ER/urgent care for asthma (70.6%) is far higher than state averages (54.1% and 46.4% respectively). The number of children birth-to-five in Foster Care placement has declined significantly from 2004-2005 (217 to 161) and the percentage of children exiting the system to permanent care increased from 70% to 81%.

Solano parents report reading to their children every day at a rate higher than that of the state as a whole, but 6% of Solano's parents of children under 4 reported they *never* read to their child. About 30% of kindergarteners scheduled to start school in Fall 2005 attended a pre-kindergarten preparation program, and over 90% of Solano's kindergarteners were enrolled prior to the start of the school year. Only 667 Solano children were able to enroll in Head Start in fiscal year 2005-06².

Below is a summary of First 5 Solano's Strategic Plan Priorities, Goals, Results, and Community-Level Indicators for fiscal year 2005-06. Please refer to the Appendix for a review and synthesis of available data for First 5 Solano's community-level indicators.

² The percentage of Solano County children eligible for Head Start who are able to enroll in the program has been stable since 2001, at approximately 25%. In 2001, 629 of 2,392 eligible children were able to enroll in Head Start.

Solano County Strategic Plan

Fiscal Year: 2005/2006

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

P1. Health and Well-Being

G1. All children are born to their optimal health potential

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

G2. All children have access to health care

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

G3. All children maintain optimal health

- R6. Children live in safe environments
 - 6.1 Number and rate of nonfatal injuries to children ages 0 to 5.
 - 6.4 Number and percentage of children with substantiated or confirmed (open) cases of child abuse
 - 6.5 Number and percentage of child maltreatment in which there is a recurrence within a 6-month period
 - 6.6 Number and percentage of children 0 to 5 years of age who have lived in foster care within the past year
 - 6.7 Number and percentage of children 0 to 5 years of age in foster care who are placed in a permanent home or have family reunification plans
- R7. Children receive health services
 - 7.1 Number and percentage of children who receive the recommended vaccines for their age
- R8. Children receive appropriate nutrition
 - 8.1 Number and percentage of women who are breastfeeding at time of hospital discharge/6 weeks or more/6 months or more/12 months
 - 8.2 Number and percentage of children 0 to 5 years of age who are in the expected range of weight for their height and age

P2. Early Childhood Learning and Development

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

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

G5. All children receive high quality child care

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

Priorities (P)

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

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

G6. All children enter kindergarten ready to learn

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

P3. Family Support and Parent Education

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

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

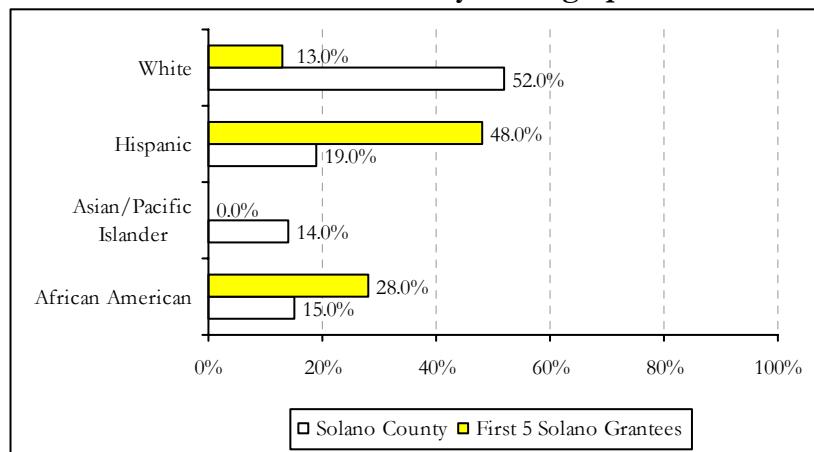
G8. All parents support their child's development

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

Overview: First 5 Solano's Reach into the Community

In 2005-06, First 5 Solano-funded programs served a total of **19,547 parents/caregivers** with children ages 0-5 and **13,403 children ages 0-5**.³ Exhibit 1-2 shows the race/ethnicity of parents/caregivers clients served by First 5 Solano grantees compared to overall county demographics.

Exhibit 1-2
Comparison of Race/Ethnicity of FY 2005-06 Parent/Caregivers Served By First 5 Solano to Overall Solano County Demographics



Sources: 1) Census 2000 SF1, SF3, DP1-DP4, American Community Survey 2002 Summary Tables, 2) Persimmonny

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

In 2005-06, First 5 Solano distributed over 2,000 **New Parent Kits** to new parents/caregivers in the community. This number represents a substantial reduction from years past, due in part to a change in distribution methods used by First 5 California and a slowdown in distribution in anticipation of issuance of a new kit format. Another possible explanation is a reduction in acceptance of kits due to saturation of the market and the rise in the number of households with DVD players rather than VHS players.

³ Totals based on unduplicated counts of families and children served within funded programs but duplicated across funded programs. In other words, one family could be served by multiple programs in the same fiscal year.

In a survey of First 5 Solano grantees conducted in conjunction with the preparation of the 2005-06 Annual Report, seven First 5 Solano-funded programs reported targeted services to **children ages 0-5 with special needs** in 2005-06. Exhibit 1-3 shows the specific types of special needs these seven programs address in their service provision.

Exhibit 1-3
Types of Childhood Special Needs Addressed By First 5 Solano Grantees in FY 2005-06
(n=7)

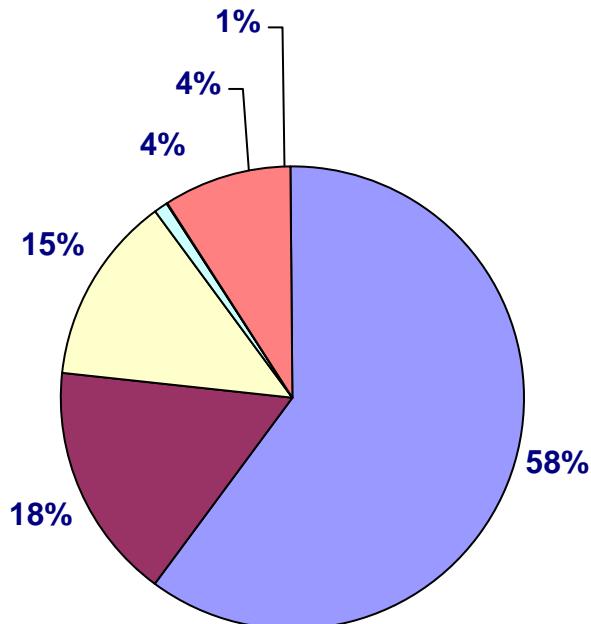
- | | |
|--|--|
| <ul style="list-style-type: none">• Developmental Delays (5 programs)• Serious Emotional Disturbances (3 programs)• Speech Impairments (3 programs)• Specific Learning Disabilities (3 programs)• Autism/Pervasive Developmental Disorder (3 programs) | <ul style="list-style-type: none">• Other Health/Cognitive Impairments (3 programs)• Orthopedic Impairments (2 programs)• Blindness or Other Visual Impairments (2 programs)• Deafness or Other Hearing Impairments (1 program) |
|--|--|

The following exhibits demonstrate demographic characteristics of grantee partners' clients, as well as the types of services provided by grantee partners.

Fiscal Year: 2005/2006

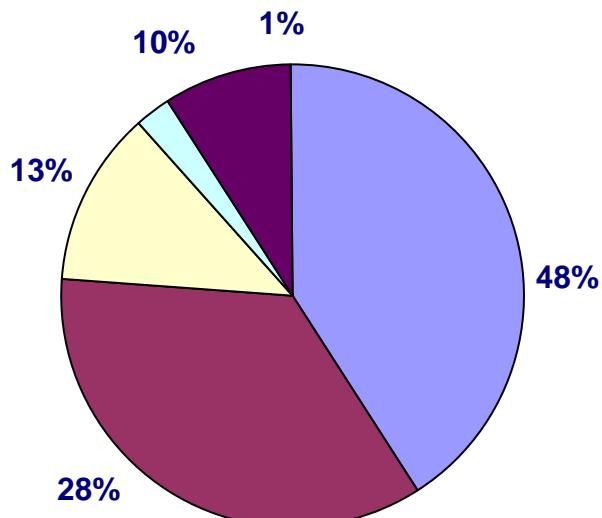
Children 0-5

N=13389



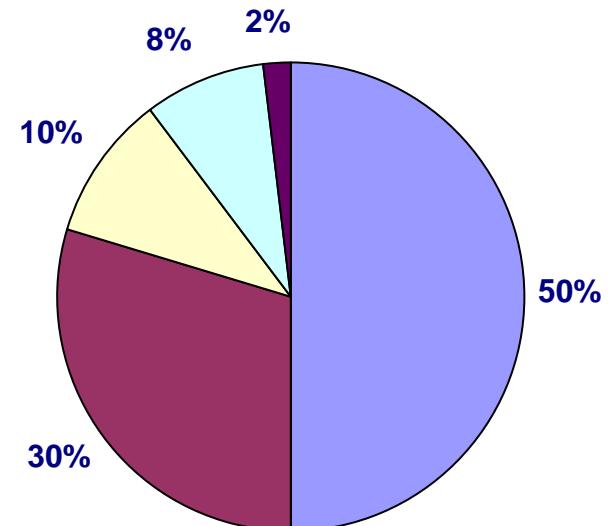
Parents/Guardians

N=19677



Other

N=3320



■ Hispanic/Latino

■ Black/African American

■ White

■ Unknown/not applicable

■ Multiracial

■ Pacific Islander

■ Hispanic/Latino

■ Black/African American

■ White

■ Unknown/not applicable

■ Multiracial

■ Black/African American

■ Hispanic/Latino

■ Unknown/not applicable

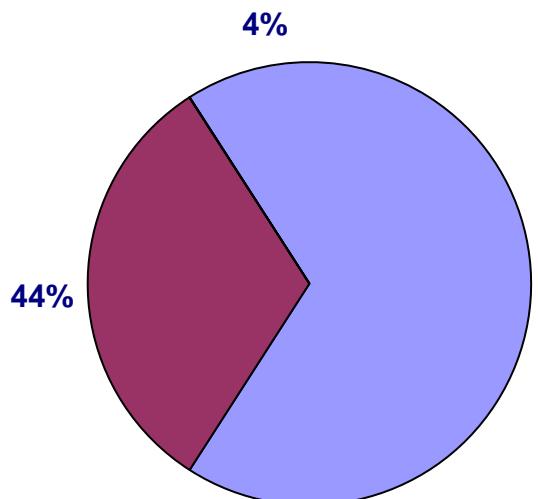
■ White

■ Multiracial

Fiscal Year: 2005/2006

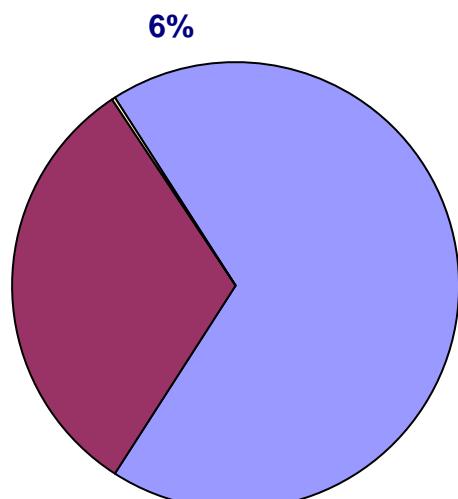
Children 0-5

N=13485



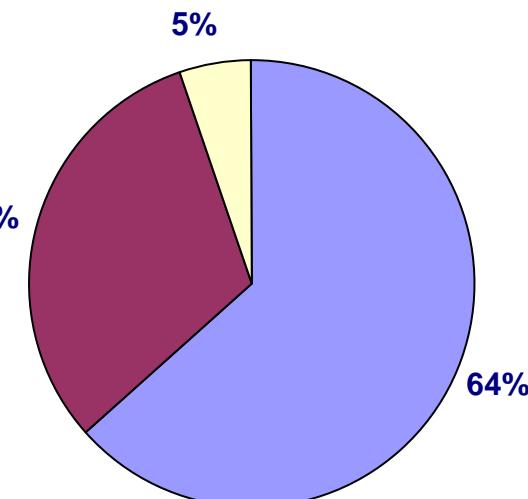
Parents/Guardians

N=19790



Other

N=3366



■ Spanish

■ English

□ Unknown/not applicable

■ English

■ Spanish

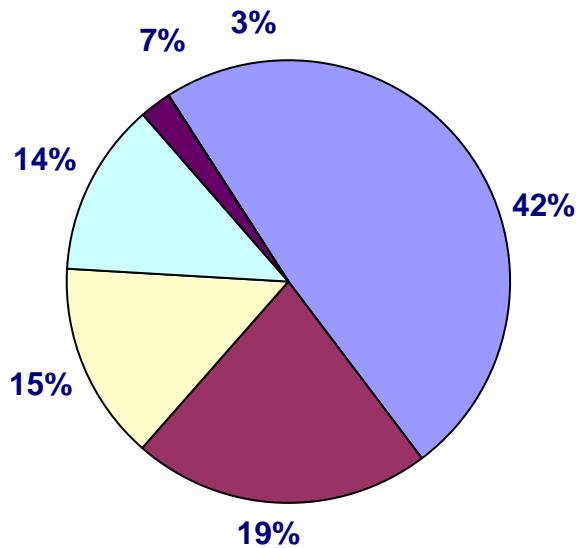
□ Unknown/not applicable

■ English

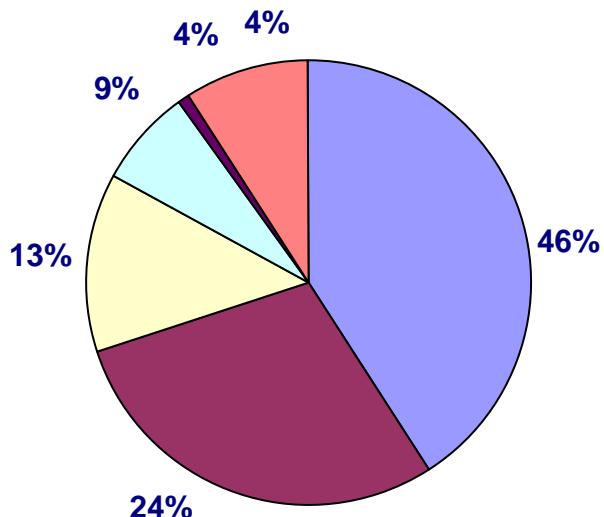
■ Spanish

□ Unknown/not applicable

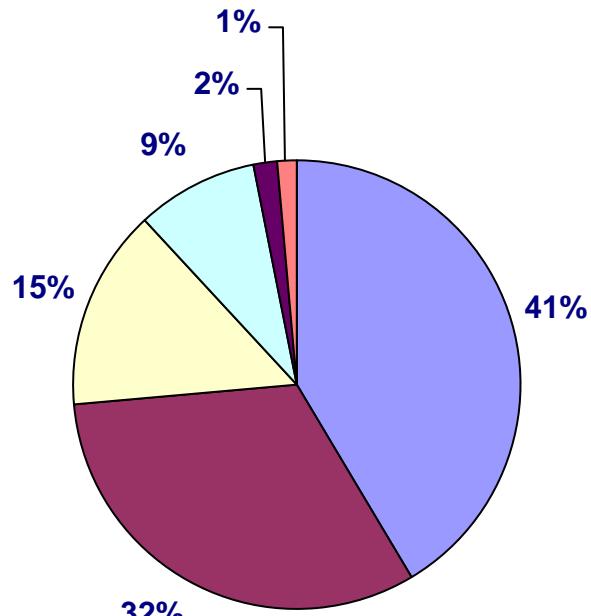
Children 0-5
N=13403



Parents/Guardians
N=19547



Other
N=3309



- In-person consultation/service
- Case Management
- Class/workshop
- Home Visit
- Support group session
- Mailing/distribution of materials

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- Case Management
- Class/workshop
- Home Visit
- Support group session
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- Support group session
- Mailing/distribution of materials

Overview: First 5 Solano Key Accomplishments in 2005-06

In 2005-06 First 5 Solano Children and Families Commission accomplished a number of important goals in the areas of funding, strategic and financial planning, evaluation and training. This impressive set of accomplishments demonstrate First 5 Solano's continued progression on the path of increased intentionality, strategic community investment, community engagement, and commitment to using information for reflection, planning, and accountability.

Funding/Programming

- **Continuation and Expansion of the BabyFirst Solano Initiative** – BabyFirst Solano continued to offer prenatal services to special populations (teen parents and African-American women), with a second phase of comprehensive services addressing prenatal use of substances launched in early 2006.
- **Continuation of the Regional Children's Health Initiative** – CHI aims to achieve full health insurance coverage and portability for children in Solano, Napa, Sonoma and Yolo Counties.
- **Launch of the Early Mental Health Services Initiative** – featured expansion of EPSDT (Early Periodic Screening, Diagnosis, and Treatment) and other early development support such as substance-abuse related Parent Education.
- **Continuation of the School Readiness Initiative** – consisting of funded services and activities in 4 school/community catchment areas representing some of the lowest-income families and lowest-performing schools in the county.
- **Continuation of CARES (Comprehensive Approaches to Raising Educational Standards)** – a major investment in the growth, quality and retention rates of the child care workforce.
- **Preschool for All Planning** – the Commission funded the development of Solano County's Preschool for All Plan in 2005-06.
- **Continuation of IFSI (Integrated Family Support Initiative)** – IFSI continued throughout FY 05-06, with continued to support for not only services but collaboration and service integration across a network of eight Family Resource Centers (FRCs) in the county, as well as support for the multi-disciplinary Homevisiting Program for high-risk families (featuring a Child Protective Services Social Worker, Public Health Nurse and (as of July 2006) Substance Abuse Specialist).
- **Community Engagement Committee Activities** – the Community Engagement Committee (formalized as a standing Committee in March 2006) spearheaded the development of the *Community Matters* 2006 Solano Community Resources Brochure in response to an expressed need in the community for more information about available resources for children 0-5 and their families.

Strategic and Financial Planning

- **Community Input Report** – the Community Engagement Committee convened 15 parent/caregiver focus groups and 14 community coalition discussion meetings designed to generate substantive community input and participation in the 2006 Strategic Plan update, resulting in the first-ever *Community Input Report*.

- **Early Childhood System Scan** – as part of its comprehensive overview of the status of young children and their families in Solano County in preparation for the Strategic Plan Update, First 5 Solano staff compiled information about other programs, services, planning cycles, funding, regulatory and legislative issues that comprise an informal system for local early childhood health and development.
- **Leveraged Funds Report** – issued in October 2006, this report documented an additional \$4,000,000 leveraged into Solano County by the Commission and its grantees, using First 5 Solano funds as match or support, in 2005-06.
- **Community-Level Lead Indicators Review** – to inform the Strategic Plan update process, First 5 Solano’s evaluation team reviewed available information on community-level lead indicators to identify trends in the health and well-being of children 0-5 and their families in Solano County.
- **Strategic Plan Update** – First 5 Solano launched a substantial process in 2005-06 to collect community input, review available data, and engage in in-depth debate to streamline its strategic framework and determine funding priorities and allocations for a new funding cycle beginning July 1, 2007. As written in the 2007 Strategic Plan Update document, adopted at the December 5, 2006 Commission meeting, “By streamlining and revising the 2004 framework, the Commission has more clearly articulated its intention for 2007 and beyond. The 2007 framework includes three priorities, six goals, and fifteen result areas, retaining broad potential for choice and at the same time more specifically addressing demonstrated community needs.”

Evaluation

- **Data System Implementation** – 2005-06 was the first full year of implementation of Persimmon, First 5 Solano’s data system that captures information on grantee performance measures.
- **Neighborhood Investment Strategy Meetings** – First 5 Solano sponsored meetings in November and December 2005 in each of the four School Readiness catchment areas to convene community-based providers and discuss indicators of neighborhood health and development that could be tracked over the course of several years as a means of measuring potential impact of First 5 Solano’s Community Investment Strategies.
- **Quarterly Reports to the Program Committee** – First 5 Solano staff and the evaluation team collaborated to develop a template for quarterly reports on grantee performance, and First 5 Solano staff delivered reports to the Program Committee.
- **Second Annual Kindergarten Readiness Assessment (KRA) Report** – First 5 Solano’s evaluation team issued the second annual KRA in Spring 2006 revealing improvements across all four School Readiness sites in the competencies of entering Kindergartners as well as a positive link between increased competencies and participation in Pre-Kindergarten Academies.
- **Grantee Results Fair and Community Impact Report** – First 5 Solano sponsored its first-ever Grantee Results Fair to bring together grantees and publicly celebrate accomplishments in the community. Accompanying the Results Fair, First 5 Solano sponsored the development of a *Community Impact Report* using the Results Accountability model to frame the importance of the issue each grantee is addressing and provide results for a relevant key indicator.

Training and Technical Assistance

- **Quarterly Grantee Meetings.** First 5 Solano sponsored three grantee training and technical assistance meetings (in addition to the Grantee Results Fair). Topics covered included: Mental Health Services ACT Plan, Solano County Maternal Child and Adolescent Health Program Strategic Plan, Overview of New Statewide Evaluation Framework, Initiative-Level Evaluation Plan, First 5 Solano Strategic Plan update, and Results Accountability: Connecting Program Performance to Community Success.
- **Education, Co-Sponsorship for Conferences/Training and Grantwriting Funds.** First 5 Solano made available funding for education and co-sponsorship of conferences and training events to contribute to improving capacity of individuals and organizations in Solano County to serve expectant parents, children 0-5, and their families. This fund supported a wide variety of activities including: Nurturing Program Facilitator Training for Black Infant Health staff; training on developmental issues in infants and young children; Protecting the Spirit of Childhood II Conference; LIFT3 Support Group Community Leaders Training on Social Issues; and Understanding and Using ECERS—a Tool for Improving Quality training.
Grantwriting funds were made available to 3 local organizations serving children 0-5 to access matching funds to defray the cost of writing grants for services that are consistent with the First 5 Solano strategic plan.
- **Solano Preschool for All Plan.** First 5 Solano, partnering with the Solano County office of Education, sponsored the development and initial implementation of a countywide *Solano Preschool for All Plan*. A Preschool for All Advisory Group/Finance Group, comprised of a wide variety of relevant partners, worked over the course of 18 months to establish a comprehensive plan to expand the size and quality of the county's early learning system

Overview: Grantee Partner Key Accomplishments

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

Grantee/Initiative	Accomplishment Highlights
PRIORITY 1: Health and Well-Being	
<p>Prenatal Care Collaborative Initiative – “BabyFirst Solano”</p> <p><i>Provide prenatal support services delivered through Black Infant Health (BIH) and Adolescent Family Life Program (AFLP) countywide for high-risk pregnant African-American women and teens</i></p>	<ul style="list-style-type: none"> ✓ Successfully began integration of a substance abuse and treatment component (referred to as “Prenatal II”) into the overall collaborative initiative. ✓ Dr. Ira Chasnoff, a leading researcher from the Children’s Research Triangle, brought to Solano County to educate and train BabyFirst Solano members on the most recent science on screening, assessment and treatment of women who are using and/or abusing substances during pregnancy. ✓ Nine out of ten (90%) pregnant teens entered first or second trimester care; for teens in the program, the rate of first trimester care is higher than the rate for the County overall (60% compared to 55%). ✓ 100% of 127 teen clients that delivered or exited the program before delivery (moved out of county or transferred to another program, such as Cal-Learn) attended 60% or more of their scheduled prenatal care visits. ✓ The rate of preterm birth for teens in the program (7.4%) is lower than both the state (13%) and national (11%) rates, and is lower than the Healthy People 2010 objective of 7.6%. ✓ The rate of full-term births for infants in the African-American Prenatal Initiative is 84.2% despite five sets of twins being delivered in this fiscal year.
<p>Solano County Health and Social Services – Black Infant Health:</p> <p><i>Provide prenatal support services countywide for high-risk pregnant African-American women.</i></p>	<ul style="list-style-type: none"> ✓ Expanded the “Role of Men” program targeting African-American fathers with 42 fathers attending classes. ✓ All but one African-American woman in the program (98.6%) attended at least 60 % of their prenatal care visits. ✓ 92.9% of African-American women in the program entered prenatal care in the first (55.4%) or second (37.5%) trimester.
<p>Solano County Health and Social Services – Adolescent Family Life Program:</p> <p><i>Provide prenatal support services countywide for high-risk pregnant teens.</i></p>	<ul style="list-style-type: none"> ✓ 92.8% of teen clients entered prenatal care in the first (67.6%) or second (25.2%) trimester. ✓ 99 (100%) clients attended 60% or more of their scheduled prenatal care appointments.
<p>Solano County Health and Social Services – Prenatal Care Guidance-Teens:</p> <p><i>Provide prenatal support services countywide for high-risk pregnant teens.</i></p>	<ul style="list-style-type: none"> ✓ 82.9% of teen program participants entered prenatal care in the first (44.3%) or second (38.6%) trimester. The PCG-Teens Program serves the highest risk teens, many of whom are homeless, using substances, or incarcerated; consequently, these teens have a lower rate of early entry to prenatal care than those in the Adolescent Family Life Program.

Grantee/Initiative	Accomplishment Highlights
<p>California Hispanic Commission – It's All About My Baby: <i>Prenatal support services for teens located in northern Solano County.</i></p>	<ul style="list-style-type: none"> ✓ Provided case management to 40 families. ✓ 71 participants attended 75% of prenatal appointments. ✓ 90% (27) of babies born to clients during the FY have a medical home. ✓ 52 participants demonstrated increased knowledge of health pregnancies and their own bodies.
<p>Everlasting Hope Ministries – Nubian Mentoring Program: <i>Mentoring and social development services delivered to pregnant African-American women in Vallejo.</i></p>	<ul style="list-style-type: none"> ✓ 100% of clients increased their knowledge of healthy pregnancies, their own bodies, and health in general. ✓ 91% of clients attended 75% of their prenatal appointments.
<p>Prenatal Substance Abuse Initiative <i>Coordination of a collaborative effort to identify and address prenatal substance use.</i></p>	<ul style="list-style-type: none"> ✓ The Prenatal Substance Abuse Initiative started programming and began collecting data in March of 2006. Initially, NorthBay Medical Center's ABC Prenatal Program began tracking how many women were screened for using substances using their current screening tool. The average rate of positive screens for women using alcohol, tobacco, and other drugs (ATOD) was 5.1% from March-June 2006. Women who were identified as using were then connected to the appropriate services, including tobacco cessation on-site substance abuse services, and substance abuse treatment (if needed). ✓ 431 women screened for ATOD. ✓ 5.1% (22) found to be using ATOD. Of these, 8 were connected with smoking cessation services, 14 were linked to substance abuse services (other than smoking cessation), and all (22) are being case managed.
<p>Early Childhood Mental Health Initiative</p> <p>Families First – Early Childhood Mental Health: <i>Mental health services to children 0-5 and their families in order to increase the level of parent-child interaction and bonding, and increase the parenting skills and connection to community resources.</i></p>	<ul style="list-style-type: none"> ✓ 66.7% of families served increased their parenting skills and bonding with their children. ✓ 66.7% of children treated improved their social and emotional behavior. ✓ 84.2% of families served accessed needed community resources.
<p>Children's Nurturing Project – Welcome Baby: <i>Provision of family-friendly, home-based early and sequential screening for mental health, developmental, behavioral, and health concerns to newborns, infants, and toddlers so that they can receive immediate assistance and referrals to services for special needs identified, resulting in children developing to their optimal potential and parents having the necessary support services in place for their children's special needs.</i></p>	<ul style="list-style-type: none"> ✓ 123 of 128 children were linked with a primary care provider. The other 5 children were new residents to Solano County and are in the process of establishing a primary care provider. ✓ 127 of 128 families (99.2%) demonstrated knowledge and awareness of age-appropriate developmental milestones. ✓ In January 2006, began administering a depression screening instrument for the parent/primary caregiver during the home visit.

Grantee/Initiative	Accomplishment Highlights
Child Start – Early Mental Health Services: <i>Behavioral and mental health services to Head Start students located in each school readiness catchment area.</i>	✓ 83.6% of children showed growth in at least one indicator in the social/emotional domain area of the Pearson Education Inc's Work Sampling for Head Start Developmental Checklists.
Solano County Health and Social Services – Early Periodic Screening, Diagnosis and Treatment: <i>Mental health services to children 0-5 through the leveraging of Early Period Screening, Diagnosis and Treatment funding.</i>	✓ 55 of 61 Child Haven clients (90%) met the clinical criteria for successful treatment of mental health issues.
Health Access/Children's Health Initiative	
Solano Coalition for Better Health – SKIP: <i>Assistance to families with uninsured children ages 0-5 to successfully apply for subsidized health insurance and maintain health coverage.</i>	✓ Submitted health insurance applications for a total of 939 children ages 0-5, and for 3,131 people total countywide. ✓ The current rate of uninsured children in the County is estimated at 2.6%, continuing the decline in uninsured children in the County. ✓ SKIP's school strategy is being replicated in Napa, Orange, and Humboldt/Del Norte Counties. ✓ CHDP Gateway enrollees are mostly newborns, indicating that older children have health insurance and they do not need to use the gateway designed for uninsured kids.
PRIORITY 2: Early Childhood Learning and Development	
School Readiness Initiative	✓ The percentages of children who fully or almost mastered all items in each MDRDP dimension in 2005-2006 have increased over 10% from 2004-2005 for First 5 Solano School Readiness sites and have surpassed the statewide results. ✓ More parents from the 2005-2006 cohort report being very or somewhat knowledgeable in child development than those from the 2004-2005 cohort (94% as compared to 89%). ✓ Parents continue to engage in developmental activities with their child leading up to entry into kindergarten and continue to prepare their child for kindergarten by visiting the school or meeting with a teacher before school starts. ✓ Parents whose child attended a Pre-Kindergarten Academy at one of the First 5 Solano School Readiness sites report positive impacts on their child's academic and social development.

Grantee/Initiative	Accomplishment Highlights
<p>Dixon Unified School District – Silveyville Primary School: <i>Services to help parents prepare their young children to enter school healthy, learning, and ready to reach their greatest potential in the Silveyville Primary School catchment area.</i></p>	<ul style="list-style-type: none"> ✓ Conducted a summer Pre-K Academy for 40 children entering kindergarten at Silveyville in the fall ✓ Conducted parent education events on topics ranging from School Readiness to effects of second hand smoke. ✓ Held a Health and Literacy Fair attended by over 100 families. ✓ 14 children received a dental exam at the Health and Literacy Fair and 20 other children received dental exams through a dental van visit organized by the program.
<p>Vacaville Unified School District – Markham Elementary School: <i>Services to help parents prepare their young children to enter school healthy, learning, and ready to reach their greatest potential in the Markham Elementary School catchment area.</i></p>	<ul style="list-style-type: none"> ✓ Served approximately 400 families with children ages 0-5 through bilingual story hours, distribution of parent kits, and other resources and referrals ✓ Provided dental exams to 16 children through a visit from the Toothmobile ✓ Provided parent education programs and other materials and resources to families in Spanish.
<p>Vallejo City Unified School District – Loma Vista Elementary School: <i>Services to help parents prepare their young children to enter school healthy, learning, and ready to reach their greatest potential in the Loma Vista Elementary School catchment area.</i></p>	<ul style="list-style-type: none"> ✓ Provided parent education and support, health and social services and resources and referrals through the Parent Resource Center to over 250 children and their families. ✓ Conducted a summer Pre-K Academy for children entering kindergarten at Loma Vista. ✓ The program met the needs of Spanish-only speaking parents by linking them to parent education programs in Spanish and providing other materials and resources in Spanish.
<p>Fairfield Unified School District – Anna Kyle Elementary School: <i>Services to help parents prepare their young children to enter school healthy, learning, and ready to reach their greatest potential in the Anna Kyle Elementary School catchment area.</i></p>	<ul style="list-style-type: none"> ✓ Provided 164 literacy packets and 50 School Readiness Packets to parents with children 0-5. ✓ Provided 100 childcare referrals. ✓ Piloted a Pre-Kindergarten Academy for 24 four-year olds. ✓ Provided 18 families with emergency health care through CHAP referrals. ✓ Organized a total of 112 classes serving 726 parents and 344 children on an array of topics including effective discipline and child abuse and prevention.
<p>Child Start – Full Day Quality Care: <i>Quality child care slots that augment the Head Start program for full day care.</i></p>	<ul style="list-style-type: none"> ✓ 79% of 4-year-olds enrolled demonstrate proficiency in all 8 domains of learning assessed, indicating they are in the process of acquiring language, literacy and math skills.
<p>ABCD Constructing Connections: <i>Create a streamlined process for the financing, construction, and development of child care facilities in Solano County.</i></p>	<ul style="list-style-type: none"> ✓ Held a Financial Summit to garner interest from local lenders to offer appropriate grant and loan products for parties interested in creating new facilities. ✓ Made connections with city staff members and/or private developers in Vacaville, Fairfield, Dixon and Suisun City on a total of 6 developments in which child care could be included. ✓ Provided technical assistance to over 30 providers interested in expanding their services.

Grantee/Initiative	Accomplishment Highlights
<p>Children's Network/CARES: <i>Provides trainings and stipends to child care providers as an incentive to continue and advance in the field of early childhood education.</i></p>	<ul style="list-style-type: none"> ✓ 14 informational/outreach sessions on CARES stipends and training were held for providers, exceeding the target number of 5 sessions. ✓ 241 providers received stipends, exceeding the target number of 200 providers. ✓ Over 110 CARES participants received specialized training and support on a variety of issues/topics including ECERS trainings, English language tutoring, and School Readiness training. ✓ Turnover rates of providers participating in CARES stayed well below the rates of pre-CARES total workforce turnover rates for Teacher Assistants and Teachers. ✓ Turnover rates of Teachers declined significantly from 25% in 2001 to 7% in 2006.
<p>City of Benicia - Stepping Stones: <i>Child care support for the Stepping Stones teen parent education program.</i></p>	<ul style="list-style-type: none"> ✓ Infants in program exhibit appropriate developmental milestones. ✓ Three of three pregnant/parenting teens displayed effective parenting skills.
PRIORITY 3: Family Support and Education	
<p>Family Resource Center Services Initiative (IFSI) The Children's Network/IFSI, lead agency: <i>Coordination and integration of care for at-risk populations utilizing eight Family Resource Centers, Heather House Homeless Shelter, a Public Health Nurse and Child Protective Services Social Worker Home Visitor and the Solano Parenting Partnership.</i></p>	<ul style="list-style-type: none"> ✓ Training, technical support and coordination services to 8 FRCs (Family Resource Centers), serving over 2,174 unduplicated families and 2,931 children aged 0-5 years⁴.
<p>City of Benicia Police Department – Benicia FRC: <i>Information and referral, home visitation, with staff supervision to families with children 0-5 living in the city of Benicia.</i></p>	<ul style="list-style-type: none"> ✓ 30 families report increased awareness of the effects of exposure to violence on children. ✓ 62 families report sufficient knowledge and skills to improve family functioning.
<p>Dixon Family Services – Dixon FRC <i>Information and referral, home visitation, with staff supervision to families with children 0-5 living in the catchment areas of Silveyville Primary School.</i></p>	<ul style="list-style-type: none"> ✓ 665 families reported an increased knowledge of and access to community resources.
<p>Fairfield-Suisun Unified School District – Fairfield and Suisun FRCs: <i>Information and referral, home visitation, with staff supervision to families with children 0-5 living in the cities of Fairfield and Suisun.</i></p>	<ul style="list-style-type: none"> ✓ 100 families increased their knowledge of parenting skills. ✓ 218 families reported an increased knowledge of and access to community resources.

⁴ Due to an input error these numbers reflect the work of the 8 FRCS through the first 3 quarters of the contract year. The error is being addressed, and revised numbers will be shared with First 5 California when available.

Grantee/Initiative	Accomplishment Highlights
<p>Rio Vista CARE – Rio Vista FRC: <i>Information and referral, home visitation, with staff supervision to families with children 0-5 living in the city of Rio Vista.</i></p>	<ul style="list-style-type: none"> ✓ 38 families reported an increased knowledge of and access to community resources. ✓ 37 families report an ability to better meet their basic needs.
<p>Vacaville Police Department – Vacaville FRC VacaFirst: <i>Information and referral, home visitation, with staff supervision to families with children 0-5 living in the city of Vacaville.</i></p>	<ul style="list-style-type: none"> ✓ 112 families achieved a score of 3 or higher on the Family Development Matrix's Social and Emotional Health category.
<p>Fighting Back Partnership – North Vallejo and Sereno Village FRC: <i>Provide school readiness preparedness information and referral, home visitation, with staff supervision to families with children 0-5 living in the Loma Vista Elementary catchment area.</i></p>	<ul style="list-style-type: none"> ✓ 194 families increased their ability to access community resources.
<p>Child Haven (IFSI home visitation): <i>Home visits and parent support groups to Spanish-speaking families in Rio Vista and Benicia.</i></p>	<ul style="list-style-type: none"> ✓ Nine geographically and linguistically isolated families received multiple home visits and report an increase in knowledge of child abuse prevention strategies, an increase in knowledge of parenting skills, and an increase in knowledge of and access to community resources.
<p>Public Health Nurse and Child Protective Services Social Worker Home Visitor: <i>Create access to integrated support systems provided by H&SS and Family Resource Centers that address child abuse and neglect, and the need for early health assessments for children ages 0-5.</i></p>	<ul style="list-style-type: none"> ✓ 200 children received attention for their health concerns by receiving health services. ✓ Over 200 families were served by CPS worker, and 10 children from three families required foster care placement. The rest were able to remain with their families.
<p>Heather House Homeless Shelter: <i>Provide basic needs, school readiness preparedness information and referral, and staff supervision to families with children 0-5 living in the Heather House Homeless Shelter.</i></p>	<ul style="list-style-type: none"> ✓ 47% of families served remained in permanent housing for 90 days. ✓ 47% of families served moved to stable on the Social/Emotional Health and Competence Component of the Family Development Matrix.

Each year First 5 California requests counties submit program highlights and vignettes on select funded programs. First 5 Solano's fiscal year 2005-06 program highlights and vignettes follow.

Program Highlight **BabyFirst Solano**

In Solano County, health outcomes for pregnant women and infants fall short of the national standards set by the Healthy People 2010 objectives, especially when broken down by race and ethnicity. Despite significant gains over the past decade, much work remains. For example, African-American infants born in Solano are twice as likely to be born at low birth weight (5 pounds and 8 ounces or less) and more likely to die before their first birthday than their counterparts.

Furthermore, Solano County's teen birth rates are the highest in the Bay Area. Additionally, one out of four pregnant women in Solano does not access prenatal care in the first trimester, and only half of Medi-Cal women enter early prenatal care.

In response, in 2000, First 5 Solano convened a year long community-wide task force to focus on these issues. Consequently, in 2003, First 5 Solano funded BabyFirst Solano, a public and private partnership, committed to making sure all babies in Solano County are born healthy and live in a nurturing environment where they will thrive. Solano County Health & Social Services leverages First 5 Solano funds to secure federal matching dollars under Maternal, Child, and Adolescent Health program.

BabyFirst Solano focuses on three target populations: pregnant and parenting teens; pregnant and parenting African-American women and their families; and women at risk for or using substances during pregnancy. Solano County Health & Social Services acts as the lead agency in this partnership, which also includes the ABC Prenatal Care Clinic, Adolescent Family Life Program, Black Infant Health, Latino Family Services, Nubian Mentoring Program, Partnership Health Plan of California, and Youth & Family Services. One of the stated goals of the project is to create changes in the service system through collaboration. Regular and formal communication between the partner agencies improves service referrals and decreases duplication. Collaboration has fostered a team spirit between agencies that did not previously exist. The success of the collaboration has improved the level of services provided to pregnant moms, new moms, babies and their families, and consequent outcomes.

BabyFirst Solano provides comprehensive case management services to an *additional* 500 pregnant and postpartum moms and their families (estimated figure for 2005-2006 Fiscal Year). These services include a home visiting program by case managers, public health nurses, and social workers to provide optimal support to pregnant and postpartum moms and their families. The services also include client events and workshops to support and educate pregnant moms and families about different aspects of pregnancy and parenthood. The services are specifically developed to meet the diverse needs of our clients. For example, materials and services are provided in multiple languages and we solicit feedback from clients to make sure we are meeting the needs of clients.

BabyFirst Solano also has launched a project to identify and address prenatal substance use in the prenatal care setting. The program is modeled after Kaiser Permanente's successful *Early Start* program. As in the *Early Start* program, pregnant women receive prenatal substance use education and services in the prenatal care setting by highly skilled medical professionals. BabyFirst Solano is also working with the Children's Research Triangle, a leading national expert in the field of prenatal substance use, to develop a screening and assessment tool so that more women receive substance abuse education and services earlier in their pregnancies.

BabyFirst Solano aims to increase the number of women entering early prenatal care and improve birth outcomes for high-risk populations. As mentioned above, only half of Medi-Cal pregnant women enter early prenatal care in Solano. Nearly all pregnant and parenting moms in our program are enrolled in Medi-Cal (85%-90%). Through our extensive case management services, in 2004-2005 Fiscal Year, nearly three out of four pregnant moms (72%), receiving BabyFirst Solano case management services, entered early prenatal care. Additionally, nearly all African-American infants (93.3%) were born after 37 weeks of gestation and/or more than five pounds and eight ounces (04-05 FY). Finally, nearly all (97.3%) infants born to teens were connected to health insurance and a medical provider (04-05 FY).

Program Highlight **Healthy Kids Solano**

Healthy Kids Solano is administered by the Partnership Health Plan of California. In December 2005, Healthy Kids Solano became the first program to become operational in the State with Napa, Sonoma, and Yolo counties adding programs shortly after. The program's main objective is to ensure children have access to health insurance. Although Solano County has the highest rate of insured children in the state 97.7% (2003 CHIS Study, UCLA), there are still 4-5,000 children who are uninsured. Most of these children will qualify for state sponsored programs such as Medi-Cal or Healthy Families. For children who do not, Healthy Kids will provide medical, dental, and vision benefits for 1,200 children. The program focuses on improved child health and improved systems of care.

Healthy Kids is modeled after the State's Healthy Families program. There are currently 22 counties who have introduced or will introduce a Healthy Kids type program. Research has shown that when affordable health insurance options are available for children, enrollment in state sponsored programs increases significantly. These programs allow the state to draw down Federal dollars which will increase revenue to the State. Kids with insurance perform better and miss less school than those without and every 1,000 kids that has access to health insurance brings in more than \$1Million per year to help pay for health care services.

The program is designed to provide comprehensive health, dental, and vision insurance for kids ages 0 -19 with a \$5 co-payment for most services. Children ages 0-5 represent approximately 30% of total children enrolled in Healthy Kids and State sponsored programs combined. In addition, Healthy Kids members have access to a variety of health education opportunities, preventive health care services, and can receive assistance through the Partnership Health Plan of California member services with assistance on how to navigate the health care system and answer benefit questions. If a child is in need of immediate care, families are connected to a medical or dental provider for needed urgent care services while waiting for the insurance to become effective. A majority of the children who qualify for the program are mono-lingual Spanish speaking families. To address the needs of the Spanish-speaking population, all health access specialists who assist families with enrollment are bilingual and most bi-cultural. All program materials provided to the family, including the application, written correspondence, and benefit information, are provided in Spanish and at an appropriate literacy level.

The program has positively impacted children by increasing the number of children with health insurance. In Solano County 97.7% of children are insured. The Healthy Kids Solano program currently has 1,000 children enrolled. There are 33 schools where most (96% or higher) children and their younger siblings have health insurance. All enrolled children now have a medical and dental home.

Program Highlight **Markham School Readiness**

Markham School Readiness (SR) program is housed in Markham Elementary School. The program's main objective is to better prepare children for school. To accomplish this, the program offers a multitude of services to children and families including: healthcare insurance enrollment assistance for children, parent education classes, preschool for children ages 3-4, literacy training for parents and children, translation and legal services for families, counseling for families, and resource and referral services. The program focuses on improved child health, improved child development, and improved family functioning.

The Markham SR program is as much community based as it is research based. Members of the community heavily influenced the grant-writing process by conducting a needs assessment for the community. Based on that information, the program was designed to specifically meet the needs identified by members of the community. In its second year of operation the program has begun to develop into a research based program. Progress and services are monitored by the parent leadership council and staff members, as needs become apparent, the program adapts to meet those needs.

The program is designed to serve children ages 0-5. Children are directly served by low-cost health insurance services and the preschool program, which includes 40 children. Children are indirectly served through the parenting education services offered by the program. Approximately 95% of the clients are from monolingual Latino families. To address the needs of the Spanish-speaking population, all materials and services are offered in Spanish and English. The staff are predominantly bilingual and from bicultural backgrounds. Another subgroup has emerged as the program progresses. It became evident that women made up a big part of the program's participants. In order to serve them more effectively, the SR program offered more parenting education classes, as well as hiring a family support worker to assist and counsel the mothers with domestic issues.

The program aims to achieve health insurance for all of the children ages 0-5 in its community. The program also seeks to increase the number of children in preschool. In order to achieve these outcomes, the Markham SR program offers the following services and activities: bilingual story hour for parents and children, Latino literacy project for adults, a nurturing parent project offered in Spanish and English, counseling services, healthcare services, health and literacy fair, and parent education. Spanish-speaking families are offered services to specifically meet their needs. For example, it was discovered that many of their Spanish-speaking clients were not able to read in their native language. The parent leadership council discussed this issue and decided to offer a parent literacy class to help these clients. A teacher was hired, and a curriculum designed to assist these parents with Spanish literacy. The SR program meets another need of the community because of its accessibility. The program is centrally located, allowing all community members the opportunity and convenience to come by the program more frequently.

The Markham SR program is staffed by a group of dedicated individuals, who have successfully been able to reach members of the community. The staff includes a program coordinator, administrative assistant, health insurance coordinator (2 days a week), nurse practitioner (1 day a week), family support worker, parent liaison, and an Americorps member. Most of the staff is bilingual.

The program has positively impacted children and families by increasing the number of children with health insurance. Many positive changes have come from this component of the SR program. Since the program inception, the number of urgent care visits, from children ages 0-5, has decreased each year. During the first year there were more referrals to urgent care. Now in the second year, the health insurance coordinator has been able to assist more families with getting their children enrolled with health insurance, lowering the number of urgent care cases. The nurse practitioner has also contributed to the decrease in cases. She is able to diagnose and treat children, preventing the necessity of urgent care trips.

The SR program has also had a positive effect on oral healthcare in the community. Many children were not receiving oral health services before the SR program introduced the tooth mobile at the health and literacy fair. In the program's first year, only provided 2 visits to the program; once it became apparent that this was a huge need for the children, the tooth mobile was brought back 4 times during the second year. Children who had never received oral healthcare now have the opportunity to receive services on a regular basis.

Data is collected on services provided to children and families, and entered into the Persimmonny data collection system. The program is able to run reports and use the information to create their annual report. The parent leadership council meets on a regular basis to review the progress of the program and assess the needs of the community.

Program Highlight **ABCD Constructing Connections**

The Affordable Buildings for Children's Development (ABCD) Constructing Connections program is administered by the Children's Network of Solano County and is housed in Solano County Child Care Planning Council. The program addresses the need for more high quality child care and development centers in Solano County and aims to address the systematic barriers to creating more child care spaces. The program focuses on improved systems of care and improved child development.

ABCD is a ground breaking initiative, developed and supported by the David and Lucile Packard Foundation. Its purpose is to build a comprehensive and sustainable system for financing and developing quality center-based child care facilities in California. The Low Income Investment Fund (LIIF) is a national community development financial institution (CDFI) that provides the institutional home for ABCD. LIIF provides affordable capital and technical assistance to organizations working to alleviate poverty in low-income neighborhoods. Since 1984, LIIF has provided \$379M in capital for affordable housing, child care, education and other community facilities. This assistance has in turn, leveraged investments in low-income communities of more than \$3.3B, a leverage ratio of eight to one. These investments have supported: 46,200 units of low income and special needs housing, 16,180 child care spaces, 1,955 spaces in charter schools for children, and 1.7M square feet of community space.

ABCD is designed to provide support to those interested in developing a child care center. The program provides technical assistance and support to anyone interested in developing a child care center. The technical assistance provided ranges from resource materials to site visits with cities, developing business plans, and seeking additional financing for the project. A collaborative of a variety of stakeholders (i.e. real estate developers, housing developers, child care operators, Cities,

and consultants) meet regularly to work towards creating more effective strategies to address facilities development barriers. The program also provides marketing training, facility needs assessments, assistance with financing, outreach, and advocacy. The program also works to improve systems to make the facilities development process more streamlined. New quality child care and development programs directly benefit children ages 0 through 5. High quality services provide enriching environments for children that will prepare them for success in school, allow parents to work, help ensure a strong economy in the future, and much more.

Children's Network program is staffed by a group of highly trained professionals. The staff includes a Child Care Program Director, who oversees the program and brings child care expertise to the project, and a Facilities Development Coordinator, who has extensive background in planning and development.

Children's Network has provided technical assistance and support that has resulted in three new licensed programs and over 60 new child care center-based slots for children and families in Solano County.

Child/Family/Provider Vignette **FamiliesFirst**

I worked with this Hispanic family for six months. The two parents are in their forties and they have four children: Jules, 15, Diego, 14, Monica, 7 and Maria, 3. When I started working with the mother, Sonja, she was frustrated with her youngest daughter's frequent tantrums. She tried spanking, yelling and even bribing to get her daughter to comply with her commands, but Maria continued to whine, cry, stomp her feet, scream, hit, and hold her breath until she turned blue. Sonja remembered when Diego was her age that he too had tantrums a lot and was such a handful as a toddler that she was embarrassed to bring him to family gatherings or out into the public. Sonja was afraid that her daughter was headed for the same types of trouble if she did not get some help. Determined not to go through the same nightmare with her daughter, Sonja reached out to Families First when she heard me give a presentation on our new Early Childhood Mental Health Program at one of her English classes.

This family is very representative of most of our Hispanic Families. The father was the only one who worked and brought in enough money to barely cover expenses for their household. For three months, he was unemployed during the course of our work together, forcing him to take out a loan with his brother to make ends meet. The three school-aged children spoke English outside the home and Spanish in the home. The youngest daughter, at age 2 when we started working with the family, understood a lot of English, but mostly spoke Spanish. The father was bilingual to a limited extent, but was learning English on the job. The mother was taking English classes to become more fluent in English; however she was most comfortable with Spanish. She wanted an English speaking therapist to work with her family, so that she could become even more fluent in English. While I worked within her home using only English, I would provide her with Spanish literature that discussed the skills I was teaching her in the Parenting Classes.

During the course of the program, I met with Sonja and Maria weekly for 1 ½ hours where we discussed specific problems that she had with Maria and spent time practicing skills Sonja learned in the parenting class. During the sessions, we would focus on one specific negative behavior at a time. As I engaged in Play Therapy with Maria, Sonja had an opportunity to see her child's areas of

difficulty from a different perspective. When Maria began to tantrum with me, Sonja would observe how I would handle difficulties in a positive manner. Afterwards, Sonja would have time to ask questions and I would tell her how I was viewing the situation and possibly what Maria may have been trying to gain with her behavior. The last part of the session always ended with one-on-one parent-child play where Sonja would practice the skill she learned. This allowed her time to ask more questions or get help if she got stuck. Even if no negative behaviors took place during this fifteen minute period, Sonja and Arianna were building a more positive attachment to each other thus enhancing their bond. As far as Maria was concerned, the session was full of play and lots of positive attention. Maria began looking forward to the sessions along with her mother who was looking for relief from the negative interactions she once had.

For four months out of the six months I was with the family, Sonja also attended weekly Parenting Classes that were 2 hours in length. The parenting classes were based on Carolyn Webster-Stratton's Incredible Years Basic Parenting Program. Skills were taught verbally and then reinforced by viewing videotapes of actual parents practicing the skill. Parents would have an opportunity to critique the parent by first mentioning what was positive in the vignette and then what could have been improved. Homework for each class included reading the parenting book in English. Because Sonja was a beginning reader I also sent her home with a Spanish version of the literature and a Spanish CD of the book being read aloud. During the parenting classes, Maria went to a childcare group where she was given one-on-one attention focusing on her social skills with adults and other children present.

One of the first skills Sonja learned was how to engage in Child-Centered Play with her daughter. Through play she could model cooperation, sharing, patience and turn-taking. As Sonja played with Maria every day for 10-60 minutes, she noticed that the tantrums were decreasing and that her daughter was no longer hanging on her all day long pestering her for attention. Another bonus of spending this valuable time with her daughter was that she found ways to teach her daughter letters, numbers, colors and shapes thus preparing her daughter for Preschool. Sonja learned how to make learning fun for her daughter by following our suggestions on how to teach a child through play. Maria benefited from the play, because she had regularly scheduled time to bond with her mother. After about a month of consistent play with her mother where her mother demonstrated pro-social behaviors, Maria's social skills grew. In the child-directed play, Maria was given legitimate periods of time where she could control her environment, thus decreasing her need to try to be in control all the time. Her mother was able to model cooperation with her requests, thus making it easier for Maria to cooperate with her mother's requests when it really counted.

The next skill set Sonja learned in the classes was how to Praise and Reward her daughter's positive behaviors. As Sonja started applying the skills learned in the class, she found that her daughter loved the hugs, the kisses and the high-fives for good behavior so much that Maria did not fight her so much. In the beginning of therapy with the family, Maria took sometimes 2 hours to get ready in the mornings. She would fight her mother on what clothes she would wear and how her hair was done to the point that her mother usually ended the struggle yelling and spanking her and forcing clothes on her. When she started limiting her daughter's choices to two outfits each morning and learned to use Planned Ignoring of her daughter's whining and fussing by walking out of the room, Maria was getting dressed in less than 15 minutes within a few weeks without long, drawn out fights that set a negative tone for the day. Sonja was using Social Praise as a motivator to keep her daughter on track during the dressing process. In addition, Sonja found that the Praise was working so well with Maria that she started using it with her other children and found that all the children were treating each other with more respect as Sonja modeled positive attention for positive behaviors.

For some of Maria's more difficult behaviors, such as noncompliance with some of her mother's commands, Sonja learned how to use a sticker chart as a way of rewarding Maria for compliant behaviors. It got to the point that Maria would do the most unpleasant of tasks, just to be able to pick out a sticker. Her other children liked the idea so much that they were asking for a chore list so that they could earn points toward earning a privilege. Sonja commented during one parenting class, "I didn't think I would ever get Diego (her 14 year old son) to empty the trash or mow the lawn without asking him a dozen times." Diego no longer needed more than one reminder before he was complying with his chores. He earned time on-line, driving time with his dad out on a deserted road, and having friends over night. Although Diego was not the identified client, his procrastinating behaviors decreased allowing him to have a more positive relationship with his parents.

In the event that Maria refused to comply, Sonja learned how to use Natural and Logical Consequences, Time-Out and removal of privileges. Sonja learned to use Time-Out only for the extreme behaviors such as screaming or hitting. In the beginning of therapy, Sonja was either spanking or putting Maria in Time-Out over six times per day. Maria would sit in Time-Out and scream the entire time. During play therapy, we showed Maria the process of Time-Out with her dolls who "misbehaved." As Maria got more familiar with the process, she no longer spanked her dolls and her dolls would sit very quietly until Maria would let them play again. At the end of therapy, Maria was not getting spanked anymore and was only spending time in Time-Out at the most once per day if at all while not screaming for at least one minute of the three minute time period. At times she would not scream at all, only whimper for a minute or so.

The very last goal Sonja wanted to work on was getting her daughter to sleep in her own bed instead of with her and her husband. At the beginning of therapy, Maria would start screaming and crying if anyone even mentioned sleeping in another room. So slowly we started weaning Maria from the family bed by moving her into her crib, next to her parents, then slowly moving the crib further and further away. During Play Therapy, both Sonja and I would help Maria to put her dolls to bed. In this way, we formed a nightly ritual of her dolls getting tucked in, read to and then tiptoeing out of the room so the "babies" could sleep. In this way, Maria became more comfortable with talking about the possibility of sleeping in the bed with her dolls. About five months into the therapy, Sonja was using her creativity to come up with workable solutions. She decided to have her husband take Maria to the gym with him to swim for 45 minutes just before bed. Maria was so tired when she got home that she didn't fight it when they tucked her into her own bed in her own room. In the morning, Maria would receive four stickers of her choosing and would get to dance with her father when he got home from work. It was at this point that the parents realized that they were able to help Maria successfully without the program.

Although Maria will not go to preschool for another year, her mother had learned to prepare her daughter through play. Not only could she teach her numbers, letters, and shapes, but she could also teach her how to share, take turns, and use her words to voice her frustrations rather than hitting or yelling. She could now take her into public without worrying about tantrums because she learned how to anticipate Maria's needs and creatively deal with problems in a positive manner.

Not all parents who come into the program follow the program as well as Sonja did. However, each parent and child that has been in this program has learned at least some of the skills and most tend to apply the use of Praise and Reward to turn negative behaviors around. Many parents have commented that the program has given them more positive tools to deal with misbehavior and that the skills learned are easy and common sense practices. Across the board we have noticed improvement in the parent-child relationship and in parental stress around misbehaviors. We have noticed a decrease in spanking and yelling and an increase in attention toward positive behaviors.

Parents are leaving the program with more of an understanding of developmental milestones and more of an awareness of their own behavior serving as a model for their children.

Child/Family/Provider Vignette
Welcome Baby (Children's Nurturing Project)

“Kerry” is a 20 year old mother of “Benjamin”, who was 8 months old at the time she requested a home visit from Children’s Nurturing Project’s First 5 Solano funded “Welcome Baby” program. Benjamin was born 10 weeks prematurely and had complex medical needs at birth, resulting in chronic lung disease when he was discharged from the NICU. Kerry, and her boyfriend Kevin, were homeless at the time and living in a small motel room with Benjamin, which is where CNP Family Support Specialist Rosa Cortes made her first home visit.

Although Benjamin was connected with a pediatrician and specialty providers, Kerry was not receiving early intervention or family support services for Benjamin. Rosa conducted the first developmental screening with Benjamin and Kerry, which showed significant delays in his motor skills, cognition, and social development. Correcting for his premature birth, he was still approximately 50% delayed for age. Rosa consulted with the CNP pediatric RN, who made a joint visit soon after with Rosa to confirm the delays and assess Benjamin’s medical needs. Immediate referrals were made to North Bay Regional Center (California Early Start) to enroll him in early intervention services. Referrals were also made to the local Family Resource Center for assistance with basic needs and housing resources. At this visit, Kerry told staff that she was pregnant with her second child, and was worried that she may have another premature baby. Rosa linked Kerry with Public Health Nursing and prenatal care to follow her pregnancy closely.

Rosa continued to visit Benjamin every 2 months to assess his progress and work with Kerry on ways to help facilitate the baby’s development. The Early Start worker concurred with CNP’s assessment and began early intervention services with him as well. In May, 2006, Kerry gave birth to a healthy full term baby girl, Abigail. Rosa made a newborn home visit to enroll Abigail in the Welcome baby program as well as continue to follow Benjamin until he reaches age 2 and is firmly engaged in appropriate services.

Child/Family/Provider Vignette
Rio Vista CARE/Family Resource Center

Rio Vista CARE/Family Resource Center and Child Haven have been working with a Hispanic, Spanish monolingual 4-year-old boy who has severe communication delay.

During a home visit to a family enrolled in the Family Support Services Initiative (FSSI) program, we noticed a little boy not speaking at all, and communicating by doing hand gestures and sounds. The 4 four year old was a member of another family living within the household. The young boy's mother was very young and inexperienced and did not have any concerns with her child. She felt it was normal because her mother told her that she was also a late talker.

We then told the mother of the 4-year-old child of our services and asked if she would be interested in enrolling her family in the FSSI program. She said she was interested and we started educating the mother by doing general developmental assessments. We found out that the child was in need of a more thorough speech evaluation. We referred him to River Delta Unified School District, bilingual speech therapist Jeff Simpson. During his first appointment with the speech therapist, it was determined that the child would need a hearing evaluation. It was very important to conduct a hearing evaluation in child's native tongue to have a precise diagnosis.

The child was then referred to Solano County Special Education Local Plan Area - Hearing Evaluation located in Fairfield for a hearing evaluation. The evaluation was performed in April 2006 and the child was diagnosed with massive earwax in his ear canal, thus interfering with his hearing and affecting his communication skills. The child had tremendous hearing loss, but fortunately, it was corrected when earwax was removed.

A follow-up visit was scheduled in the first week of June 2006. During the visit, we noticed that the child showed great improvement, the child has started to talk and mom has noticed that he is more attentive to other people conversations and is picking up on a lot of words. An Individual Education Plan was recommended and because the child will be entering into kindergarten this fall arrangements will be made with River Delta Unified School District. Another service being provided to the child is that of a Migrant Education teacher who is helping the child with his communication delay in preparation for his entrance into Kindergarten this Fall 2006.

There has been great difficulty in trying to accomplish this task due to transportation and language barriers that were involved. It took various attempts to make the appointment with the speech therapist and another couple of attempts to keep the appointment with the staff Solano County Special Education Local Plan Area- Hearing Evaluation. Finally, all was accomplished and the child is now on his way to receive an education and integrate into the school system.

Chapter 2: Partnering for Systems Change

First 5 Solano's 2004 Strategic Plan Update identifies systems change as an overarching goal for its work and a guiding principle for funding. **Systems change** investments contribute to a stronger, better integrated, accessible, and highest quality network of services that support the health and well-being of children 0-5 and their families. To accomplish this goal, First 5 Solano plays multiple roles in the community—convener, technical assistance provider, participant, partner, coach, and advocate—in addition to making decisions for the strategic and effective use of First 5 funds.

First 5 Solano's 2005-06 grantees implemented strategies for enhancing the early childhood system by engaging in activities to **integrate and coordinate** services, **collaborate**, and ultimately **improve service quality**. This chapter provides a two-year comparative summary across First 5 Solano grantees, for both 2004-05 and 2005-06, of the strategies grantees implemented to change and enhance the system of care for children 0-5 and their families in Solano County.

Service Integration, Coordination, and Collaboration

Exhibit 2-1 displays the percentage of grantees reporting strategies to integrate and coordinate services, collaborate, build provider capacity, and improve access to services as well as the subset attributing assistance from First 5 Solano in implementing the strategy.

Exhibit 2-1
FY 2004-05 and FY 2005-06 Grantees' Strategies for Service Integration, Coordination, and/or Quality Improvement With Percent Attributing Change to First 5 Solano Assistance

Strategy for Service Integration, Coordination, and/or Quality Improvement	FY 2004-05		FY 2005-06	
	# of Grantees Implementing Each Strategy*	Subset with Assistance from First 5 Solano	# of Grantees Implementing Each Strategy*	Subset with Assistance from First 5 Solano
Establish and/or strengthen contacts with other organizations who serve children 0-5 and their families	20	80%	23	65%
Collaborate with other organizations to identify children's needs	19	63%	23	52%
Collaborate with other organizations to develop or refine services	18	28%	23	52%
Participate in interagency training	18	61%	20	60%
Share data about families across programs	12	67%	21	52%
Share best practices with other organizations	16	13%	22	55%
Collaborate with other agencies on initiatives or applications for funds	14	43%	17	65%
Conduct more outreach with other providers	14	13%	22	59%
Expand/begin providing services at organization	11	36%	14	64%
Co-locate services with other agencies	9	11%	16	50%
Pool dollars with other agencies to serve young children and their families	4	25%	14	36%

*Based on the total number of grantees responding to each item, ranging from 14 to 21 in FY 2004-05 and from 14 to 23 in FY 2005-06.

At least half of responding agencies report assistance from First 5 Solano in accomplishing the following activities: establishing and/or strengthening contacts with other organizations that serve children 0-5 and their families, collaborating with other organizations to identify children's needs, and to develop or refine services, participating in interagency training, sharing data about families across programs, sharing best practices with other organizations, collaborating with other agencies on initiatives or applications for funds, conducting more outreach with other providers, expanding/beginning to provide services at the organization, and co-locating services with other agencies. This indicates the added value First 5 Solano's approach and efforts provide over and above the funding. In all categories, more grantees report implementing the strategy in 2005-06 than reported implementing the strategy in 2004-05.

Solano County prides itself on the collaborative spirit of its community of practice in the service of health and well-being for its residents. These findings reveal the portfolio of First 5 Solano-funded agencies as an exemplar of the collaborative spirit the County endeavors to sustain. It is also not surprising to see an overall increase in First 5 Solano grantee engagement in systems change strategies in their efforts, given that 2005-06 was the first full year of implementation for the Commission's fully initiative-based funding approach. The initiative-based funding approach represents the intentionality with which First 5 Solano aims to create systems change.

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

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

Improving Service Quality

For the most part, similar percentages of organizations in fiscal year 2005-06 as compared to fiscal year 2004-05 engaged in efforts to continue to improve service quality, as Exhibit 2-2 shows. However, grantees more commonly used evaluation data to inform program improvement in 2005-06 relative to 2004-05 (72% compared to 63%, respectively) and a greater percentage of grantees (63% in 2005-06 compared to 47% in 2004-05) report an increase in the frequency with which staff share information among themselves for better service coordination.

Exhibit 2-2
Fiscal Year 2004-05 and Fiscal Year 2005-06 Grantees' Service Delivery Components
Contributing to *Improved Service Quality*

Aspect of Improved Service Quality	FY 2004-05		FY 2005-06	
	# of Grantees	% of Total	# of Grantees	% of Total
Frequency of specific efforts to improve the quality of services children or families can receive	17	90%	21	84%
Extent to which evaluation data are used to inform program improvement	12	63%	18	72%
Frequency of serving family units (in contrast to individual participants)	11	58%	14	61%
Frequency of providing preventative services (in contrast to crisis intervention)	11	58%	13	57%

Aspect of Improved Service Quality	FY 2004-05		FY 2005-06	
	# of Grantees	% of Total	# of Grantees	% of Total
Frequency with which program staff share relevant information about children and families among themselves	9	47%	15	63%

Improving Service Access

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

Exhibit 2-3

Fiscal Year 2004-05 and Fiscal Year 2005-06 Grantees' Service Delivery Components Contributing to *Improved Service Access*

Aspect of Improved Service Access	FY 2004-05		FY 2005-06	
	# of Programs	% of Total	# of Programs	% of Total
Public awareness of program services and resources	18	86%	23	92%
Cultural sensitivity of staff	16	76%	11	48%
Number of referrals for services your program gets	14	70%	16	76%
Number of referrals for services your program makes	13	68%	16	76%
Number of children/families your program serves	13	68%	16	76%
Staff who are culturally and linguistically reflective of the clients they serve	13	62%	13	54%
Frequency of providing services in families' homes	9	43%	11	52%
Appropriateness of services for children with disabilities and other special needs	2	11%	15	71%
Hours of operation	2	10%	15	71%

To address lack of knowledge about services as a barrier to receiving them, nine out of ten (92%) of grantees implemented strategies in fiscal year 2005-06 to increase public awareness of their offerings. Likewise, about three-quarters (76%) increased the number of referrals made through their programs.

About half of grantees addressed cultural appropriateness and competency as a barrier to accessing services by increasing the cultural sensitivity of staff providing services (48%) and increasing the number of staff they have who are culturally and linguistically reflective of the clients they serve (54%). These percentages are slightly lower than fiscal year 2004-05, reflecting a leveling off in this area as having culturally competent staff becomes more widespread among grantee organizations.

Most notably, 71% of grantees (among those for which the issue is relevant) increased the appropriateness of their services for children with disabilities and other special needs. This is a dramatic increase over the percentage reporting increases in the appropriateness of services for children with special needs in fiscal year 2004-05.

Improving Quality and Access

Exhibit 2-4 shows strategies First 5 Solano grantees implemented that serve the dual purposes of improving service quality and access.

Exhibit 2-4

Fiscal Year 2004-05 and Fiscal Year 2005-06 Grantees' Service Delivery Components Contributing to *Improved Service Quality and Access*

Aspect of Improved Quality and Access	FY 2004-05		FY 2005-06	
	# of Programs	% of Total	# of Programs	% of Total
Staff awareness of other community services/resources	19	91%	22	88%
Frequency with which program staff share relevant client information with staff from other agencies	11	58%	19	76%
Appropriateness of services for families with different ethnic backgrounds	11	56%	15	71%

Staff from about nine in ten grantee organizations (88%) became more aware of other services and resources in the community. The more knowledgeable staff are of available resources the better they are able to serve clients and act as a connector to needed services.

About three-quarters of grantee organizations (76%) also report their staff more frequently share relevant information with staff from other agencies to coordinate services and support referrals. Similarly, just under three-quarters of grantees (71%) increased the appropriateness of services for families of different ethnic backgrounds, enhancing service quality and access at the same time. A greater percentage of grantees engaged in both of these strategies in 2005-06 as compared to 2004-05.

Leveraging Funds

First 5 Solano produced its first-ever comprehensive Leveraged Funds Report in fiscal year 2005-06. According to this report, **First 5 Solano-funded agencies leveraged \$4,000,920 in additional dollars** accessed at least in part because of First 5 funding.

Each initiative chapter in this report provides additional detail about the amount of funds leveraged and how within initiatives.

Systems Change Narrative: Prenatal Care Collaborative Initiative

The following narrative describes how the BabyFirst Solano is achieving systems change.

What were you trying to change and why?

Research conducted by First 5 Solano and BabyFirst Solano in 2004 revealed a need to address the use and abuse of substances among pregnant teens and women and a lack of easily accessible and available services in the community. This holds particularly true for BabyFirst Solano's initial target population of pregnant African-American women and families and pregnant teens throughout the county.

In fiscal year 2005-06, BabyFirst Solano expanded to include a prenatal substance abuse component as a result of a Prenatal Services funding solicitation led by First 5 Solano Children and Families

Commission. The target population for the prevention, early identification and treatment services delivered and coordinated through this funding are: pregnant/prenatal women and infants up to six months old.

Who was involved?

The BabyFirst Solano collaborative is led by Solano Health and Social Services (H&SS) and includes a wide variety of partners:

- Prenatal Services Phase I: Black Infant Health (BIH), Adolescent Family Life Program (AFLP), Latino Family Services, Nubian Mentoring Program, Prenatal Care Guidance Program, Partnership Health Plan and Youth and Family Services.
- Prenatal Services Phase II (added through expansion): H&SS County Substance Abuse Services, Melvin Thompson Center, Sutter Solano Medical Center, North Bay Medical Center and California Hispanic Commission on Alcohol and Drug Abuse and collaborating agencies funded directly by First 5 Solano.

Providing national expertise and data to this effort is Dr. Ira Chasnoff, of Children's Research Triangle (a premier researcher in this field). He has been working with the BabyFirst Solano Collaborative since the launch of Phase II.

What agreements, changes, or products resulted from this work?

BabyFirst Solano formed a workgroup to identify and address barriers to prenatal care. Primary strategies included outreach to women who might not receive prenatal care and get them in to the system; screening of all pregnant women for substance use as a routine part of prenatal care; assessment of those pregnant women who screen positively for substance use and referrals of all women to appropriate treatment services within the community

How, ultimately, are children and families better served because of these activities?

Providers and community members are now more aware of the risks associated with substance use during pregnancy as well as the treatment options available to improve birth outcomes. Providers are working closely with BabyFirst Solano and Dr. Chasnoff to develop and utilize tools (i.e., 4P's Plus) to increase the effectiveness and efficiency in screening and assessment in an effort to get women in to care earlier.

Although still in the early stages of implementation, the ATOD component of BabyFirst Solano has started to make inroads in to the community as is evidenced in Exhibit 2-5 below.

**Exhibit 2-5
Prenatal Phase II Results: March – June 2006**

Measure	Number	Percentage
Total screened for ATOD	431	NA
Total women using ATOD	22	5.1%
Total women connected to smoking cessation	8	1.9%
Total women linked to substance abuse services (other than smoking cessation)	14	3.2%
Total women in case management	22	5.1%

Systems Change Narrative: School Readiness Initiative – Building Blocks for Kindergarten Readiness

The following narrative describes how the School Readiness Initiative is achieving systems change.

What were you trying to change and why? Who was involved?

In 2005-2006 three First 5 Solano School Readiness sites held articulation meetings with preschool and kindergarten teachers in their respective catchment areas. The meetings were designed to raise awareness about the school readiness program in Solano, to engage community leaders in preparing kids for school and, most importantly, to encourage ongoing communication between preschool and kindergarten teachers in order to ensure children are prepared for their entry into kindergarten.

What agreements, changes, or products resulted from this work? How, ultimately, are children and families better served because of these activities?

Several School Readiness sites used these meetings as an opportunity to share the results of the MDRDP⁵ and Parent Surveys. This was a springboard for conversations about the developmental areas in which children in those catchment areas need the most support. The kindergarten teachers found the meetings especially validating and encouraging, observing that children often enter their classroom unprepared, which is frustrating and throws off their curriculum and timing; and they appreciated the opportunity to improve school readiness for future classes of entering kindergarteners.

Together, the kindergarten and preschool teachers developed a list of strategies for the preschool teachers to implement in their classrooms as well as a list of milestones for children leaving preschool to reach before entering kindergarten. The preschool teachers committed to incorporating new activities into their curricula to support the development of children's reading, writing, language, math and social skills. The meetings helped focus the work of the preschool teachers and make it more intentional.

Articulation meetings will continue on a quarterly basis at most School Readiness sites and both preschool and kindergarten teachers look forward to the continued collaboration.

⁵ Modified Desired Results Developmental Profile (the First 5 California-approved assessment tool)



A large, stylized yellow line forms a wavy, organic shape that serves as a background for the text. It starts from the bottom right, curves upwards and to the left, then downwards and to the right again, creating a sense of movement and fluidity.

health &
well-being

Priority 1

Health and Well-Being

Initiative and Grantee Partners

BabyFirst Solano Collaborative Initiative

BabyFirst Solano:
African American Focus Initiative BIH, YFS, Everlasting Hope Ministries

BabyFirst Solano:
Teen Prenatal Initiative H&SS, AFLP, PCG-Teens, YFS, and It's About My Baby

Prenatal Substance Use/Abuse Initiative

Early Childhood Mental Health Initiative

FamiliesFirst Inc:
Early Childhood Mental Health Program

Children's Nurturing Project:
Newborn and 0-5 Special Needs Screening and Support

Child Start, Inc:
Early Mental Health Services and Full Day Quality Care

Solano County Health & Social Services:
Early Periodic Screening, Diagnosis and Treatment

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



Solano Service Sites FY 2005-2006

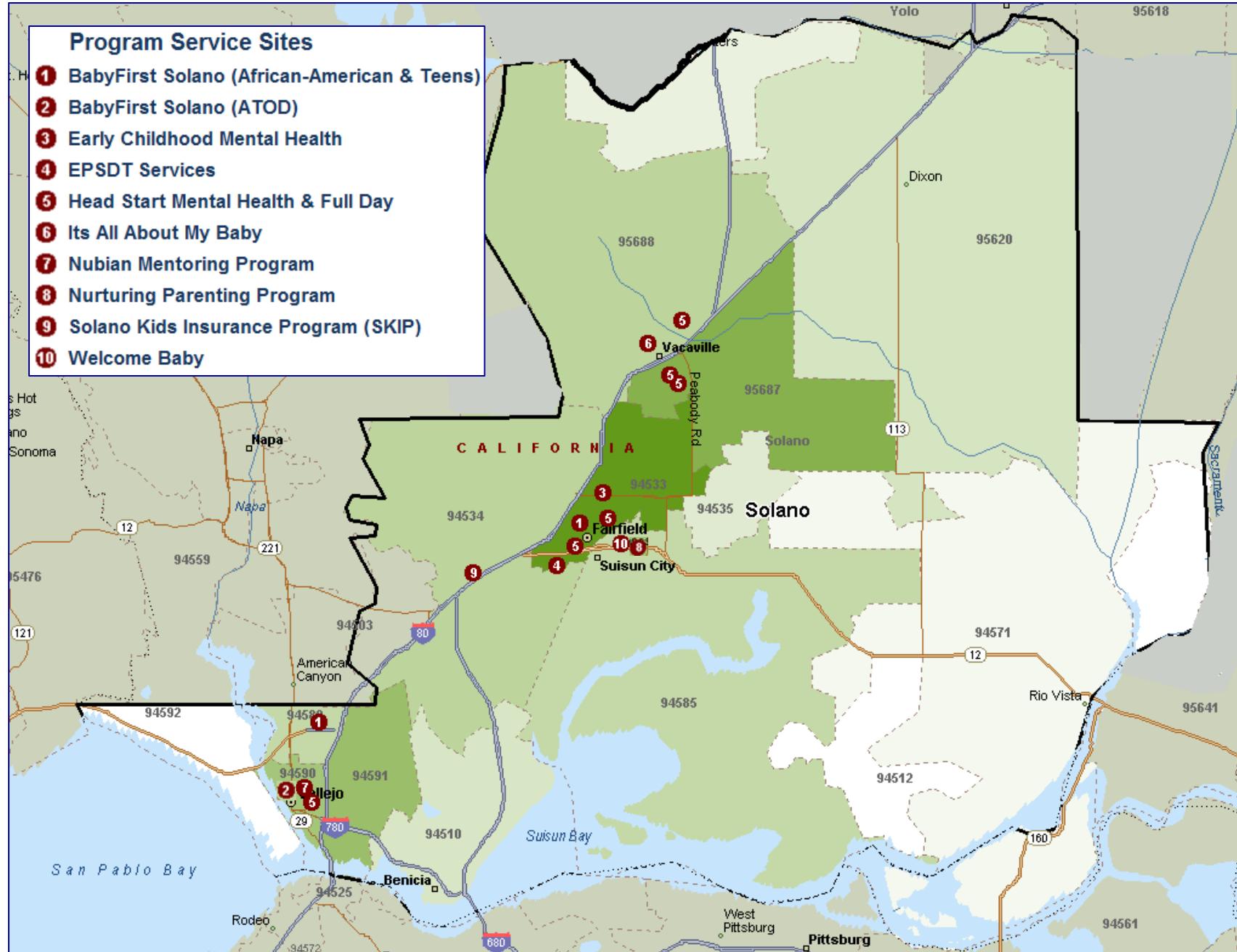
Priority 1 - Health and Well-Being

Children 0-5



Program Service Sites

- ① BabyFirst Solano (African-American & Teens)
- ② BabyFirst Solano (ATOD)
- ③ Early Childhood Mental Health
- ④ EPSDT Services
- ⑤ Head Start Mental Health & Full Day
- ⑥ Its All About My Baby
- ⑦ Nubian Mentoring Program
- ⑧ Nurturing Parenting Program
- ⑨ Solano Kids Insurance Program (SKIP)
- ⑩ Welcome Baby



Chapter 3: BabyFirst Solano Collaborative Initiative

Collaborative Partners	Funded Amount
Prenatal Collaborative	\$1,734,953
Health and Social Services	
Partnership HealthPlan	
Teen Prenatal Initiative	\$388,233
Adolescent Family Life Program, Planned Parenthood	
Youth and Family Services	245,998
Prenatal Care Guidance – Teens, Health and Social Services	
It's About My Baby, Latino Family Services*	142,225
African-American Focus Initiative	\$492,484
Black Infant Health, Health and Social Services	
Youth and Family Services	425,000
Nubian Mentoring Program, Everlasting Hope Ministries*	67,484
Substance Abuse Initiative	\$406,352
Maternal, Child, and Adolescent Health Bureau, Health and Social Services	
Substance Abuse Services, Health and Social Services	
Mental Health Services, Health and Social Services	
Child Welfare Services, Health and Social Services	
ABC Prenatal Program: North Bay Medical Center	
Latino Family Alcohol and Drug Services Center, Latino Family Services	
TOTAL Funded Amount	\$4,285,451

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

Initiative Overview

BabyFirst Solano (BFS) is a public and private partnership committed to creating a system of care in Solano County that supports and educates pregnant and parenting women to deliver healthy and drug free babies, with special focus on improving birth outcomes for infants born to teens and African-Americans. With funding for Prenatal Care II having started in 2005-06, increased attention has

been directed towards pregnant teens and women at risk for or abusing substances during pregnancy. The partnership is working to provide comprehensive case management and care coordination, identify and address barriers to prenatal care within Solano County, increase public awareness, train and educate community providers and health care professionals; provide substance use services within the prenatal

Exhibit 3-1
Data Sources Available for This Chapter

Data Source	Available for This Chapter
Progress Reports	<input checked="" type="checkbox"/>
Custom Program Evaluation Outcomes	<input checked="" type="checkbox"/>
First 5 Solano CBO Survey	<input checked="" type="checkbox"/>
Persimmon Data	<input checked="" type="checkbox"/>
Provider Interviews	<input checked="" type="checkbox"/>
Client Interviews	<input checked="" type="checkbox"/>

Priority 1: Health and Well-Being

care setting; and promote positive birth outcomes for Solano infants. The comprehensive services include case management and care coordination, breastfeeding support, gifts for new moms, health education, home visiting, linkage to prenatal care and medical insurance, mentoring, parenting classes and support, prenatal care services, substance abuse services, and transportation.

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

Performance Measures

The following provides a summary of the BabyFirst Solano performance measures for fiscal year 2005-06 which support the administrative and programmatic infrastructure of the broader BFS.

Performance Measures	Exceeded	Met	Not Met	Progress Achieved and Explanatory Notes
Implement a coordinated Special Populations Prenatal Services Project with Health and Social Services, Planned Parenthood: Shasta/Diablo, Partnership Health Plan, and Youth and Family Services. Identify barriers and gaps in services. Develop strategic plans to reduce barriers and gaps.	✓			New BabyFirst Solano Policy Council and Leadership Team formed to coordinate Collaborative. Strategic plan to address prenatal substance abuse developed.
Internal evaluation of specific program components will be conducted to determine effectiveness and reach of programs.	✓			Comprehensive evaluation plan for fiscal year 2006-07 is in development by a team including H&SS, PHC, and First 5 Solano. Client survey instrument developed and implemented with African-American and Teen Initiatives. Survey regarding entry to prenatal care to be implemented at NorthBay Medical Center, and BabyFirst Solano case management programs.
Involve practitioners on the project in identifying and meeting their educational needs. Facilitate coordination of care between the practitioners and PHC. Utilize the expertise of the Information Technology Department of PHC to improve care by the more effective use of information.	✓			PHC conducted two provider dinners with Dr. Ira Chasnoff and Rich McGourty, Ph.D. of the Children's Research Triangle to improve providers' knowledge of the 4Ps Plus screening tool.

Challenges to and Successes in Effective Service Provision

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

Challenges

Multiple partners identified several challenges as they reflected on the efforts of BFS and its partners. Comments by clients have also been included where appropriate.

- *Solano Provider System*

The number, type, and geographic distribution of prenatal care providers remain a challenge in Solano County. In the past year, three prenatal care providers shut their doors, including one of only three providers in Vallejo. This left only twelve offices offering prenatal care in Solano: two provider offices in Dixon, Vacaville, and Vallejo, and six in Fairfield. Additionally, one provider in Vallejo changed ownership. In addition, more than half of Comprehensive Perinatal Service Providers have closed in the past three years.

- *Recruitment, Retention and Training of Staff*

Staffing is a key element of BabyFirst Solano and its partners. Staff must not only be skilled and trained in access to care issues for high-risk populations, but also able to connect with clients on a personal level in order to build trust. Several partners stated that they had difficulty in finding skilled staff at the graduate level as well as maintaining qualified staff. On-going training and professional development is also a key focus area of several partners and they struggle with how to balance it with the current demands of the program.

- *Cultural Competence*

Communication with clients and the community on the importance of prenatal care and the available supports and services is an essential part of BabyFirst Solano's efforts.

This requires not only language competency for those for whom English may not be the first or preferred language, but also that written materials are at the appropriate literacy level and are culturally sensitive. Many staff are bicultural and bilingual; however, there is an on-going need for translation and adaptation as new information and materials are developed and distributed.

“Trying to make staff more diverse, we now have three bilingual case managers and two African-American case mangers.”

—Prenatal Collaborative Member

- *Transportation & Housing Assistance*

The lack of accessible prenatal care providers in Solano County that accept Medi-Cal and their geographic distribution remains a challenge. In Rio Vista in particular, there are no providers who accept Medi-Cal insurance. Providers are available in Fairfield, but transportation between the two cities is limited. In addition, for several programs whose client populations are homeless and/or transitory, the issue of affordable housing presents a barrier to on-going prenatal care. Transportation and housing assistance provided by several programs is not enough to meet the needs nor does it address the system and policy issues which affect access to care.

Successes

The Collaborative continues to make significant advances in a variety of areas which can be characterized as administrative, programmatic, and system. Many of the successes of last year continue to be refined and strengthened including committee structure, case management, coordinated outreach and referral strategies, and communication and information sharing. The following highlights additional successes identified by partners:

- *Administrative and Organizational Support*

The Project Manager, complemented by the addition of a Health Education Specialist this year, remains a critical factor in the success of the Collaborative. The adoption of a standing committee structure implemented in 2004-05 has been refined to include the overall Collaborative, the Policy Council, the Referral/Quality Management Subcommittee, and the Outreach Subcommittee, which continue to serve BabyFirst Solano well. With the addition of new partners and the expansion this year to include a focus on substance use, these forums have proven to be effective venues for identifying, discussing and addressing issues, challenges and sharing information regarding the management and operations of the Collaborative. Additionally, the research, reporting, and data collection supports provided to individual programs from the Collaborative staff have been helpful, according to program staff.

“The collaborative membership has changed but now they are partners. There is less competition. The trust factor has increased and they are using each other as resources to problem solve.”

—Prenatal Collaborative Member

- *Community Awareness and Commitment*

BabyFirst Solano is becoming a known entity. Much of last year's effort focused on increasing both community and system awareness of the project, its purpose and its partners. BabyFirst Solano and its partners participate in key discussions in the County around health and community issues. They have become part of the system and are a constant voice for their constituency when decisions are being made around process, procedures, and policies.

- *Prenatal Substance Abuse Expansion*

In fiscal year 2005-06, BabyFirst Solano expanded to include a prenatal substance abuse component. The target population for the prevention, early identification, and treatment services delivered and coordinated through this funding are pregnant/prenatal women and infants up to six months old.

“If we can get some of these moms while they are pregnant, and address some of the substance abuse behaviors and other parenting issues, we might really be able to prevent child abuse.”

—Prenatal Collaborative Member

Additional members of the BabyFirst Collaborative as a result of the expansion include: Health & Social Services County Substance Abuse Services, Melvin Thompson Center, Sutter Solano Medical Center, North Bay Medical Center, and California Hispanic Commission on Alcohol and Drug Abuse.

To launch its efforts in this area, BabyFirst Solano convened a workgroup to identify and address barriers to prenatal care for substance using women. The workgroup identified the following tasks for the expansion: outreach to women who might not receive prenatal care and get them in to the system; screening of all pregnant women for substance use as a routine part of

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prenatal care; assessment of those pregnant women who screen positively for substance use; and referrals of all women to appropriate treatment services within the community.

BabyFirst Solano also engaged the assistance of Dr. Ira Chasnoff, Children's Research Triangle, Chicago, who is a national expert and researcher in this field. Together they have partnered to increase awareness of the issue in Solano County, provided trainings and convenings on the latest research on the impacts of prenatal substance abuse exposure and developed protocols and processes to identify, assess, and treat pregnant women and teens who are using or at risk of using substances.

- *Client Perspectives Integrated into Collaborative*

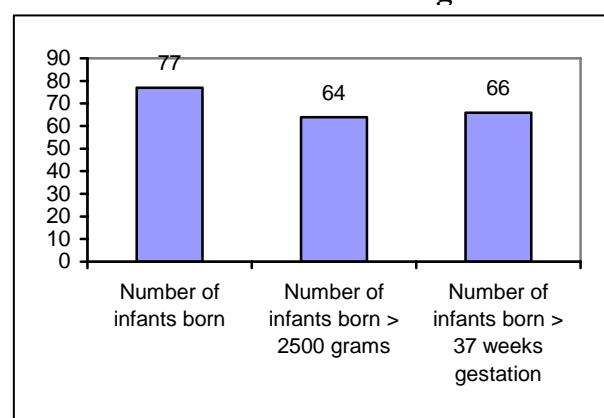
Beginning in April 2006, a two-part client survey was conducted in the Teen and African-American Initiatives. The pre-survey, administered at intake, asks clients their knowledge of pregnancy-related topics when they entered the program. The post-survey, administered at exit, asks how much clients learned during the course of the program. Information from this survey will be integrated into BabyFirst Solano's on-going data collection efforts beginning in 2006-07.

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

African-American Initiative

- The Initiative consists of Black Infant Health and Youth & Family Services. Nubian Prenatal Mentoring Program also serves this population. Outcomes data are from BIH and YFS.
- In 2005-06, the rate of African-American Initiative clients entering early prenatal care was 53.8%, down from 61.7% in the 2004-05 fiscal year.
- African-American Prenatal Initiative clients, the majority of whom have Medi-Cal (between 75%-85%), enter early prenatal care at a better rate than the overall Medi-Cal population, 44% of whom enter early prenatal care.
- In 2005-06, more than nine out of ten pregnant women in the African-American Initiative entered prenatal care in the first or second trimester (92.5%).
- Of the 71 African-American women who delivered while in the African-American Prenatal Initiative, all but one attended at least 60% of their scheduled prenatal care appointments at a rate of 98.6%. This exceeds the goal of 50% of women attending their prenatal care appointments.
- 114 women attended four or more prenatal appointments prior to delivery in the fiscal year.

Exhibit 3-2
FY 2005-06 African-American Prenatal Initiative Infant Birth Weight and



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- The rate of full term births for infants in the African-American Prenatal Initiative was 85.7% for 2005-06.
- The rate of infants born at normal birth weight was 83.1%. The rate of low birth weight infants born to this Initiative is higher than the California 2001-2003 average for African-Americans (11.9%). One contributing factor is that there were five sets of twins (7.1% of births⁶) that were delivered in the program. Twin births are much more likely to be preterm and low birth weight. When the twin births are excluded from the Initiative data set, only 6.1% of births in the African-American Prenatal Initiative were low birth weight.
- One hundred percent of the infants in the African-American Prenatal Initiative were connected with a primary healthcare provider. This includes the infants born to mothers who entered the program postpartum.

"I was at an event in downtown Vallejo, and Role of Men flyers were being handed out. I read it and thought, "Every man should do this." I attended Role of Men and found the course very enlightening. I have since volunteered my services during these courses. Participating in the program made me more conscious of what is going on in the community. I was able to see some of the men come back and have a new understanding. With my family, it gave me more of a consciousness to make sure I was giving my children loving care, being sensitive and giving them the right direction. It was an encouragement to take part in Role of Men and it enhanced my thoughts and awareness toward sensitivity."

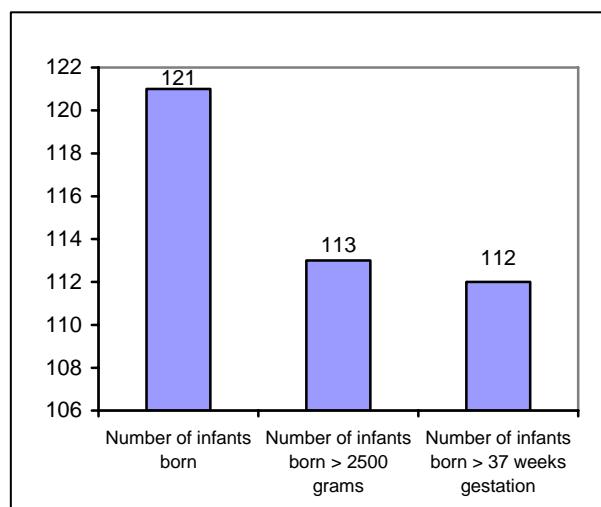
-African-American Initiative Client

Teen Prenatal Initiative

- The Teen Initiative is comprised of three core programs: PCG Teen Program, Adolescent Family Life Program, and Youth and Family Services. It's About My Baby also serves teens. Outcomes data are from PCG-Teens, AFLP, and YFS.
- 57.6% of teen clients in the Initiative entered early prenatal care during this fiscal year, compared with 55% of teens overall in Solano County in 2005.
- Nearly nine out of ten (89.6%) pregnant teens in the Initiative entered first or second trimester care.
- 92.6% of infants born to teens in the program were full term; 7.4% of infants were preterm. This is better than state and national averages. In California, the rate of preterm births for teens under the age of 18 is 13% and the rate for teens 18-19 is 10.9%. The national averages are 15.9% and 13.2% respectively. Further, the rate of preterm birth weight for teens in the Initiative is lower than the Healthy People 2010 objective of 7.6%.

Exhibit 3-3

FY 2005-06 Teen Prenatal Initiative Infant Birth Weight and Gestation



⁶This rate is significantly higher than the statewide rate of 2.8%—two and a half times more than the state rate.

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- 93.4% of infants born to teens in the program were normal birth weight; 6.6% of infants were low birth weight.
- 127 teen clients that delivered or exited the program before delivery (moved out of county or transferred to another program, such as Cal-Learn) attended 60% or more of their scheduled prenatal care visits.
- Of the 121 infants delivered in the 2005-06 fiscal year, 115 (95.04%) were connected to a primary care provider. Out of the six infants who were not connected to a primary care provider, some may have had health insurance, but not yet connected to a provider.

“I was actually at the end of my first pregnancy when I moved up to this county and I was referred to Latino Family Services (LFS) by my social worker. They really helped me so that my last few months went smooth. They were open to my questions and concerns and I always felt comfortable to seek help or ask for assistance. I really didn’t have transportation, but they would pick me up or arrange transportation so that I could make my appointments.”

—Teen Prenatal Initiative Client

Prenatal Substance Abuse Initiative

The Prenatal Substance Abuse Initiative began collecting data in March of 2006. At this time, NorthBay Medical Center’s ABC Prenatal Program began tracking how many women were screened for using substances using their current screening. The average rate of positive screens for women using alcohol, tobacco, and other drugs (ATOD) was 5.2% from March-June 2006. Women who were identified as using were then connected to the appropriate services, including tobacco cessation and on site substance abuse services. See details in the exhibit below.

Exhibit 3-4
Clients Screened for ATOD by ABC Prenatal Program

	Number of Clients	Percent
Total number of women screened for ATOD	431	NA
Total number of women using ATOD	22	5.1%
Number of women connected to smoking cessation	8	1.9%
Number of women linked to substance abuse services (other than smoking cessation)	14	3.2%
Number of women in case management	22	5.1%

On June 26, 2006, the ABC Prenatal Program began using the screening tool developed in partnership with Children’s Research Triangle. This tool has two components: a screening and a field assessment. If a client screens positive for risk of using substances, the field assessment is completed to assess for current use. Clients who are currently using are then referred for substance abuse services. Since this screening was implemented in the last week of the 2005-06 fiscal year, data are not yet available regarding the number of women who screened positive that were assessed with this tool.

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

Service Integration and Collaboration

BabyFirst Solano implemented common tools and processes. The exhibit below displays the percentage of organizations reporting on each strategy as well as the subset that attributes assistance from First 5 Solano County in implementing the strategy.

“We have protocols and processes that we all use. We ironed out who would be responsible for what part of the county and how best to meet the needs of the clients.”

—Prenatal Collaborative Member

Exhibit 3-5

Prenatal Care Grantees' Strategies for Service Integration, Coordination, and/or Quality Improvement With Percent Attributing Change to First 5 Solano Assistance

Strategy for Service Integration, Coordination, and/or Quality Improvement	FY 2005-06	
	# of Grantees Implementing Each Strategy*	Subset with Assistance from First 5 Solano
Establish and/or strengthen contacts with other organizations who serve children 0-5 and their families	10	70%
Collaborate with other organizations to identify children's needs	10	70%
Collaborate with other organizations to develop or refine services	10	70%
Share data about families across programs	10	70%
Share best practices with other organizations	10	70%
Conduct more outreach with other providers	10	80%
Collaborate with other agencies on initiatives or applications for funds	8	75%
Participate in interagency training	7	86%
Expand/begin providing services at your organization	7	78%
Co-locate services with other agencies	7	100%
Pool dollars with other agencies to serve young children and their families	6	33%

* Based on the total number of grantees responding to each item, ranging from 8 to 10 in fiscal year 2005-06.

At least seven in ten grantees report assistance from First 5 Solano in strengthening contacts with other organizations, collaborating to identify children's needs and developing or refining services, sharing data and best practices; conducting more outreach with other providers; collaborating with other agencies on initiative or applications for funds; and co-locating services with other agencies.

Improving Service Access

Pregnant women in Solano County experience common barriers to accessing prenatal care, with transportation and insufficient numbers of providers being key among them. BabyFirst Solano identified areas in which aspects of Initiative's service delivery contribute to improved access to services, as shown in the exhibit below.

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Exhibit 3-6
Prenatal Care Grantees' Service Delivery Components
Contributing to *Improved Service Access*

Aspect of Improved Service Access	FY 2005-06	
	# of Programs	% of Total
Public awareness of program services and resources	11	100%
Frequency of providing services in families' homes	6	67%
Number of referrals for services your program gets	6	60%
Number of referrals for services your program makes	6	60%
Number of children/families your program serves	6	60%
Staff who are culturally and linguistically reflective of the clients they serve	6	55%
Cultural sensitivity of staff	5	50%
Appropriateness of services for children with disabilities and other special needs	5	50%
Hours of operation	5	50%

All providers identified public awareness of program services and resources as an aspect of service delivery that contributes to improved service access.

Improving Service Quality and Access

Some strategies used by BabyFirst grantees contribute to improved service access as well as quality. All grantees reported an increase in 2005-06 in staff awareness of other community services and resources, as shown in the exhibit below.

Exhibit 3-7
Prenatal Care Grantees' Service Delivery Components
Contributing to *Improved Service Quality and Access*

Aspect of Improved Service Quality and Access	FY 2005-06	
	# of Programs	% of Total
Staff awareness of other community services/resources	11	100%
Frequency with which program staff share relevant client information with staff from other agencies	10	91%
Appropriateness of services for families with different ethnic backgrounds	5	50%

Funds Leveraged

As part of its system change efforts, First 5 Solano encourages and supports its grantees to leverage its funds to draw down additional resources to support programming and other related efforts. BabyFirst Solano initiative has captured nearly \$400,000 in leveraged state and federal funding primarily from Maternal, Child, and Adolescent Health funding avenues. Although the substance abuse component of BabyFirst only recently began operation, this component of the Prenatal Initiative was able bring approximately \$75,000 in services.

Lessons Learned for Program Improvement

BabyFirst Solano can build on strengths in the following ways:

- Continue the new streamlined committee structure to coordinate the Initiative; and
- Continue the emphasis on data and evaluation to inform program improvement.

BabyFirst Solano can address challenges in the following ways:

- Identify opportunities to obtain or offer trainings in topics needed by staff at Collaborative programs; and
- Expand recruitment efforts for staff and for prenatal providers.

Chapter 4: BabyFirst Solano: African-American Initiative BIH, YFS, Everlasting Hope Ministries

Project Name	Funded Amount
Solano County Health & Social Services African-American Focus Initiative	\$425,000 7/1/2005-6/30/2006
Everlasting Hope Ministries Nubian Prenatal Mentoring Program	\$67,484 07/01/2005-06/30/2006
Total	\$492,484

Program Overview

The African-American Initiative is delivered by Black Infant Health (BIH) with additional services provided by Youth and Family Services (YFS). The Nubian Mentoring Program provides one-on-one mentoring to African-American women. In Solano County, African-American infants are nearly twice as likely to be born at low birth weight and are more likely to die before their first birthday than their counterparts.

Black Infant Health provides comprehensive services to pregnant and parenting African-American women 18 years of age and older up to one year postpartum living in Fairfield, Vacaville and Vallejo areas of Solano County. In addition, BIH provides “Role of Men” classes for African-American fathers expecting a child or with a child less than one year of age. BIH’s goal is to reduce African-American infant mortality and low birth weight babies.

A multi-disciplinary team including a Public Health Nurse, Social Worker, and Health Assistant provide the services, support and expertise for the client to increase the likelihood of a healthy pregnancy. Outreach workers assist in increasing awareness of the importance of prenatal care in the community and the availability of services and supports to assist pregnant women and their families. All programs work with clients in order to assist them with:

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

Youth and Family Services provides services to high-risk pregnant clients, such as clients at risk of or abusing substances during pregnancy. YFS also provides services to pregnant clients involved with the criminal justice system or who have a partner involved with the system.

Exhibit 4-1
Data Sources Available for This Chapter

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Custom Program Evaluation Outcomes	<input checked="" type="checkbox"/>
Community Impact Report	<input checked="" type="checkbox"/>
Key Informant Interview(s)	<input checked="" type="checkbox"/>

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The Nubian Prenatal Mentoring Program provides mentoring services and information and referral to pregnant African-American women between the ages of 18-35 with the ultimate goals of reducing the rate of infant mortality and low birth weight babies.

Performance Measures

The following provides a summary of the African-American Prenatal Care Initiative's performance measures for the 2005-06 fiscal year. These data are available for BIH and Nubian Prenatal Mentoring Program.

Performance Measures: Black Infant Health	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Approximately 60 women will have babies at > 37 weeks gestation and at 2500 grams	✓				64 infants born > 2500 grams; 66 infants born > 37 weeks gestation
75 women will attend 4 appointments prior to delivery	✓				114 women attended 4 prenatal appointments
About 50 fathers will attend all six Role of Men classes			✓		42 fathers attended classes

Additional details and accomplishments include the following:

- 77 infants were born to women in the African-American Prenatal Initiative in the fiscal year.
- BIH added a second outreach worker to the team in the 2005-06 fiscal year in order to increase outreach activities and target reaching women early in their pregnancy.
- The BabyFirst Solano Collaborative launched a media campaign urging women to seek early, regular prenatal care (targeted towards teens and African-American women) which has been successful in expanding awareness of the importance of prenatal care and knowledge of services and supports available in Solano County.
- BIH provides additional supports to clients in the areas of transportation, housing and education.

The following provides a summary of the Nubian Prenatal Mentoring Program's performance measures for the 2005-06 fiscal year.

Performance Measures: Nubian Prenatal Mentoring Program	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
15 participants attend 75% of scheduled prenatal appointments.	✓				30 participants attended 80% of prenatal appointments
15 participants received prenatal and parenting education.	✓				35 clients increased their knowledge of healthy pregnancies

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Performance Measures: Nubian Prenatal Mentoring Program	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
15 participants will increase knowledge of infant care	✓				35 participants increased their knowledge of infant care

Challenges to Effective Service Provision

Black Infant Health

- The lack of prenatal care providers in Solano County remains a significant challenge. Currently, there remain 12 offices in Solano County providing prenatal care, several of which have limited enrollment or do not accept Medi-Cal members who are the Initiative's primary target. Three prenatal care providers closed their doors in calendar year 2005 alone. In Vallejo, there is now only one provider.
- The remaining prenatal care providers are difficult for clients to access due to the providers' geographic distribution and the transportation barriers in Solano. Solano is a large county with limited public transportation options. BIH continues to provide transportation support to its clients to mitigate these challenges but cannot meet all of the demand given the size of its caseload and available resources.

Youth and Family Services

- The Youth and Family Services Program serves the highest risk African-American women, including those who are using substances or are incarcerated. Consequently, these women have a lower rate of early entry to prenatal care than the lower risk women in the Black Infant Health Program.

Nubian Prenatal Mentoring Program

- Mentor staffing and timely certification is an ongoing concern. Nubian Prenatal Mentoring Program currently collaborates with the Fighting Back Partnership to secure mentor certification, and regularly experiences delays.
- Transportation issues, including gas prices, affect clients and Mentors alike.
- The lack of culturally appropriate materials for African-Americans makes it challenging to increase knowledge about prenatal care and awareness of services and supports for pregnant women.

What are the Characteristics of Clients Served?

- In fiscal year 2005-06, the **African-American Initiative and Teen Initiatives combined** made 5,281 direct service contacts with parents. The ethnic breakdown of service contacts to parents is: 62% African-American; 23% Hispanic/Latino; 7% White; 1% Pacific Islander; and 6% Unknown/Multiracial.
- The combined initiatives have made 1,220 direct service contacts with children 0-5. The ethnic breakdown of service contacts to children is: 68% African-American; 17% Hispanic/Latino; 5% White; 1% Pacific Islander; and 9% Unknown/Multiracial.

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- In fiscal year 2005-06, the **Nubian Prenatal Mentoring Program** made 994 direct service contacts with parents. The racial/ethnic breakdown of service contacts to parents is: 99% African-American, 1% Unknown.
- The program has made 311 direct service contacts with children 0-5. The racial/ethnic breakdown of service contacts to children is: 100% African-American.

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

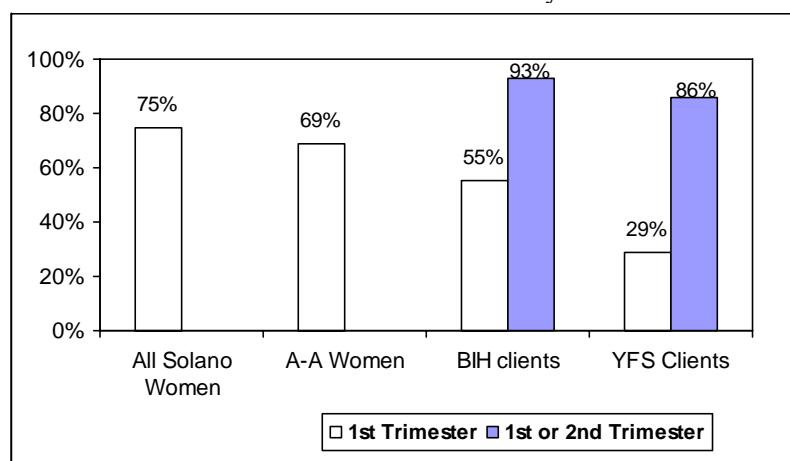
Black Infant Health

Black Infant Health tracked outcomes for program participants through monthly Persimmon reports, the Black Infant Health “Green Book” and data system, and client files. The following results are for the period from July 1, 2005 to June 30, 2006.

As shown in the chart at right, one out of four (75%) pregnant women in Solano County enters prenatal care in the first trimester. For African-American women the early entry into prenatal care is lower (69%).⁷ The number of Comprehensive Perinatal Service Providers (CSPS) in Solano County was reduced by half in 2005.

- In the BIH program, more than half of the high-risk clients (55.4%) enter care in the first trimester and 92.9% enter care in the first or second trimester.
- **All but one (98.6%) client attended at least 60% of their prenatal care visits.**
- **YFS** served 7 clients in the fiscal year. Just over one-quarter (28.6%) entered prenatal care in the first trimester. All but one (85.7%) clients entered prenatal care in the first or second trimester.

Exhibit 4-2
Entry into Prenatal Care,
BIH & YFS Clients and Solano County Women Overall



Nubian Prenatal Mentoring Program

Nubian Prenatal Mentoring Program has exceeded all targets with regard to its outcomes indicators in the areas of both client and mentors. The program attributes this success to its intensive one-on-one approach, resulting from structured Mentor training and to connections with Black Infant Health.

In its first full year of implementation, Nubian Prenatal Mentoring Project has been successful in increasing awareness of the program and building trust among the provider and client community. It

⁷ Entry to Early Prenatal Care in Solano County Data Snapshot, Solano County Health and Human Services, May 2006

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continues to work closely with new and existing programs in Solano to increase awareness of its services and how it can work in concert with others to support healthy birth outcomes.

Lessons Learned for Program Improvement

The African-American Initiative can build on strengths in the following ways:

- Maintain case management, case coordination, and home visiting strategies to ensure clients attend prenatal visits.
- Continue to offer transportation, bus passes, and taxi vouchers to clients to ensure attendance at prenatal visits.
- Expand geographic reach of Role of Men program to Fairfield and Vacaville, as planned.
- Implement a formal Memorandum of Understanding with Black Infant Health and Nubian Prenatal Mentoring Program to continue the successful coordination between the programs and reduce duplication of services.

The African-American Focus Initiative can address challenges in the following ways:

- Addressing the key challenge to service delivery, the lack of prenatal care providers in Solano County, is a task for the system of care in Solano County rather than a single service provider.
- Recruit volunteers to assist Nubian Prenatal Mentoring Program in securing donations for incentives and recruiting new mentors and mentees.
- Continue to address transportation issues by holding Nubian Prenatal Mentoring Program mentor meetings at locations close to mentees' homes.
- Consider bringing some aspects of Mentor training in-house to the Nubian Prenatal Mentoring Program.

Chapter 5: BabyFirst Solano: Teen Prenatal Initiative H&SS, AFLP, PCG-Teens, YFS, and It's About My Baby

Project Name	Funded Amount
Solano County Health & Social Services Teen Prenatal Initiative	\$245,988 7/1/2005-6/30/2006
CA Hispanic Commission/Latino Family Services It's About My Baby	\$142,225 07/01/2005 to 06/30/2006
Total for Teen Initiative	\$388,233

Program Overview

The Adolescent Family Life Program (AFLP) through Planned Parenthood of Shasta-Diablo, Prenatal Care Guidance-Teens (PCG-Teens), Youth and Family Services (YFS), and It's About My Baby through the California Hispanic Commission's Latino Family Services all offer comprehensive case management and care coordination to pregnant and parenting teens under age 20. All four assist teens with:

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

Each program addresses additional issues related to pregnant and parenting teens, as described below.

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

The PCG-Teens program provides comprehensive services to high-risk pregnant and parenting teens under age 20, including clients who are homeless, have mental illness, postpartum depression and/or have experienced domestic violence. Additionally, the PCG-Teen program provides consultation services to the other teen programs, and may co-case manage a client that is experiencing psychosocial issues. For example, PCG-Teens works closely with YFS to provide

Exhibit 5-1
Data Sources Available for This Chapter

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Custom Program Evaluation Outcomes	<input checked="" type="checkbox"/>
Persimmonny Data	<input checked="" type="checkbox"/>
Key Informant Interview	<input checked="" type="checkbox"/>

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comprehensive case management to the highest risk teens in Solano County. The Prenatal Care Guidance program provides services to pregnant clients in need of medical insurance and links them to a prenatal care provider. Additionally, PCG plays a key role within the BabyFirst Solano Prenatal Collaborative by routing referrals to the appropriate partner agencies for services, including case management and care coordination. PCG-Teens assists teens with linking to necessary mental health services and preventing repeat pregnancies by creating a family plan.

Youth and Family Services (YFS) provides comprehensive services to pregnant and parenting teens that may have difficulty being compliant in other programs. In addition, clients may be involved with the criminal justice system or at risk of or abusing substances during pregnancy. YFS assists them with attaining life skills and providing substance abuse assessments and linkages to treatment.

It's About My Baby, offered through the California Hispanic Commission's Latino Family Services, provides extensive case management and care coordination services to pregnant and parenting teens under age 20 living in Northern Solano County up to two months postpartum. Their focus is on serving Latina teens.

The implementation of the Substance Abuse Project (part of the BabyFirst Solano Collaborative) funded by First 5 Solano and implemented in the latter part of fiscal year 2005-06, provides additional tools, protocols, and resources for those working with women and teens using substances during pregnancy.

Performance Measures

The following provides a summary of the Teen Initiative performance measures for the 2005-06 fiscal year. **AFLP, PCG-Teens, and YFS** worked toward the performance measures in the table below.

Performance Measures: AFLP, PCG-Teens, YFS	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Approximately 40 teens will enter prenatal care in the first trimester.	✓				116 teens entered care in the first trimester
50 prenatal teen clients will attend 60% of prenatal appointments scheduled according to the normal regimen of care according to client's stage of pregnancy.	✓				123 clients attended at least 60% of appointments
Approximately 50% of women will have babies at >30 weeks gestation and/or at 2500 grams.	✓				107 infants born at >30 weeks and/or >2500 grams

Additional details and accomplishments include the following:

- PCG-Teens provided intensive case management and care coordination to 70 pregnant or early postpartum teens;

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- YFS provided support to 2 pregnant and 11 postpartum teens; and
- AFLP through Planned Parenthood: Shasta Diablo provided services to 139 clients.
- Overall, the Teen Prenatal Initiative planned to reach at least 145 pregnant or parenting teens. The Initiative provided services to 211 teen clients and 116 infants, exceeding its target.
- In Spring 2006, AFLP experienced changes in its administration; both the Director and the Senior Case Manager left the program. The new leadership has made changes in terms of standardizing reporting and referral processes; encouraging existing staff to engage in continuing education opportunities; and increasing the number of bi-lingual and bi-cultural staff. Professional development and increased community and partner collaboration has become an essential part of the new program model.

It's About My Baby

The following provides a summary of It's About My Baby's performance measures for the 2005-06 fiscal year.

Performance Measures: It's About My Baby	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
30 participants attend 75% of prenatal appointments scheduled according to the normal regimen of care according to the client's stage of pregnancy.	✓				71 participants attended 75% of prenatal appointments.
30 clients will increase their knowledge of healthy pregnancies and their own bodies and health as well as infant care.	✓				52 clients report an increase in knowledge.
30 postpartum participants are enrolled in parenting services and family support for which they are eligible.			✓		19 participants enrolled.
30 infants will be enrolled in health insurance.			✓		27 infants born enrolled in health insurance.

Additional details and accomplishments include the following:

- **53 clients** were enrolled in It's About My Baby in the time period from July 1, 2005 to June 30, 2006, and **36** babies were born to client mothers

Challenges to Effective Service Provision

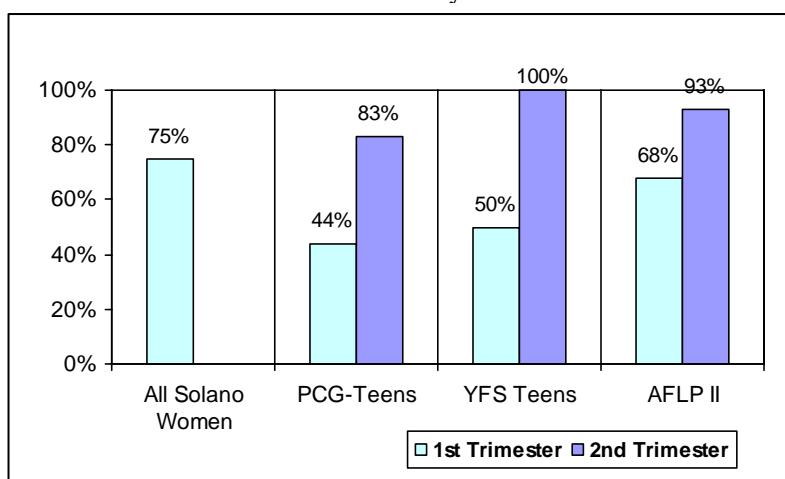
- Transportation is a challenge to teens as well as other clients in the Collaborative.
- In general, teens do not often realize that they are pregnant early in their pregnancy. Thus, linking them into care during the first trimester is a challenge.
- Many clients struggle to remain in school during their pregnancies.
- PCG-Teen and YFS program clients often face issues of homelessness and/or substance abuse during pregnancy.

- It's About My Baby found that it can be difficult to educate young women on the importance of prenatal care. In addition, there are cultural myths about medicine and how to care for their body and baby. Continued education and support are needed to address the issues which face this population.
- Over the past two years, the number of Comprehensive Perinatal Service Providers⁸ (CPSP) in Solano County has been reduced by half, presenting significant challenges to increasing the number of women entering early care. Twelve prenatal care providers serve Solano County.

What are the Characteristics of Clients Served?

- In fiscal year 2005-06, the **African-American Initiative and Teen Initiatives combined** made 5,281 direct service contacts with parents. The ethnic breakdown of service contacts to parents is: 62% African-American; 23% Hispanic/Latino; 7% White; 1% Pacific Islander; and 6% Unknown/Multiracial.
- The combined initiatives have made 1,220 direct service contacts with children 0-5. The ethnic breakdown of service contacts to parents is: 68% African-American; 17% Hispanic/Latino; 5% White; 1% Pacific Islander; and 9% Unknown/Multiracial.
- In the same time period, **It's About My Baby** has made 202 direct service contacts with parents. The ethnic breakdown of service contacts to parents is: 84% Hispanic/Latino; 8% Multiracial; and 7% White.
- The program has made 40 direct service contacts with children 0-5. The ethnic breakdown of service contacts to parents is: 80% Hispanic/Latino; 13% Multiracial; and 8% White.

Exhibit 5-2
Entry into Prenatal Care, Teen Prenatal Initiative Clients and Solano County Women Overall



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

The Teen Initiative partners tracked the following outcome data in the PCG data system, client health records, and the Persimmon Data system for program participants and found the following results for the period from July 1, 2005 to June 30, 2006.

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

Priority 1: Health and Well-Being

The PCG Teen Program and the Youth and Family Services Program serve the highest risk teens. Consequently, teens in these programs have a lower rate of early entry to prenatal care than the lower risk teens in the Adolescent Family Life Program. Three out of four (75%) pregnant women in Solano County enter prenatal care in the first trimester, compared with 67.6% of AFLP clients, 50.0% of YFS clients, and 44.3% of PCG-Teens clients. **All (100.0%) YFS teen clients, 92.8% of AFLP II clients, and 82.9% of PCG-Teens clients enter prenatal care in the first or second trimesters.**

Over 40 teen parents served by **AFLP-II, PCG-Teens, and YFS** graduated from high school or attained their GED in the 2005-06 fiscal year.

It's About My Baby

Over twice as many clients as anticipated regularly attended at least 75% of their scheduled prenatal care appointments. The target for this outcome indicator was 30 participants; 71 attended at least 75% of their appointments. The provision of regular transportation to and from appointments contributed to the high success rate.

Nearly all (90%) participant babies now have a medical home. Similarly, 98% of clients reported increased knowledge of their bodies, pregnancy and birth, as well as infant care. Through a combination of individual counseling and group educational sessions, clients were provided with information on a broad range of topics including CPR, Lamaze, nutrition, immunizations and more.

Lessons Learned for Program Improvement

The Teen Prenatal Initiative can build on strengths in the following ways:

- Continue to focus outreach efforts on teen pregnancy “hot spots” to encourage pregnant teens to enroll in prenatal care early in their pregnancies.
- Continue to refine referral processes to increase efficiency.
- The AFLP II Public Health Nurse (PHN) provision of medical consultation to clients remains a strong component of both this program and the Collaborative; this should continue.

The Teen Prenatal Initiative can address challenges in the following ways:

- Continue to connect and share strategies with other programs in the BabyFirst Solano Collaborative to expand transportation options, including taxi vouchers where available.
- Continue to focus efforts and build collaborations to provide culturally competent education on the importance of prenatal care.
- Work more closely with schools in the future in order to increase awareness of and strengthen linkages with needed services for clients.
- Maintain connections with emergency and transitional housing providers.

Chapter 6: Prenatal Substance Use/Abuse Initiative

Project Name	Funded Amount
Prenatal Substance Use/Abuse Initiative	\$406,352 07/01/2005 – 06/30/2006

Program Overview

The BabyFirst Solano prenatal substance abuse project is modeled after Kaiser Permanente's successful Early Start program. As in the Early Start program, pregnant women are screened for substance use and receive prenatal substance use education and services in the prenatal care setting by skilled medical professionals.

Exhibit 6-1
Data Sources Available for This Chapter

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Custom Program Evaluation Outcomes	<input checked="" type="checkbox"/>
Persimmonny Data	<input checked="" type="checkbox"/>
Community Impact Report	<input checked="" type="checkbox"/>
Key Informant Interview	<input checked="" type="checkbox"/>

The target population for the prevention, early identification and treatment services delivered and coordinated through this funding are pregnant and postpartum women and infants up to six months old.

Partners include: Health and Social Services; Maternal, Child, and Adolescent Health Bureau; Solano County Substance Abuse; Mental Health and Child Welfare Services; Melvin Thompson Center; Sutter Solano Medical Center; NorthBay Medical Center; and the California Hispanic Commission on Alcohol and Drug Abuse.

Performance Measures

The following provides a summary of the Prenatal Substance Abuse Project performance measures for the 2005-06 fiscal year.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Screen 300 pregnant women for at-risk and/or substance use/abuse at the clinic sites.	✓				431 women screened
Identify and assess 40 women who are at risk of using or are using/abusing tobacco, alcohol, or other drugs.			✓		22 women were identified as using substances
Assess ancillary needs for 40 women and make referrals			✓		22 women were assessed
Connect 30 pregnant women for substance abuse services and/or tobacco cessation.			✓		22 women connected to services

Priority 1: Health and Well-Being

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Conduct pre-intervention services with 10 pregnant women not yet participating in substance abuse programs.		✓			22 women not yet participating in programs received pre-intervention services
Monitor and coordinate cases for 30 pregnant women undertaking substance abuse treatment.			✓		22 women in case management

Additional details and accomplishments include the following:

- Overall, 431 women were screened for ATOD. The average rate of positive screens for women using alcohol, tobacco, and other drugs (ATOD) was 5.1% (22) from March-June. Of these, 8 were connected with smoking cessation services, 14 were linked to substance abuse services (other than smoking cessation), and all (22) are being case managed including referrals to other services and supports.

Challenges to Effective Service Provision

- Substance abuse remains a difficult topic for discussion and intervention in families, neighborhoods and within the provider community. It is particularly challenging with regard to pregnant and parenting teens and women.
- Originally, two provider settings were targeted for the launch of the project, Great Beginnings at Sutter Solano and The ABC Prenatal Program at NorthBay Medical Center. Great Beginnings experienced a change in ownership and thus launching of the project at this site has been delayed until early 2007. At a four day team retreat facilitated by Dr. Ira Chasnoff and Dr. Rich McGourty, the Leadership Team agreed to focus on starting up the prenatal substance use initiative at one prenatal site, with plans to expand the Initiative to other prenatal sites in early 2007.
- Successful implementation of this project is dependent on increased awareness, a common understanding, and adoption of best and promising practices to address substance use among pregnant women. This has taken more time than originally anticipated but the result has been an almost county-wide interest and support of this project.
- The number of women screened exceeded the target of 300. However, fewer women than anticipated were identified as using substances with the previous screening tool. With the introduction of the 4Ps Plus screening tool, it is anticipated that a greater percentage of women will be identified as using substances in the next fiscal year, and therefore, the target number will be connected to substance abuse services and case management.

What are the Characteristics of Clients Served?

There were no available data in progress reports or Persimmon about characteristics of clients served by the Prenatal Substance Use/Abuse project. The project is tracking these data for the 2006-07 fiscal year.

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

On June 26, the ABC Prenatal Program began using the 4Ps Plus screening tool developed in partnership with Children's Research Triangle. This tool has two components: a screening and a field assessment. If a client screens positive for risk of using substances, the field assessment is completed to assess for current use. Clients who are currently using are then referred for substance abuse services. Since this screening was implemented in the last week of the 2005-06 fiscal year, data are not yet available regarding the number of women who screened positive that were assessed with this tool.

“We have a few young moms who I suspect are using. Before Phase II not much you could do other than encourage them to reduce. It is a wonderful addition.”

– Prenatal Collaborative Staff

Chapter 7: Early Childhood Mental Health Initiative

Initiative Component	Funded Amount
Early Childhood Mental Health Initiative	\$647,112
FamiliesFirst: Early Childhood Mental Health Program	\$256,855 07/01/2005 to 06/30/2006
Children's Nurturing Project: Newborn and 0-5 Special Needs Screening and Support	\$99,564 07/01/2005 to 06/30/2006
Child Start, Inc: Early Mental Health Services (and Full Day Quality Care ⁹)	\$240,693 07/01/2005 to 06/30/2006
Solano County Health & Social Services: Early Periodic Screening, Diagnosis and Treatment	\$50,000 07/01/2005 to 06/30/2006

Initiative Overview

The goal of the programs funded under the Early Childhood Mental Health Initiative is to provide home-based or center-based, early and sequential screening, referrals and direct services for mental health, developmental, behavioral, and health concerns to newborns, infants, and toddlers in order to:

Exhibit 7-1

Data Sources Available for This Chapter

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

- ✓ Increase the early identification of mental health needs for children ages 0-5;
- ✓ Increase the number of children with social and emotional issues who progress in their development and functioning; and
- ✓ Increase the number of parents who know and apply appropriate parenting skills to support their children's optimum development.

The First 5 Solano County Commission funded four grantee organizations under the Early Childhood Mental Health Initiative, each responsible for one or more of the Initiative's outcomes. The Children's Nurturing Project provides developmental screenings to children ages 0-5 in order to identify developmental delays or those children and families needing extra assistance with the child's social-emotional issues. FamiliesFirst provides support services to families and direct mental health services to children ages 0-5 with behavioral and/or emotional issues. Child Start offers onsite mental health services to all Head Start children through mental health and advanced mental health trainees working directly with the children and their teachers. Finally, Solano County Health & Social Services received First 5 funding to provide multiple levels of outpatient mental health care and support services to Medi-Cal eligible children ages 0-5 assessed with a medical necessity. Evaluators present information on the Health & Social Services program in a following grantee

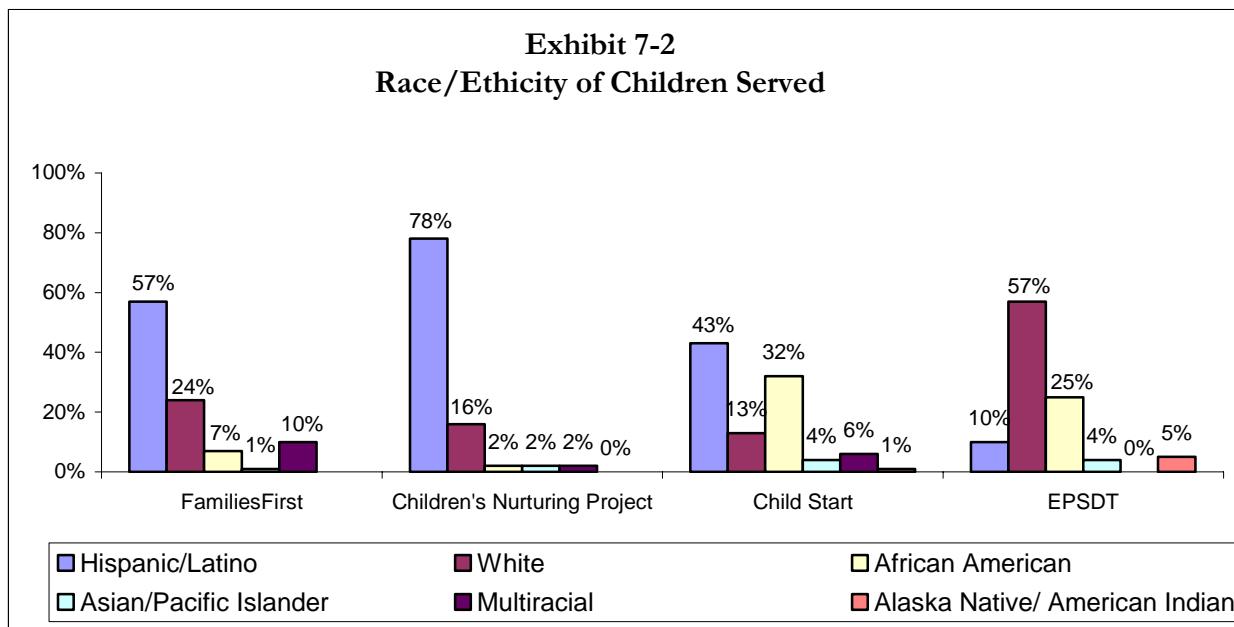
⁹ Child Start's contract with First 5 Solano provides for two separate components at Head Start sites. The Priority 1 component is Early Mental Health Services, part of the ECMH Initiative and described in this section. The Priority 2 component is wrap-around, full day services for children in Head Start.

Priority 1: Health and Well-Being

chapter, but it is excluded from analysis in this Initiative chapter. This chapter describes how these grantees work together and the way in which they have helped improve Solano County's system of mental health care for children ages 0-5. We provide all results on the programs' performance measures and outcomes in each grantee chapter following this Initiative chapter.

What are the Characteristics of Clients Served?

In the 2005-06 fiscal year, FamiliesFirst provided direct mental health services to 37 children; the Children's Nurturing Project screened 201 children; and Child Start served 443 children through its Early Mental Health and Full Day Quality Care services to Head Start children. The racial/ethnic breakdown for all service contacts to children ages 0-5 in fiscal year 2005-06 is given in the chart below.



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

Evaluators pose the following three research questions for the Early Childhood Mental Health Initiative:

1. Are children with social and emotional issues being identified through these programs?
2. Are children with social and emotional issues progressing in their development and functioning?
3. Are parents understanding and applying appropriate parenting skills to support their children's optimum development?

The exhibit below presents results by grantee organization for each Initiative outcome indicator.

Priority 1: Health and Well-Being

Outcome Indicator	Results by Grantee Organization		
	FamiliesFirst	Children's Nurturing Project	Child Start, Inc.
Number and percentage of children identified with social and emotional issues	N/A ¹⁰	38% of screened children were identified with social and emotional issues. 100% of these children were referred to the appropriate services. (n=201)	19% of children in Head Start classrooms were identified with social and emotional issues. (n=443) ¹¹
Number and percentage of children with social and emotional issues who progress in their development and functioning	75% of children who completed treatment progressed in their development and functioning. (n=20)	68% of children who presented with social and emotional issues and were measured with subsequent ASQSE screenings progressed in their development and functioning. (n=76)	84% of children progressed in their development and functioning. (n=408) ¹²
Number and percentage of families who increase their level of functioning	94% of families who completed the program increased their level of functioning, as determined by the North Carolina Family Assessment. (n=18)	N/A	N/A ¹³
Number and percentage of parents who increase their parenting skills	94% of parents who completed the program increased their parenting skills. (n=18)	N/A	N/A ⁴

The grantee organizations in the Early Childhood Mental Health Initiative are successfully identifying children who have special mental health needs, and are referring these children and their families to the appropriate services in their communities. These data show that children who receive mental health services are progressing in their development and functioning, and parents receiving services are increasing their parenting skills and overall family functioning. We provide further details on program-level outcomes in the subsequent chapters of this report.

¹⁰ This research question is not applicable to FamiliesFirst because children come in already having been identified. In some cases, partnering grantee the Children's Nurturing Project was the screen that identified these children.

¹¹ Child Start mental health trainees identify target children in classrooms who may need extra help behaviorally, and the trainees may work with those children in part of a larger group. However, trainees do not make clinical identifications or diagnoses.

¹² Child Start administers a checklist by Pearson Learning instead of the ASQSE. This checklist has been used for the past six years as a part of its ongoing Head Start assessment. The first 9 items on the checklist have to do with the social/emotional domain. The checklist is administered three times a year: 1) at the end of November to collect baseline data; 2) at the end of February or beginning of March; and 3) in the second week in May.

¹³ These outcome indicators are not applicable to Child Start because the program provides mental health trainees in Head Start classrooms and do not work with parents through this contract.

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

Service Integration, Coordination and Collaboration

The Early Childhood Mental Health Initiative grantees implemented a broad variety of strategies to integrate and coordinate services, collaborate, build provider capacity to improve service quality and access to services. The following exhibit displays the percentage of organizations reporting on each strategy as well as the subset that attributes assistance from First 5 Solano County in implementing the strategy.

Exhibit 7-3
ECMH Grantees' Strategies for Service Integration, Coordination, and/or Quality Improvement With Percent Attributing Change to First 5 Solano Assistance (n=3)

Strategy for Service Integration, Coordination, and/or Quality Improvement	FY 2005-06	
	# of Grantees Implementing Each Strategy	Subset with Assistance from First 5 Solano
Establish and/or strengthen contacts with other organizations who serve children 0-5 and their families	3	100%
Collaborate with other organizations to identify children's needs	3	33%
Collaborate with other organizations to develop or refine services	3	33%
Participate in interagency training	3	33%
Share data about families across programs	3	33%
Share best practices with other organizations	3	33%
Collaborate with other agencies on initiatives or applications for funds	3	67%
Conduct more outreach with other providers	3	67%
Expand/begin providing services at your organization	3	33%
Co-locate services with other agencies	3	0%
Pool dollars with other agencies to serve young children and their families	2	50%

The three ECMH grantees included in this analysis implement all but one strategy. Two of the three grantees pool dollars with other agencies to serve young children and their families. Furthermore, two or more organizations reporting that they established or strengthened relationships with other providers in the system of care, collaborated with other organizations on initiatives or applications for funds, and conducted more outreach with other providers attribute assistance from First 5 Solano County in implementing these system-enhancing strategies.

In addition to these findings, providers also reveal anecdotally how they have increased their service coordination and collaboration in the past year. The Children's Nurturing Project (CNP) screens

“We've done a lot of work in bringing together the collaborative community and making sure that we're coordinating services. There are myriad of county meetings in Solano and many places where we can work together. It's really helped us to work together and avoid duplication of services.”
-FamiliesFirst staff

Priority 1: Health and Well-Being

children for social and emotional issues, and FamiliesFirst provides direct mental health services for children. CNP staff comments, “From the beginning, we set out and worked together in a mutual way. Our program is more of prevention and early intervention, while FamiliesFirst is when a family qualifies for service and then we can send them there. We’ve really improved in getting referrals over there immediately and creating seamless transitions for the family.”

Additionally, Child Start constantly seeks out new collaborations. One staff person explains that part of its Head Start mandate is for the organization to engage with the community. Child Start refers the children they serve to various organizations as needed, and they have a collaborative partnership with Alliant International University. The First 5 Solano County ECMH grant has allowed Child Start to be able to continue this relationship, paying for the classroom mental health trainees in the Solano County centers.

Service collaboration travels beyond the grantees within the ECMH Initiative and beyond First 5 Solano-funded programs. Grantees in the ECMH Initiative describe the extensive case conferencing coordinated within the Integrated Family Services Initiative (IFSI), described in Chapter 21 of this report. Children’s Nurturing Project and FamiliesFirst staff explain that these case conferences combine mental health, substance abuse, family support, and other services into one meeting. There is one location in each city, and the conferencing allows EMCH grantees to be aware of high priority families and difficult cases ahead of time. It is representative of all service providers in each area and all groups meet once a month at a minimum.

“One family that recently came up in a city case conference is a Spanish-speaking family with five children, three who are under the age of 5. This particular family has had bouts of homelessness, domestic violence, substance abuse and child neglect. Currently, the perpetrator is in jail and has left the family homeless. The family had previously received referrals to us and others, but they were in crisis and didn’t trust the system so they had not accessed any services. The family had no phone and was staying at the shelter. We were able to send our home visitor and engage them in everything at once, just through one person. From there we were able to get them hooked up with some home-based services. They are engaged with FamiliesFirst, Youth and Family Services and others, but they are not being inundated with people.”

—ECMH Initiative staff

Improving Service Access

Families with young children in Solano County experience a spectrum of barriers to accessing the services they need. An effective system of care is one that is accessible to and appropriate for those who need it. First 5 Solano County ECMH Initiative grantees experienced a broad range of increases in various aspects of their service delivery that contribute to improvements in service access.

Exhibit 7-4
ECMH Grantees' Service Delivery Components Contributing to *Improved Service Access*
(n=3)

Aspect of Improved Service Access	FY 2005-06	
	# of Programs	% of Total
Number of referrals for services your program gets	3	100%
Number of referrals for services your program makes	3	100%
Number of children/families your program serves	3	100%
Appropriateness of services for children with disabilities and other special needs	3	100%
Hours of operation	3	100%
Public awareness of program services and resources	2	67%
Cultural sensitivity of staff	2	67%
Staff who are culturally and linguistically reflective of the clients they serve	2	67%
Frequency of providing services in families' homes	2	67%

All ECMH initiative grantees increased the number of referrals made and increased the number of referrals received through their programs. To address lack of knowledge about services as a barrier to receiving them, two of the three grantees implemented strategies to increase public awareness of their offerings.

To address cultural appropriateness and competency as a barrier to accessing services, two of the three ECMH Initiative grantees implemented efforts to increase the cultural sensitivity of staff providing services and to increase the number of staff they have who are culturally and linguistically reflective of the clients they serve. A FamiliesFirst staff members says that being able to provide services in families' homes, in their environment, has helped staff a great deal to work intensively and appropriately with the families they serve. Two of the three grantees increased the frequency of providing services in families' homes.

FamiliesFirst and CNP staff also describe how the Early Childhood Mental Health Initiative has increased service accessibility. "Through County Mental Health," staff describe, "there used to be a very narrow gateway for families who needed help in gaining access to mental health services. Often what would happen is that families would be identified and given a number to call. Then they would be referred to yet another organization. There was an overload in what the County could handle, and they didn't have adequate knowledge of the services offered in the community." Through the ECMH Initiative, grantees do a lot of their own prescreening work and designating families for services. Staff believe that their own screening and direct services has helped service accessibility and has positively impacted the County's system of care.

"Through this grant we are able to provide services for every Head Start child who is enrolled, and we can provide one-on-one mental health services for those children in need who otherwise were not able to access those services. These are the children who wouldn't get anything because of family stressors, scheduling conflicts, et cetera. Being able to offer mental health services and providing services in the classrooms has undoubtedly increased access."

– Child Start staff

Improving Service Quality and Access

Some strategies ECMH Initiative grantees implemented in FY 05-06 serve dual purposes of improving service quality and access. All ECMH Initiative grantees increased the frequency with which program staff shared relevant client information with staff from other agencies. They have also increased the appropriateness of services for families with different ethnic backgrounds, and two of the three grantees have increased staff awareness of other community services/resources.

Exhibit 7-5
ECMH Grantees' Service Delivery Components
Contributing to *Improved Service Quality and Access*
(n=3)

Aspect of Improved Service Quality and Access	FY 2005-06	
	# of Programs	% of Total
Frequency with which program staff share relevant client information with staff from other agencies	3	100%
Appropriateness of services for families with different ethnic backgrounds	3	100%
Staff awareness of other community services/resources	2	67%

A FamiliesFirst staff member notes that the adoption of an evidence-based program has made an incredible difference in service quality in the past year, and that doing things in a prescribed way with fidelity to the program has contributed to the positive change seen in families.

At the Children's Nurturing Project, the biggest way the program has enhanced service quality in the past year was through its increased level of data collection and evaluation, prompted by the outcomes tracking required by the First 5 Solano County grant. The organization increased the level of information collected, and a CNP staff member explains, "We know what happens with the family after case closure. We are able to measure the key indicators required by the grant, but we also know more information such as pediatric appointments and the immunization status of the child. We have additional information that we can use for referrals and follow up."

"Our Mental Health Trainees are role models for teachers in addition to working directly with the kids. They provide activities for the teachers and help them learn how to work with children who have behavioral issues, especially when they're talking to families about behavioral issues. The trainees increase the capacity and skill level of teachers, and therefore enhance the quality of the overall program. It's been wonderful having them in our classroom and being a part of our team."

—Child Start staff

Funds Leveraged

- The Children's Nurturing Project has acquired funding that allows for services into the cities that are outside of the First 5 Solano County School Readiness catchment areas.
- Child Start Inc. has used its First 5 Solano County funding to secure nearly \$800,000 in Federal funding for the Head Start program.

Priority 1: Health and Well-Being

- Solano County Health & Social Services (H&SS) used \$30,000 in First 5 funds earmarked for the Early Period Screening, Diagnosis and treatment (EPSDT) program to draw down a 95% match (over \$600,000) in Federal mental health funding for Medi-Cal eligible children.

Lessons Learned for Program Improvement

The Early Childhood Mental Health Initiative can build on strengths in the following ways:

- Continue to participate in case conferencing to be aware of high priority families in need of mental health services for their children 0-5.
- Conduct extensive, county-wide outreach including dissemination of these positive outcomes that the Initiative has achieved to date.

Chapter 8: FamiliesFirst, Inc: Early Childhood Mental Health Program

Project Name	Funded Amount
FamiliesFirst, Inc. Early Childhood Mental Health Program	\$256,855 07/01/2005 to 06/30/2006

Program Overview

FamiliesFirst's Early Childhood Mental Health program provides mental health services to children ages 0-5 who have some type of behavioral or emotional issue and support services to families in order to help them provide the parental guidance their children need.

FamiliesFirst aims to:

- ✓ Increase the level of parent-child interaction and bonding;
- ✓ Increase parenting skills to support healthy child development; and
- ✓ Increase families' connections to community resources.

The Incredible Years, an evidence-based, 12-week program comprised of weekly two-hour parenting workshops and a children's playgroup, is the core component of the Early Childhood Mental Health program. The workshop teaches parenting skills such as playing with children, providing rewards, setting limits effectively, dealing with noncompliance and handling misbehavior. In the playgroup, staff work with children in areas related to the objectives for the evening parenting workshop. Parents watch and discuss instructional video tapes, and FamiliesFirst provides meals to all parents and children and transportation for those families who need it. Instructional videos are made available in English and Spanish for take-home viewing.

Additionally, every family in the program receives at least one home visit per week during treatment. A mental health clinician visits the home to offer therapeutic services to children with social-emotional issues and to offer support to parents in their interactions with their children. In some cases a family skills trainer will work on a particular behavioral goal with the child and her/his family. A third component of the FamiliesFirst program is that a family advocate visits each family at least twice during the 12 weeks. They help to connect families with additional services or resources they need.

Exhibit 8-1
Data Sources Available for This Chapter

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Custom Program Evaluation Outcomes	<input checked="" type="checkbox"/>
Persimmonny Data	<input checked="" type="checkbox"/>
Key Informant Interview	<input checked="" type="checkbox"/>

Performance Measures

The following provides a summary of FamiliesFirst's performance measures for the 2005-06 fiscal year.

Performance Measure	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Reach out to, assess and serve 45 children and their families with weekly in-home mental health services and parenting workshops.			✓		37 children served; 34 families served
The Family Advocate will assist families to identify and better use community resources.	✓				Family Advocate provided assistance to each family at least twice

Challenges to Effective Service Provision

- Some parents reported high levels of psycho-social stress and/or personal mental health issues that interfered with regular participation in program activities.
- Some parents initially exhibited resistance with regard to implementing the parenting skills and techniques taught.
- Some parents and/or children left Solano County and ended their participation in services prematurely.
- One client was removed from home due to parental neglect. Times of crisis necessitated staff to focus on crisis stabilization and resolution, making it difficult to exclusively focus on program goals.

What are the Characteristics of Clients Served?

- Through the Early Childhood Mental Health program, FamiliesFirst served a total of **34 families** and **37 children** ages 0-5 years in the 2005-06 fiscal year.
- In fiscal year 2005-06 the Early Childhood Mental Health program made 701 direct service contacts with parents. The ethnic breakdown of service contacts to parents is: 58% Hispanic/Latino; 27% White; 9% African-American; 4% Multiracial; and 2% Pacific Islander.
- The Early Childhood Mental Health program has made 614 direct service contacts with children 0-5. The ethnic breakdown of service contacts to children is: 57% Hispanic/Latino; 24% White; 7% African-American; 10% Multiracial; 1% Pacific Islander; and 2% Unknown.

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

FamiliesFirst aims to increase the level of parent-child interaction and bonding, provide parents with skills to support the healthy development of their children, and increase families' connections to community resources.

Outcome Indicator	Results
70% of children treated will increase their level of social and emotional behavior	<ul style="list-style-type: none">▪ Twenty children with social and emotional issues completed treatment in the time period from July 1, 2005 to June 30, 2006. Of these 20 children, 15 (75%) progressed in their development and functioning.
70% of families served will increase their parenting skills and bonding with their children	<ul style="list-style-type: none">▪ Eighteen families completed treatment in the time period from July 1, 2005 to June 30, 2006. Of these 18 families, 17 (94%) increased their parenting skills and bonding with their children.
Families will increase their level of functioning	<ul style="list-style-type: none">▪ 94% (n=18) of families who completed treatment increased their level of functioning as determined by the North Carolina Family Assessment Scale.
70% of families will access at least one additional community resource	<ul style="list-style-type: none">▪ 100% (n=34) of families accessed at least one additional community resource.

As the results show in the table above, FamiliesFirst successfully achieved all of the intended programmatic outcomes for its Early Childhood Mental Health Program. Children's social and emotional issues are improving, and parents are understanding and applying appropriate parenting skills to support their children's optimum development.

Lessons Learned for Program Improvement

The Early Childhood Mental Health program can build on strengths in the following ways:

- Continue to provide intense in-home therapeutic and case management support to develop and reinforce parenting skills and play activities.

The Early Childhood Mental Health program can address challenges in the following ways:

- Continue to provide referrals for supplemental or alternative services to address family needs in the areas of housing, food, clothing, transportation, finances, medical/dental, educational and mental health.
- Continue to meet regularly with other community providers to ensure continuity of care.

Chapter 9: Children's Nurturing Project: Newborn and 0-5 Special Needs Screening and Support

Project Name	Funded Amount
Children's Nurturing Project: Newborn and 0-5 Special Needs Screening and Support	\$99,564 07/01/2005 to 06/30/2006

Program Overview

Children's Nurturing Project (CNP) provides developmental screenings to children ages 0-5 to identify developmental delays and/or those children and families needing extra assistance with the child's social-emotional issues. CNP makes referrals to mental health service providers for those children identified with either a developmental delay or a social-emotional issue.

Exhibit 9-1

Data Sources Available for This Chapter

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Custom Program Evaluation Outcomes	<input checked="" type="checkbox"/>
Persimmon Data	<input checked="" type="checkbox"/>
Key Informant Interview	<input checked="" type="checkbox"/>

CNP targets families within the four School Readiness catchment areas, particularly families with a child or children ages 0-2 in order to screen for and identify delays earlier in the child's life. Each family gets an initial home visit for developmental screening and referrals to any needed community resources. If the family needs services as determined by the screening, they are referred to mental health or developmental intervention services. CNP follows up with the family for two years by conducting sequential home visits.

CNP is also in contract with First 5 Solano County for its Nurturing Parenting program. This program began on April 1, 2006, three months before the fiscal year ended. The Nurturing Parenting program will be included in the 2006-07 fiscal year evaluation report.

Performance Measures

The following provides a summary of CNP's performance measures for the 2005-06 fiscal year.

Performance Measure	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Provide home visits for screening up to 125 infants (approximately 31 infants per each of the four school readiness catchment areas) and provision of "Welcome Baby" basket with newborn clothes/supplies and informational materials on child development	✓				201 children visited and screened
Follow up assessments at 6 month increments will be offered to each family participating	✓				100% of families received follow up visits

Challenges to Effective Service Provision

- The primary challenge that the program encountered was receiving referrals from Dixon.
- Many referrals to the program were for families living outside of the four school readiness catchment areas.

What are the Characteristics of Clients Served?

Through the Newborn and 0-5 Special Needs Screening and Support program, Children's Nurturing Project served a total of **201 children** ages 0-5 years in the time period from July 1, 2005 to June 30, 2006. The age breakdown of the 201 children served is as follows:

- 60% 0-12 months,
- 31% 1-2 years and
- 9% 3-5 years.
- In fiscal year 2005-06 the Newborn and 0-5 Special Needs Screening and Support program made 487 direct service contacts with parents. The ethnic breakdown of service contacts to parents is: 79% Hispanic/Latino; 15% White; 2% African-American; 2% Asian/Pacific Islander; 1% Alaska Native/American Indian; and 1% Multiracial.
- The program made 487 direct service contacts with children 0-5. The ethnic breakdown of service contacts to children is: 78% Hispanic/Latino; 16% White; 2% African-American; 2% Asian/Pacific Islander; and 2% Multiracial.

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

Children's Nurturing Project aims to provide early identification of developmental delays in infants and children, and to increase families' connections to the appropriate community resources.

Outcome Indicator	Results
90% of infants/children enrolled will be linked with a primary care provider (PCP) for ongoing care	<ul style="list-style-type: none">▪ 98% of infants/children enrolled are linked with a primary care provider for ongoing care. At the time of reporting, the five children and their families who did not have a PCP were new residents to Solano County and were in the process of establishing a link with a PCP.
90% of parents will verbalize/demonstrate knowledge and awareness of age appropriate developmental milestones	<ul style="list-style-type: none">▪ 99% of parents verbalized/demonstrated knowledge and awareness of age appropriate developmental milestones.
10% of children screened will be identified as having special needs significant to require follow up services	<ul style="list-style-type: none">▪ 36% of children screened were identified as having special needs significant to require follow up services. CNP identified the most common social and emotional issues among these children as: attachment and bonding disorders, communication delays, social withdrawal, attention problems and behavioral concerns such as aggression and tantruming.

Of all children ages 0-12 months who were screened (n=120), 39% were identified as having special needs significant to require follow up services. Approximately thirty percent of screened children ages 1-2 (n=63) were identified and 39% of screened children 3-5 years (n=18) were identified with special needs significant to require follow up services.

As the results show in the table above, nearly all children served are linked with a primary care provider, and nearly all parent participants have demonstrated knowledge and awareness of age appropriate developmental milestones. Children's Nurturing Project surpassed all of its expected program outcomes, providing early identification of developmental delays and other special needs, and referring these children and families to the appropriate service providers.

Lessons Learned for Program Improvement

The Newborn and 0-5 Special Needs Screening and Support program can build on strengths in the following ways:

- Continue to conduct outreach through provider trainings at FRCs, school readiness programs and Healthy Start, in order to explain continuity of service between the agencies and to provide referral forms.
- Continue to conduct outreach to families directly through health fairs and distribution of flyers in targeted neighborhoods in order to increase the number of families who self refer and to generally improve access.

The Newborn and 0-5 Special Needs Screening and Support program can address challenges in the following ways:

- Continue to seek and secure additional funding in order to serve those families who are referred but live outside of the four school readiness catchment areas.
- Continue targeted outreach to Dixon Family Services and the Dixon FRC in order to re-introduce the available services and referral process so that referrals to CNP from this area will increase in the future.

**Chapter 10: Child Start, Inc:
Early Mental Health and Full Day Quality Care**

Project Name	Funded Amount
Child Start, Inc. Early Mental Health and Full Day Quality Care	\$165,657 07/01/2005 to 06/30/2006

Program Overview

Child Start's Early Mental Health and Full Day Quality Care program offers on site mental health services to all Head Start children to support their social and emotional development.

Mental Health Trainees, graduate

students working toward their doctoral degrees in psychology, complete their practicum hours in Head Start classrooms. Mental Health Trainees provide observations, feedback, resources, and classroom social/emotional activities to promote children's social and emotional development. The trainees work with children on feeling recognition, ability to express feelings, ability to have empathy, self-control, and following simple directions. The trainees participate as part of the classroom team to identify children's needs. They work with small groups of children who need extra support and with the full class. They also work with teachers to identify kids who may need one-on-one services. Trainees and teachers complete action plans for these children, and one of the following will occur, depending on the desires of the family: a referral to an Advanced Mental Health Trainee, development of a behavior support plan, having the child work in the small groups with the first-year Mental Health Trainee, or referral for a developmental screening to the Local Education Agency.

In addition, Advanced Mental Health Trainees provide direct mental health services for identified children at the Head Start classroom. These advanced trainees have more schooling than the first year trainees and, along with their clinical supervisor, they are able to provide one-on-one play therapy with the children. The Advanced Mental Health Trainees are assigned through the Head Start referral process to children who are unable to receive services within the community. Services at the Head Start Center allow children and families to receive services while fully included in their classrooms in the least restrictive environment.

Exhibit 10-1

Data Sources Available for This Chapter

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Custom Program Evaluation Outcomes	<input checked="" type="checkbox"/>
Persimmon Data	<input checked="" type="checkbox"/>
Key Informant Interview	<input checked="" type="checkbox"/>

Performance Measures

The following provides a summary of Child Start's performance measures for the 2005-06 fiscal year.

Performance Measure	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
11 first year Mental Health Trainees will be assigned to Head Start classrooms of 36-38 children, providing consultation 6 hours a week for 28 weeks for a total of 228 hours per trainee.		✓			11 first year Mental Health Trainees provided 6 hours of consultation per week.
4 Advanced Mental Health Trainees will provide direct mental health services for identified children at the child's Head Start classroom. Each Advanced Mental Health Trainee will be available to serve 4-5 children/families, depending on the children's classroom location for 38 weeks.		✓			4 Advanced Mental Health Trainees provided direct mental health services in the Head Start classrooms to a total of 20 children.
16-20 children/families will receive individual mental health services during the 2005-06 program year who would otherwise not receive services.		✓			20 children received one-on-one play therapy services.

Other Head Start-related activities and objectives (e.g. parent involvement, filling child care slots) are part of Child Start's ongoing work and are evaluated through the federal Head Start program.

Challenges to Effective Service Provision

- The program needs more mental health trainees who are bilingual and able to work with children and families in their native language, without always having to rely on the teaching staff to translate.
- The Advanced Trainees work with their clinical supervisor to discuss cases and next steps, and often information is relayed at a much later time to Child Start staff.

What are the Characteristics of Clients Served?

- Through the Early Mental Health and Full Day Quality Care program, Child Start served a total of **443 children** ages 3-5 years in the time period from July 1, 2005 to June 30, 2006.
- All children who participate in Head Start come from low socioeconomic backgrounds. Families can qualify for Head Start if they fall below the Federal Poverty Line (annual household income for a family of three is less than \$16,000).
- In fiscal year 2005-06 the Early Mental Health and Full Day Quality Care program made 943 direct service contacts with children 0-5. The ethnic breakdown of service contacts to children

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is: 44% Hispanic/Latino; 30% African-American; 13% White; 7% Multiracial; 4% Asian/Pacific Islander; and 1% Other.

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

Child Start aims to support children's social and emotional development by offering on site mental health services to all Head Start children and ensuring wrap-around services for full-day Head Start participants.

Outcome Indicator	Results
Early Mental Health Services	
7.5% of Head Start children presenting mental health or behavioral needs will be identified by the classroom team, including the Mental Health Trainee, during the program year.	<ul style="list-style-type: none">▪ 19% of Head Start children presenting mental health or behavioral needs were identified by the classroom team (n=443). The most common social and emotional issues that the classroom team identified were: exposure to trauma, limited social skills, adjustment to group/educational settings, and lack of boundaries and routines.
27 children identified will have action plans completed and show increased competency in their social/emotional development	<ul style="list-style-type: none">▪ 27 children identified had action plans completed and showed increased competency in their social/emotional development.
75% of children enrolled in Head Start will show growth in the social/ emotional component of the Head Start Assessment Tool by end of the program year	<ul style="list-style-type: none">▪ 84% of children showed growth in at least one indicator in the social/emotional domain area of the Pearson Education Inc's Work Sampling for Head Start Developmental Checklists (n=408). Of the 408, 41 children (or 10%) were already proficient in all of the social/emotional competencies, so no growth was recorded.
Full Day Quality Care	
25% of 4-year-olds will demonstrate that they are in the process of language acquisition, development, literacy and math skills; 75 % will demonstrate proficiency in this regard	<ul style="list-style-type: none">▪ 79% of 4-year-olds demonstrate proficiency in all eight domains of learning assessed, indicating they are in the process of acquiring language, literacy and math skills.

Child Start achieved and even surpassed its intended outcomes for the Early Mental Health and Full Day Quality Care services for children in Head Start. More children than expected were identified with a mental health or behavioral need, and 27 children (the targeted number) received specialized action plans. Nearly eighty percent of children demonstrated proficiency in the 8 domains of learning, and overall, children's social and emotional issues are improving.

Lessons Learned for Program Improvement

The Early Mental Health and Full Day Quality Care program for children in Head Start can build on strengths in the following ways:

Priority 1: Health and Well-Being

- Continue the model of teamwork between the Behavioral Health Trainees and teaching staff to case manage and provide learning opportunities for children to attain social/emotional goals of development.

The Early Mental Health and Full Day Quality Care program for children in Head Start can address challenges in the following ways:

- Continue to work with Alliant International University to encourage bilingual students to work in Child Start's Head Start program and to ensure students who are bilingual are placed where they are most needed.
- Continue to develop and refine the communications systems between the clinical supervisors of the Advanced Mental Health Trainees and Child Start staff to better receive updates on a regular basis.

Chapter 11: Solano County Health & Social Services: Early Periodic Screening, Diagnosis and Treatment

Project Name	Funded Amount
Solano County Health & Social Services: Early Periodic Screening, Diagnosis and Treatment (EPSDT)	\$50,000 07/01/2005 to 06/30/2006

Program Overview

The purpose of Solano County Health & Social Services' EPSDT program is to provide multiple levels of outpatient mental health care and support services to Medi-Cal eligible children ages 0-5 assessed with a medical necessity. Health & Social

Services was able to leverage the First 5 Solano County Commission grant and draw down approximately \$800,000 in Federal and State match funding.

Exhibit 11-1
Data Sources Available for This Chapter

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Custom Program Evaluation Outcomes	<input checked="" type="checkbox"/>
Persimmonny Data	<input checked="" type="checkbox"/>

Performance Measures

The following provides a summary of the EPSDT program's performance measures for the 2005-06 fiscal year.

Performance Measure	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Provide 68 children ages 0-5 and their families who have Integrated Family Service Plans (IFSP) with 180 minutes per month, per family of transitional mental health service units.		✓			Of the original 68 clients identified for services, only 61 clients remained active open cases on July 1, 2005. 100% of these 61 active clients received transitional mental health services.
100% of 68 children and their families receive necessary support linkages ensuring continuing mental health services at an appropriate level.		✓			100% of families (61) terminating services received support linkages.

Challenges to Effective Service Provision

- Health & Social Services experienced unanticipated consequences of combining a declining population of clients and a new assessment format that would be administered upon the normal

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cycle of reassessing the clients' mental health status. By the time that the measurement tools had arrived and the staff had been trained on the instruments, 35 of the original 61 clients identified for services had been closed out due to successful conclusion of treatment and meeting all relevant goals of the treatment plan. Of the remaining 26 clients, 20 were closed prior to reaching annual renewal of their Medi-Cal eligibility and the need for assessment with the Children's and Parents' Global Assessment Scales. Therefore, there are no data available to conduct a comparative assessment of the children's Global Assessment Scores.

What are the Characteristics of Clients Served?

- Through the EPSDT program, Solano County Health & Social Services served a total of **61 children** and their families in the time period from July 1, 2005 to June 30, 2006.
- In fiscal year 2005-06 the EPSDT program made 138 direct service contacts with children 0-5. The ethnic breakdown of service contacts to children is: 57% White; 25% African-American; 10% Latino; 5% Alaska Native/American Indian; and 4% Pacific Islander.

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

In year one of the grant, the EPSDT program aimed to help 68 families with children ages 0-5 scheduled to terminate services with Child Haven maintain optimal mental health care and successfully link these families to transitional services.

Outcome Indicator	Results
75% or 51 children (0-18 months) show an increase of a minimum of 10 points on the Parent-Infant Relationship Global Assessment Scale, from grossly impaired [10] to well adapted [90], in the quality of social interaction with their primary caregiver.	<ul style="list-style-type: none">▪ Solano County Health & Social Services did not receive the Global Assessment Models until after many clients had already terminated services. Therefore, there were no pre-service assessments completed. All newly enrolled clients are screened using the tool, but none of the IFSI referred clients have pre and post service scores to assess this outcome.
75% or 51 children (10-60 months) show an increase of 1 point on the Children's Global Assessment Scale measuring undesirable behavior, from grossly impaired Not True [0], Somewhat True [1] to Very True [2] in areas scored as a "2" upon intake	<ul style="list-style-type: none">▪ Same as above.
75% or 51 children show an increase of a minimum of 10 points on a 100 point scale over the course of treatment in psychological and social functioning.	<ul style="list-style-type: none">▪ Same as above.

While the mental health services provided under the grant met all requirements of the Medi-Cal program, the anticipated plan for outcomes assessment was not in place at the inception of services. Therefore, the three outcome objectives regarding children's progress could not be measured. However, 55 of 61 Child Haven clients (90%) met the clinical criteria for successful treatment of

Priority 1: Health and Well-Being

mental health issues. This means that the EPSDT had a 90% completion rate in bringing IFSI caseload to closure. Since Medi-Cal EPSDT services are based on “medical necessity,” terminating services indicates that the client is no longer found to be exhibiting behaviors or symptoms that would require mental health services. A closing episode indicates that the services the child received were an integral part in the child’s recovery and return to a more normal and acceptable pattern of behavior. If this measure is used to determine the effectiveness and value of services received, then the outcome indicator of 75% of children demonstrating positive changes in behavior and attitude can be said to have been met.

Lessons Learned for Program Improvement

The Solano County Health & Social Services EPSDT program can build on strengths in the following ways:

- Continue to hold closing sessions with the child and caregiver(s) to review progress made and identify additional resources that may be available to the client, including renewed request for Child Haven services if a relapse occurs.

The Solano County Health & Social Services EPSDT program can address challenges in the following ways:

- Continue to roll out the Children’s Global Assessment Scale at pre and at post in order to provide evaluation data for the 2006-07 fiscal year evaluation report. Review intended program outcomes with H&SS staff to determine any necessary modifications for the 2006-07 fiscal year.

Chapter 12: Solano Coalition for Better Health: Solano Kids Insurance Program (SKIP)

Project Name	Funded Amount
Solano Coalition for Better Health Solano Kids Insurance Program	\$230,000 07/01/2005 to 06/30/2006

Program Overview

The Solano Kids Insurance Program (SKIP) is a centralized resource for uninsured children at 300% or below the federal poverty level. SKIP's mission is to assist Solano County families with uninsured children ages 0-5 to successfully apply for subsidized health insurance and maintain health coverage, so that they have access to health and dental care services, especially preventive exams. Through the First 5 Solano County funding, SKIP offers:

- ✓ Health insurance application assistance for enrolling children;
- ✓ Support for children and families to utilize health services; and
- ✓ Support in keeping children and families enrolled in health insurance.

SKIP also refers families to other services or resources as needed, serving as a link to other providers in the community.

Performance Measures

The following provides a summary of SKIP's performance measures for the 2005-06 fiscal year.

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

Performance Measure	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
SKIP will participate in at least 5 health fairs and the CARES Forum.	<input checked="" type="checkbox"/>				SKIP participated in approximately 30 community events, including health fairs and the CARES Forum.
SKIP will work with Prenatal Collaborative members to identify uninsured children, particularly newborns and get them enrolled in applicable health insurance programs.		<input checked="" type="checkbox"/>			324 pregnant women and 196 newborns in the Prenatal Collaborative have health insurance.

Priority 1: Health and Well-Being

Performance Measure	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
SKIP will provide onsite orientations to 30 child care providers.	✓				SKIP provided onsite orientations to approximately 40 child care providers.

Challenges to Effective Service Provision

- During the 2005-06 fiscal year, enrollment into the new Healthy Kids program approached the maximum limitations for funding of 1,200 children, with 155 children ages 0-5. At the current funding level, it is possible that SKIP will need to start an enrollment waiting list.
- SKIP experienced challenges in partnering with the Loma Vista School Readiness site, due primarily to changing personnel.

What are the Characteristics of Clients Served?

In the 2005-06 fiscal year, SKIP enrolled a total of 939 children ages 0-5 in some type of health insurance. The racial/ethnic breakdown for these children is as follows:

- 79% Latino,
- 8% White,
- 5% African-American,
- 4% Asian/Pacific Islander, and
- 4% Biracial/Multiracial/Other.

The geographic locations of these children is as follows:

- 34% Fairfield,
- 26% Vallejo,
- 20.5% Vacaville,
- 9% Dixon,
- 5% Suisun City,
- 1.5% Benicia
- 0.5% Rio Vista, and
- 3.5% Other.

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

SKIP aims to assist families with uninsured children ages 0-5 to successfully apply for subsidized health insurance and maintain health coverage.

Outcome Indicator	Results
The percent of uninsured children will continue to decline from the current level of just under 5% (CHIS Survey).	<ul style="list-style-type: none"> ▪ The current rate of uninsured children in the County is estimated at 2.6%, continuing the decline in uninsured children in the County. This compares to a California state-wide uninsured rate of 11%. (CHIS Survey 2003)

Priority 1: Health and Well-Being

Outcome Indicator	Results
500 more children will have health insurance and access to health care services by the end of the 2005-06 program year (June 30, 2006).	<ul style="list-style-type: none"> ▪ SKIP submitted health insurance applications for a total of 939 children ages 0-5, and for 3,131 people total countywide.
How many uninsured children ages 0-5 were identified through their schools?	<ul style="list-style-type: none"> ▪ 503 uninsured children ages 0-5 were identified through their schools. 100% of these children received health insurance application assistance from SKIP and were successfully enrolled in health insurance.
SKIP will maintain 100% health insurance coverage levels for students and younger siblings at the four school readiness sites (Markham, Anna Kyle, Silveyville, Loma Vista) and DH White (Rio Vista)	<ul style="list-style-type: none"> ▪ As of the 2005-06 fiscal year, 100% of students and younger siblings at Silveyville and at DH White have health insurance coverage. 98% of students and younger siblings at Markham have health coverage, and 94% of students and siblings at Anna Kyle are insured. The percentage of students with health insurance at Loma Vista is not available, as students at this school are still to be re-screened. ▪ These results are based on a point-in-time study, and SKIP reviews the school-wide insurance rates each year.
100 children ages 0-5 in the school readiness catchments areas and Rio Vista will get, maintain, and use their health coverage	<ul style="list-style-type: none"> ▪ 131 children ages 0-5 in the school readiness catchment areas and Rio Vista were enrolled in Healthy Kids in the 2005-06 fiscal year. Healthy Kids insurance premiums are funded by the First 5 Solano County grant. ▪ Of these children's families who were successfully contacted after 6 months of enrollment (n=90), 100% of children retained their health care coverage. ▪ Of these children's families who were successfully contacted after 6 months of enrollment (n=90), 100% of children had visited their primary care physician. ▪ Of these children's families who were successfully contacted after 6 months of enrollment (n=90), 50% of children had visited a dentist.
85% of children will meet the goal at the end of 12 months of continuous enrollment	<ul style="list-style-type: none"> ▪ For those children enrolled in the health insurance through SKIP in the 2005-06 fiscal year, it is too early to report results on this indicator. However, there were 20 children's families eligible for 10-month follow up interviews. SKIP successfully contacted 11 of these families, and 100% had retained their children's health insurance after 10 months of continuous enrollment.

In the 2005-06 fiscal year, SKIP achieved and in some cases far exceeded its intended outcomes. SKIP's school strategy continues to be successful. At the four First 5 Solano County school readiness sites and DH White in Rio Vista, approximately 100% of students and their siblings now have health insurance coverage. SKIP's school strategy is being replicated in Napa, Orange and Humboldt/DelNorte Counties. Healthy Kids enrollment is steady with a very low disenrollment rate (approximately 1%). Of those families interviewed 6 months after enrollment, 100% maintained health insurance coverage for their children, and 100% of the children had visited their primary care physician. Approximately half of the children whose families were interviewed had visited a dentist. SKIP staff explains, "Where we're not seeing that [positive outcome] is in the dental area. We are

participating in an oral health work group. We want to raise awareness and get providers to offer services to young children earlier in life.”

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

Service Integration and Collaboration

SKIP is well connected with many community agencies in Solano County. Latino Family Services and Black Infant Health are two programs that refer their clients to SKIP quite often. In the 2005-06 fiscal year, SKIP worked with the Prenatal Collaborative to link uninsured pregnant women and their children to health insurance. SKIP also reached out to the child care community in order to increase their awareness of SKIP and increase referrals for uninsured children in their care. In addition to establishing linkages with the Prenatal Collaborative and the child care community at large, SKIP does a lot of work with Child Start. SKIP has trained and certified the program's family advocates to complete health insurance applications with Head Start families.

“We work with the Prenatal Collaborative and we've built our relationship with them, helping to get the pregnant women and their children insured. We are also building relationships with the child care providers. We do all kinds of advertising and orientations. It's hard to track precisely how each client heard about us, but we're always increasing the awareness.”
—SKIP staff

Service Access

In terms of how SKIP helps to improve service access, the program has, over the years, gravitated from focusing primarily on completing applications to assisting families with staying enrolled and getting services. SKIP's enrollment statistics have improved over time, so the program is focusing increasingly on trouble shooting with families and helping them access medical and other services.

SKIP has proven to be a resource for families with children who have special needs. Many families contact SKIP when their uninsured child is sick or injured. SKIP has seen a significant number of children with mental/behavioral health needs and significant oral health issues. SKIP works with local resources such as the Child Health Access Program (CHAP) and school readiness sites to get children into care while completing the application for insurance. SKIP staff work with other local resources to refer families with special needs to NorthBay Regional Center or other sources as needed.

Changes in Service Delivery Over the 2005-06 Fiscal Year

In the 2005-06 fiscal year, the Health Access partner, Solano Coalition for Better Health, experienced an increase in the following aspects of their service delivery:

- Staff awareness of other community services/resources;
- Frequency with which program staff share relevant client information with staff from other agencies; and
- Public awareness of program services and resources.

In the 2005-06 fiscal year, Solano Coalition for Better Health implemented the following strategies to improve service integration, coordination, collaboration and quality:

Priority 1: Health and Well-Being

- Shared data about families across programs;
- Collaborated with other organizations to identify children's needs;
- Collaborated with other organizations to develop or refine services;
- Conducted more outreach with other providers;
- Co-located services with other agencies;
- Shared best practices with other organizations;
- Participated in interagency training;
- With First 5 Solano assistance, established and/or strengthened contacts with other organizations who serve children 0-5 and their families; and
- With First 5 Solano assistance, collaborated with other agencies on initiatives or applications for funds.

Funds Leveraged

SKIP receives \$230,000 a year from First 5 Solano County, and a SKIP staff member comments that “there are all kinds of leverage points from there.” The funding for children ages 6-18 requires SKIP to have a 0-5 match. SKIP also receives funding from First 5 California, which matches 20% of First 5 Solano County’s investment in Healthy Kids premiums.

Lessons Learned for Program Improvement

SKIP can build on strengths in the following ways:

- Continue to implement the school strategy of screening all children in targeted schools within the County to identify uninsured children and their families and assist them with health insurance enrollment.
- Continue to conduct extensive, county-wide outreach and disseminate the positive programmatic outcomes that the program has achieved to date.

SKIP can address challenges in the following ways:

- Continue to work directly with Loma Vista Elementary and other targeted schools to make sure all children and their younger siblings have and maintain their health insurance.
- Develop new ways of connecting with dentists in the county to raise awareness and help create a greater supply of dental services for young children.



early childhood learning & development

Priority 2

Early Childhood Learning and Development

Initiative and Grantee Partners

School Readiness Initiative

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

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

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

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

**Children's Network:
ABCD Constructing Connections**

**Children's Network:
Comprehensive Approaches to Raising Educational Standards (CARES) Program**

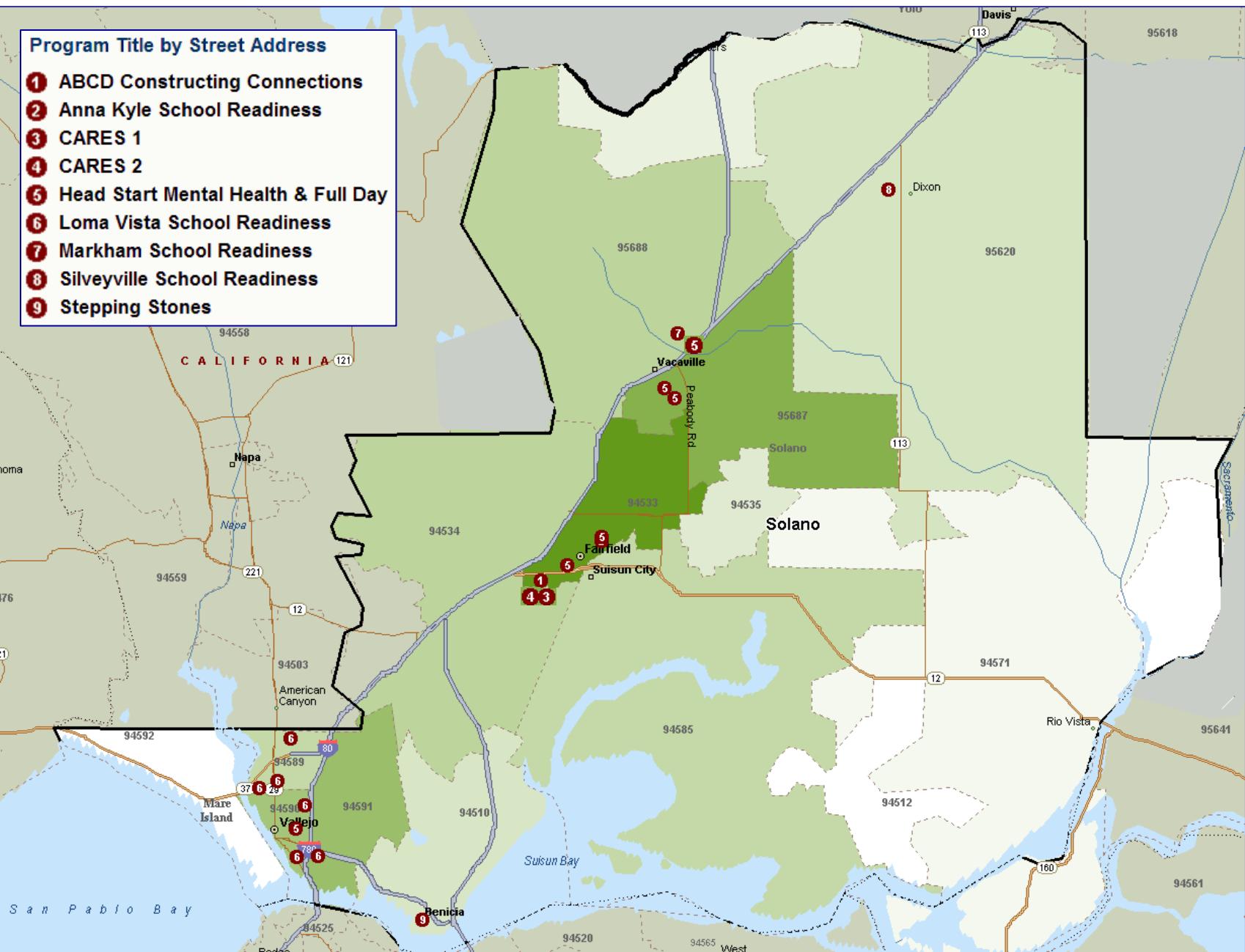
**City of Benicia Parks and Community Services:
Stepping Stones Program**



Solano Service Sites FY 2005-2006

Priority 2 - Early Childhood Learning and Development

Children 0-5



Solano Service Sites FY 2005-2006

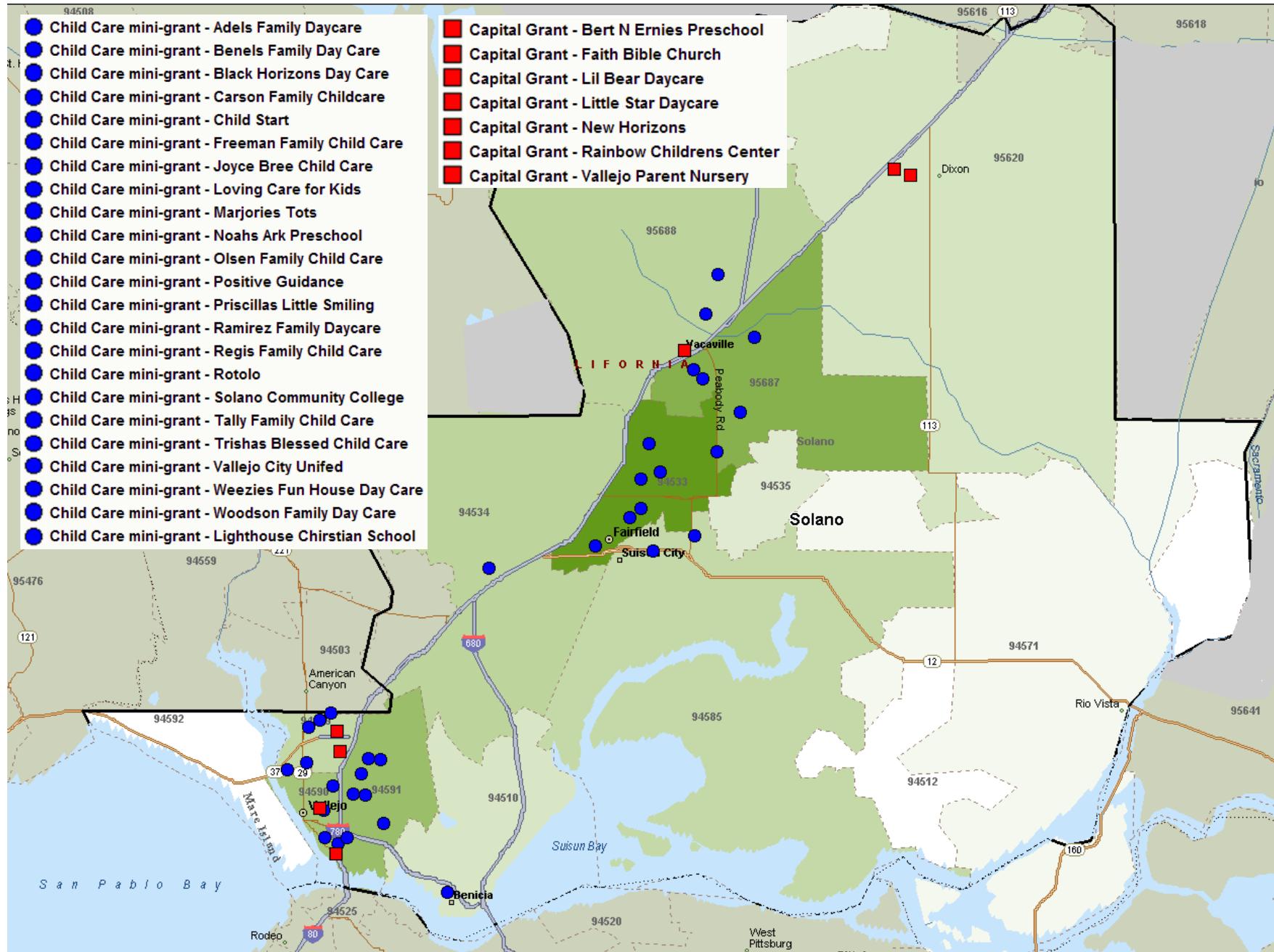
Priority 2: Capital Grants and Mini Grants

Children 0-5



- 94508 Child Care mini-grant - Adels Family Daycare
- Child Care mini-grant - Benels Family Day Care
- Child Care mini-grant - Black Horizons Day Care
- Child Care mini-grant - Carson Family Childcare
- Child Care mini-grant - Child Start
- Child Care mini-grant - Freeman Family Child Care
- Child Care mini-grant - Joyce Bree Child Care
- Child Care mini-grant - Loving Care for Kids
- Child Care mini-grant - Marjories Tots
- Child Care mini-grant - Noahs Ark Preschool
- Child Care mini-grant - Olsen Family Child Care
- Child Care mini-grant - Positive Guidance
- Child Care mini-grant - Priscillas Little Smiling
- Child Care mini-grant - Ramirez Family Daycare
- Child Care mini-grant - Regis Family Child Care
- Child Care mini-grant - Rotolo
- Child Care mini-grant - Solano Community College
- Child Care mini-grant - Tally Family Child Care
- Child Care mini-grant - Trishas Blessed Child Care
- Child Care mini-grant - Vallejo City United
- Child Care mini-grant - Weezies Fun House Day Care
- Child Care mini-grant - Woodson Family Day Care
- Child Care mini-grant - Lighthouse Chirstian School

- 95616 Capital Grant - Bert N Ernies Preschool
- Capital Grant - Faith Bible Church
- Capital Grant - Lil Bear Daycare
- Capital Grant - Little Star Daycare
- Capital Grant - New Horizons
- Capital Grant - Rainbow Childrens Center
- Capital Grant - Vallejo Parent Nursery



Chapter 13: School Readiness Initiative

Initiative Component	Funded Amount
School Readiness Initiative	\$868,461
Fairfield-Suisun Unified School District: Anna Kyle Elementary	\$223,011
Vallejo City Unified School District: Loma Vista Elementary	\$218,200
Vacaville Unified School District: Markham Elementary	\$210,000
Dixon Unified School District: Silveyville Primary School	\$217,250

Initiative Overview

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

Exhibit 13-1

Data Sources Available for This Chapter

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Kindergarten Readiness Assessment (Child and Parent Data)	<input checked="" type="checkbox"/>
Persimmonny Data	<input checked="" type="checkbox"/>
Key Informant Interviews	<input checked="" type="checkbox"/>

Services Provided

Each school readiness site is funded separately through First 5 Solano and has its own target objectives and activities that it is responsible for meeting. The School Readiness Initiative consists of five essential elements across all four school sites: Early Care and Education; Parenting and Family Support; Health and Social Services; Schools' Readiness for Children; and Site Infrastructure and Administration. While each site has developed an array of differing services to address each element, there are several common objectives and activities shared among all sites. Additionally, the First 5 Solano School Readiness Coordinator convenes all sites in a monthly collaborative meeting to develop program strategies and discuss how to collectively evolve the shared activities, as shown below:

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

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

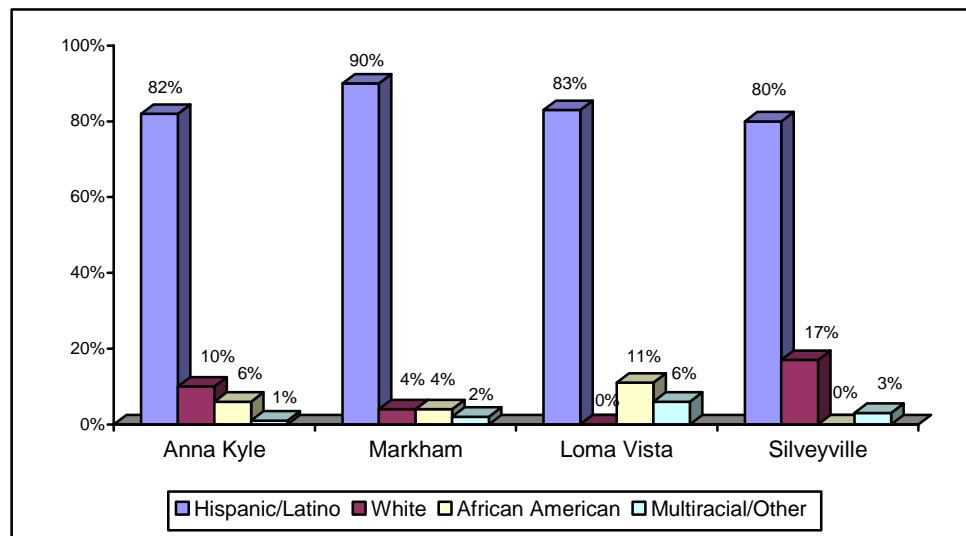
Priority 2: Early Childhood Learning and Development

For a summary of target objectives for each school and their progress made towards those objectives in fiscal year 2005-06, please refer to those individual grantee chapters.

What are the Characteristics of Clients Served?

In the 2005-06 fiscal year, the School Readiness Initiative provided services to over 650 families and 1,300 children. The racial/ethnic breakdown for clients served by the School Readiness Initiative in 2005-06 is given in the chart below.

Exhibit 13-2
Race/Ethnicity of Clients Served by the School Readiness Initiative



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

In 2005, evaluators conducted a Kindergarten Entry Profile (KEP) study¹ at each School Readiness site funded through First 5 Solano: Silveyville, Anna Kyle, Markham, and Loma Vista Elementary Schools. The study consists of assessments of individual children by kindergarten teachers (using the Modified Desired Results Developmental Profile Child Survey²) and a survey of kindergarteners' parents. The data from the study provide a profile of kindergarteners' readiness to begin school in those regions targeted by First 5 Solano. The MDRDP is a cohort study, providing a "snapshot" of readiness among a group of kindergarteners at School Readiness sites at a point in time. With each subsequent year the MDRDP is administered in First 5 Solano School Readiness Catchment Areas, the results will provide an evolutionary picture of school readiness among the groups of children studied across years.

¹ The complete 2005-2006 Kindergarten Readiness Assessment is included in the appendix of this report.

² The Modified Desired Results Developmental Profile Child Survey (MDRDP)—a subset of questions from Desired Results Developmental Profile developed by the California Department of Education—is a teacher-completed observation checklist. It includes items about four of the five dimensions of children's readiness for school: Cognition and General Knowledge; Communicative Skills; Emotional Well-Being and Social Competence; and Approaches to Learning. (The fifth dimension, Health, is covered in the parent survey.) Each dimension includes between three and twelve items (see report sections on individual dimensions for listings of items). Teachers assess the level of mastery for each individual child according to a four-point scale. Children that demonstrate a "3" or "4" are assessed as having "Almost" or "Fully" mastered an item, respectively.

Priority 2: Early Childhood Learning and Development

First 5 Solano School Readiness Catchment areas performed well across the board in all four MDRDP dimensions in the 2005-06 school year. Results for this cohort year have improved over results from the 2004-05 cohort year as well as in comparison to statewide results from 2004-05. As seen in Exhibit 13-3, **the percentages of children who fully or almost mastered all items in each MDRDP dimension have increased over 10% points for First 5 Solano School Readiness sites and have surpassed the statewide results.**

Exhibit 13-3

Percentage of Children Who Fully or Almost Mastered All Items on the MDRDP by Domain

MDRDP Domain	Percent Change from 2004-05 to 2005-06	First 5 Solano Catchment Areas 2004-05	First 5 Solano Catchment Areas 2005-06	Statewide 2004-05
Cognition and General Knowledge	+12%	21%	33%	25%
Emotional Well-Being	+11%	32%	43%	37%
Approaches to Learning	+12%	35%	47%	39%
Communication Skills	+12%	30%	42%	33%

Looking more closely at the individual competencies only two competencies saw a decrease in results (of -1% and -3%) while the rest saw an increase ranging from a 1% positive change to a 15% positive change. At the site level, the percentage of children at Solano School Readiness sites who almost or fully mastered each competency within the 4 dimensions ranged from 42% to 70%.

A comparison of findings from the parent survey from cohort year 2004-05 to cohort year 2005-06 reveal mixed results. In many areas parents have better prepared their children for kindergarten, and in some areas their skills and activities in child development have leveled off. This section provides an overview of the findings related to the types of school readiness activities that parents are engaging in and compares the results from the two cohort years.

KEY FINDINGS FROM PARENTS:

- ⦿ More parents from the 2005-06 cohort report being “very” or “somewhat” knowledgeable in child development than those from the 2004-05 cohort (94% as compared to 89%).
- ⦿ Parents continue to engage in developmental activities with their child leading up to entry into kindergarten and continue to prepare their child for kindergarten by visiting the school or meeting with a teacher before school starts.
- ⦿ Parents whose child attended a Pre-Kindergarten Academy at one of the First 5 Solano School Readiness sites report positive impacts on their child’s academic and social development.

Priority 2: Early Childhood Learning and Development

Participation in a Pre-Kindergarten Academy

Overall, 30% of the kindergarteners included in this study participated in a Pre-Kindergarten Academy at their school prior to entering Kindergarten. Parents whose children attended a Pre-K Academy were asked if participation helped them prepare for kindergarten in a variety of different ways. **Results show that parents believe the Pre-K Academy had an impact on their children, with almost one-half (44%) reporting that it increased their social skills and 42% reporting that it increased their knowledge of colors and shapes.**

Exhibit 13-4
Parent Report of Child's Developmental Improvement

Area of Child Development	First 5 Solano School Readiness Catchment Areas
Increased social skills (e.g. sitting in circle, raising hand to ask questions, sharing and taking turns) (n=101)	44%
Increased knowledge of colors and shapes (n=96)	42%
Increased knowledge of numbers and counting (n=90)	40%
Increased knowledge of letters of the alphabet (n=88)	39%
Increased knowledge of basic concepts of books/reading (n=79)	35%

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

In addition, attendance at the Pre-K Academy seems to have an impact on when parents enroll children in kindergarten. **The kindergarteners who attended the Pre-K Academy were more likely to enroll during the months before kindergarten started than those who did not attend (81% versus 69%).** Although the differences were not found to be significant when statistically tested, this information is helpful in thinking about the possible impacts of a Pre-K Academy on the behavior of parents.

When looking at MDRDP results of kindergarteners who participated in a Pre-K Academy versus those who did not, **those who did participate were more likely to have fully or almost mastered all items of the 4 dimensions of the MDRDP.** The findings from these statistical tests were significant and show that participation in the Pre-K Academy has a positive impact on MDRDP results of the children who participate.

Exhibit 13-5
MDRDP Results for Pre-K Academy Participants and Non-Pre-K Academy Participants

Percentage of Children Who Fully or Almost Mastered All Items	First 5 Solano Catchment Areas 2005-2006 <i>With Pre K Academy</i>	First 5 Solano Catchment Areas 2005-2006 <i>Without Pre K Academy</i>
Cognition and General Knowledge	33%	32%
Emotional Well-Being	49%	38%
Approaches to Learning	53%	41%
Communication Skills	48%	38%

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

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

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

Changes in Service Delivery Over the 2005-06 Fiscal Year

The School Readiness Initiative is now in its third year of implementation and has begun to refine its service delivery. The families, schools, and community in the catchment areas have benefited from the expertise of the school readiness staff and the improved delivery of the multiple services offered through the school readiness programs.

In the 2005-06 fiscal year, the School Readiness Initiative experienced increases in the following aspects of their service delivery:

- Number of referrals the programs receive;
- Number of referrals the program makes;
- Number of children and families the programs serve;
- Public awareness of program services and resources;
- Cultural sensitivity of staff;
- Appropriateness and accessibility of services for families with different cultural backgrounds; and
- Appropriateness of services for children with disabilities and other special needs.

Lessons Learned for Program Improvement

The school readiness sites continue to experience high demand for services and, in many cases, the demand exceeds their capacity to serve clients. The increased demand is a positive outcome of the outreach and collaboration the school readiness programs are doing in their communities. The school readiness programs also note that more families are coming to them for assistance meeting basic needs. Families are in need of help with food and shelter and the programs assist them with those issues at the same time they are encouraging school readiness. The high demand for services illustrates the essential nature of the school readiness programs and the continued need for collaboration and coordination of services for families in the catchment areas.

Priority 2: Early Childhood Learning and Development

A particular success for the programs is the ability to outreach to and serve multi-cultural families. School readiness staff have bilingual capabilities and offer programs and services in both Spanish and English. This fills a significant role in involving monolingual parents who might otherwise have not felt comfortable accessing services.

Funds Leveraged

School Readiness sites leverage a 1:1 match (\$376,157) from First 5 California.

Developing and Strengthening the Initiative

First 5 Solano School Readiness Programs can build on their strengths and address challenges in programming in the following ways:

- **School Readiness sites should continue to work collaboratively with each other by sharing training opportunities and best practices as well as working to create a common vision.** School Readiness Site Coordinators identified areas where the Initiative could be strengthened in the coming year. They continue to see an opportunity to continue to develop the “Collaborative” in order to share information with each other about what each site is doing to improve their programs. By sharing materials and strategies, the Site Coordinators believe they can strengthen the programming not only at their individual sites but in Solano County as a whole, further ensuring Solano County children are ready to succeed in kindergarten.
- **The Pre-Kindergarten Academy helps to prepare children for entry into school.** Among the array of school readiness activities First 5 Solano supports, the Pre-K Academy appears to have positive effect. The School Readiness sites should continue to refine their curriculum to strengthen the existing Pre-K Academy program.
- **School readiness programs should continue to strengthen programming for parents.** As the programs grow and services for kindergarteners are put in place, the sites should continue to develop strong relationships with parents and improve services to support parents in their job of preparing their children for school.
- **Articulation meetings between School Readiness staff, kindergarten teachers, and preschool teachers have been successful.** School Readiness staff should continue to develop relationships with preschools in the catchment areas to increase the networks they are building. To support parents and children as they transition into kindergarten.

Chapter 14: Dixon USD: Silveyville Primary School Readiness Program

Project Name	Funded Amount
School Readiness, Dixon USD Silveyville Primary	\$217,250 07/01/2005 to 06/30/2006

Program Overview

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

Exhibit 14-1
Data Sources Available for This Chapter

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Kindergarten Readiness Assessment (Child and Parent Data)	<input checked="" type="checkbox"/>
Persimmony Data	<input checked="" type="checkbox"/>
Key Informant Interview	<input checked="" type="checkbox"/>

Performance Measures

The following provides a summary of Silveyville School Readiness' performance measures for the 2005-06 fiscal year.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Coordinate 7 parent education trainings in the area of early childhood development.		✓			7 parent trainings were held.
Create and implement parent playgroups.		✓			5 Parent playgroups were implemented
Provide information and referrals to at least 150 parents regarding an array of resources available related to early childhood education opportunities.	✓				Over 200 parents received information on resources related to early childhood education opportunities
Coordinate 5 child care provider trainings in the areas of child care site development and effective networking.	✓				7 child care provider trainings were held
Provide Health and Social Service referrals to at least 100 parents annually.	✓				Over 100 resources and referrals were provided

Priority 2: Early Childhood Learning and Development

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Provide 5 trainings, to parents with children ages 0-5 in the area of second hand smoke.			✓		2 trainings were held. Not enough parents were interested/signed up to necessitate the additional 3 trainings.
Coordinate parent trainings to parents with children ages 0-5 in the area of school readiness and early childhood education.		✓			7 parent trainings were held in the area of school readiness and early childhood development
Plan and implement a free 6-week Pre-K Academy	✓				The Pre-K Academy was implemented
Establish Parent and Community School Readiness Leadership Council to facilitate parents as well as leaders in the schooling process.		✓			The Parent and Community School Leadership Council was activated and 3 meetings were held.

Highlight of Program Successes:

The program reported the following success in 2005-06:

- All of the program's workshops have improved and are well-attended. **Prenatal workshops were attended in high numbers** due to increased outreach and word-of-mouth. The Health Fairs are popular and meet the health needs of children 0-5 as well as their older siblings.
- Almost all **Silveyville School Readiness staff is bilingual Spanish-speaking, and all of the program materials are translated**. This has increased participation in services and receipt of important information on community resources and referrals.
- Silveyville School Readiness **expanded its mental health services** for children 0-5 with special needs.
- Articulation and transition meetings with kindergarten teachers and preschool providers take place bimonthly and also involve other local agencies. **Collaboration between teachers, care providers, administrators, and parents has increased as a result of these meetings.**

What are the Characteristics of Clients Served?

Silveyville School Readiness served over **200 families** and **260 children** ages 0-5 years in the 2005-06 fiscal year. The racial/ethnic breakdown of Silveyville School Readiness clients is:

- 80% Latino,
- 17% White, and
- 3% Other.

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

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

In 2005, evaluators conducted a Kindergarten Entry Profile (KEP) study at each School Readiness sites funded through the First 5 Solano County Children and Families Commission, including Silveyville Primary³. The study consists of assessments of individual children by kindergarten teachers (the Modified Desired Results Developmental Profile Child Survey) and a survey of kindergarteners' parents. The data from the study are intended to provide a "snapshot" or point in time profile of kindergarteners' readiness to begin school in those regions targeted by First 5 Solano. The MDRDP is a cohort study, – it provides a "snapshot" of readiness among a group of kindergarteners at School Readiness sites at a point in time. Each subsequent year the MDRDP is administered in First 5 Solano School Readiness Catchment Areas, it will provide an evolutionary picture of school readiness among the groups of children studied across years. The following are brief highlights from findings at Silveyville. For full results refer to the complete Kindergarten Readiness Assessment included in the appendix of this report.

³ In 2004-2005 Silveyville Primary participated in the state's School Readiness evaluation and therefore was not included in the data collection conducted by LFA. The state did provide raw data for Silveyville and they are incorporated into this report with the other school data. In 2005-2006 LFA collected data from all four First 5 Solano-funded School Readiness sites, as the state only conducts its evaluation bi-annually.

Priority 2: Early Childhood Learning and Development

First 5 Solano School Readiness Catchment areas overall performed well across the board in all four MDRDP dimensions in the 2005-06 school year. Results for this cohort year are mixed for Silveyville Primary. As seen in Exhibit 14-2, the percentages of children at Silveyville who fully or almost mastered all items in each MDRDP dimension increased in the dimensions of Cognition and General Knowledge and Approaches to Learning and decreased slightly in Emotional Well-Being and Communication Skills.

Exhibit 14-2

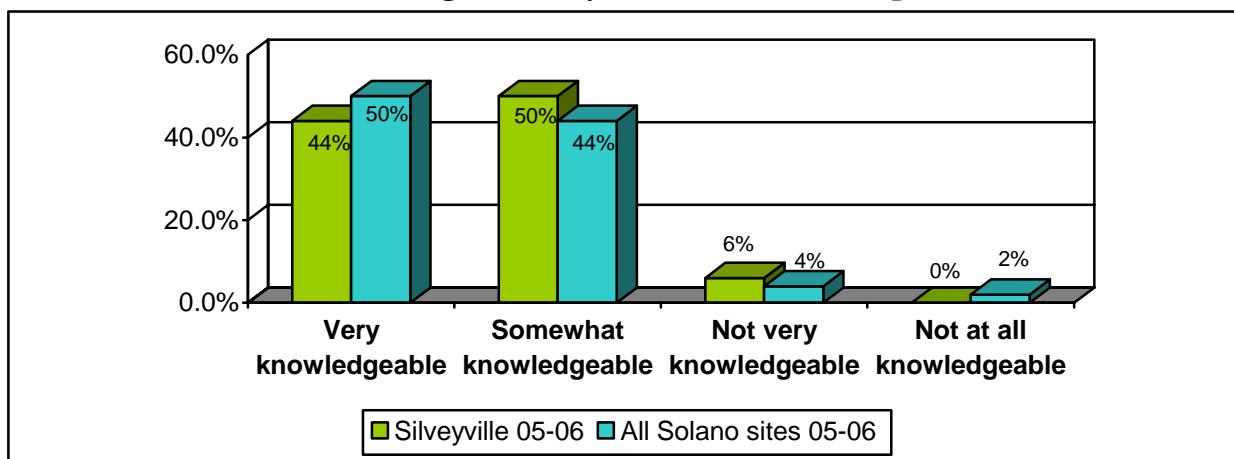
Percentage of Children Who Fully or Almost Mastered All Items on the MDRDP by Domain

MDRDP Domain	Percent Change from 2004-05 to 2005-06	Silveyville Primary 2004-05	Silveyville Primary 2005-06	First 5 Solano Catchment Areas 2005-06	Statewide 2004-05
Cognition and General Knowledge	+13%	30%	43%	33%	25%
Emotional Well-Being	-6%	44%	38%	43%	37%
Approaches to Learning	+9%	32%	41%	47%	39%
Communication Skills	-3%	45%	42%	42%	33%

Looking more closely at individual MDRDP competencies (as seen in Exhibits 14-3 through 14-6) the results remain mixed. Some competency results increased from 2004-05 to 2005-06 while other competency results decreased. In 2004-05, Silveyville's MDRDP results were higher than other First 5 Solano School Readiness sites and in many cases were on par with statewide results. It is not a surprise, however, that some competencies have fluctuated as Silveyville's school readiness program continues to develop. In many areas Silveyville's results are still higher than the state's and First 5 Solano School Readiness sites as a whole.

In 2005-06 at Silveyville, 44% of parents rated their knowledge of child development as very high. Ninety-four percent of parents say they are either "somewhat knowledgeable" or "very knowledgeable" about child development.

Exhibit 14-3
How knowledgeable are you about child development?



Priority 2: Early Childhood Learning and Development

Parents reported that they frequently engaged in developmental activities with their child. On a scale of 1 to 4 with 1 being “not at all” and 4 being “frequently (daily),” the average for each of the following activities ranged from 2.8 to 3.6.

Exhibit 14-4
Parent Report of Frequency of Child Development Activity

Child Development Activity	Silveyville Primary 2005-2006	First 5 Solano School Readiness Catchment Areas 2005-2006
Practice counting with this child	3.3	3.4
Practice daily routines of getting ready for school with this child (e.g. bedtime, morning schedule)	3.4	3.5
Practice kindergarten skills with this child (such as holding a pencil, cutting with scissors, counting, colors, shapes, letters)	3.5	3.4
Practice self-help skills with this child (such as zipping clothes, buttoning, tying shoes)	3.6	3.6
Read stories to this child	3.6	3.3
Play active games (e.g. toss a ball, skip, jump, climb)	3.6	3.5
Play games that describe how items are the same or different (e.g. matching games or card games like “Go Fish”)	2.9	3.0
Play games that order objects from smallest to largest (e.g. orders various circle sizes, nests cups, lines up from shortest to tallest)	2.8	2.9

In 2005-06, eight in ten (82%) parents received a letter or other written information from their child’s school prior to the start of kindergarten. The majority (71%) also toured the school or visited a classroom, or participated in school-wide activities (69%).

Exhibit 14-5
Parent Report of Frequency of Contact with School

Type of Contact with School	Silveyville Primary 2005-06	First 5 Solano School Readiness Catchment Areas 2005-06
Meet with a kindergarten teacher	59%	52%
Meet the elementary school principal or other school staff	53%	49%
Participate in school-wide activities	69%	49%
Tour the school and/or visit a kindergarten classroom	71%	64%
Receive a letter or other written information from your child's school on how to help get your child ready for kindergarten?	82%	71%
Receive a phone call or home visit	29%	29%
Have your child's skills and development assessed	47%	43%

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

Priority 2: Early Childhood Learning and Development

In 2005-06, the majority of parents enrolled their child into kindergarten a few months before kindergarten (88%). None of responding Silveyville parents enrolled their child on the first day or after the first day of kindergarten.

Exhibit 14-6
When Child Enrolled in Kindergarten

When Enrolled	Silveyville Primary 2005-06	First 5 Solano School Readiness Catchment Areas 2005-06
During the few months before kindergarten	88%	74%
A few weeks before kindergarten began	11%	17%
On the first day of kindergarten	0%	3%
After school started	0%	6%

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

Participation in a Pre-Kindergarten Academy

Overall, 21% of the kindergarteners included in this study participated in a Pre-Kindergarten Academy at Silveyville Primary prior to entering Kindergarten. Parents whose children attended a Pre-K Academy were asked if participation helped them prepare for kindergarten in a variety of different ways. Results show that parents do believe the Pre-K Academy had an impact on their children's development.

Exhibit 14-7
Parent Report of Child's Developmental Improvement

Area of Child Development	Silveyville Primary 2005-06	First 5 Solano School Readiness Catchment Areas 2005-06
Increased social skills (e.g. sitting in circle, raising hand to ask questions, sharing and taking turns)	44%	44%
Increased knowledge of colors and shapes	44%	42%
Increased knowledge of numbers and counting	44%	40%
Increased knowledge of letters of the alphabet	44%	39%
Increased knowledge of basic concepts of books/reading	38%	35%

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

Priority 2: Early Childhood Learning and Development

When looking at MDRDP results of kindergarteners who participated in a Pre-K Academy across all First 5 School Readiness sites versus those who did not, **those who did participate were more likely to have fully or almost mastered all items of the 4 dimensions of the MDRDP.** The findings from these statistical tests were significant and show that participation in the Pre-K Academy has a positive impact on MDRDP results of the children who participate. Findings specifically for Silveyville Primary were positive as well. For Cognition and Communication Skills and Approaches to Learning those who did participate in the Pre-K Academy had higher scores. For Emotional Well-Being and Communication Skills, the scores were the same for each group. The results of these tests were not statistically significant (most likely due to the small sample size) and should be interpreted with some caution.

Exhibit 14-8

MDRDP Results for Pre-K Academy Participants and Non-Pre-K Academy Participants

Percentage of Children Who Fully or Almost Mastered All Items	Silveyville Primary 2005-06 <i>With Pre K Academy</i>	Silveyville Primary 2005-06 <i>Without Pre K Academy</i>
Cognition and General Knowledge	60%	51%
Emotional Well-Being	47%	47%
Approaches to Learning	75%	58%
Communication Skills	58%	58%
Percentage of Children Who Fully or Almost Mastered All Items	First 5 Solano Catchment Areas <i>With Pre K Academy</i>	First 5 Solano Catchment Areas <i>Without Pre K Academy</i>
Cognition and General Knowledge	33%	32%
Emotional Well-Being	49%	38%
Approaches to Learning	53%	41%
Communication Skills	48%	38%

Chapter 15: Vacaville USD: Markham Elementary School Readiness Program

Project Name	Funded Amount
School Readiness, Vacaville USD Markham Elementary	\$210,000 07/01/2005 to 06/30/2006

Program Overview

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

Exhibit 15-1

Data Sources Available for This Chapter

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Kindergarten Readiness Assessment (Child and Parent Data)	<input checked="" type="checkbox"/>
Persimmon Data	<input checked="" type="checkbox"/>
Key Informant Interview	<input checked="" type="checkbox"/>

Performance Measures

The following provides a summary of Markham School Readiness' performance measures for the 2005-06 fiscal year.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Provide referrals to a minimum of 20 parents/caregivers for culturally competent counseling of special needs children for assessment, and provide referrals assessment for respite care.	✓				22 parents/caregivers received referrals
Provide referrals for children needing referrals for dental service and direct emergency services.	✓				62 dental exams were conducted
Arrange for appointments for parents of uninsured children 0-5 with SKIP worker for parents who are contacted by family resource center, school or SKIP to sign up for free or low cost health coverage.	✓				142 referrals to SKIP were made for parents of uninsured children
Provide transportation vouchers to parents who need transportation to neighborhood/community activities.	✓				30 transportation vouchers were provided
Provide Child Care Program referrals to parents		✓			21 parents received child care referrals

Priority 2: Early Childhood Learning and Development

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Teach at least 25 new and prospective parents developmentally appropriate stimulating activities and model effective parenting techniques through home visits or at Resource Center appointments.	✓				144 parents received training/information on developmentally appropriate parenting techniques
Hold quarterly meetings with child care providers and parents/caregivers to provide training and encouragement for inclusion of developmentally stimulating activities in daycare programs		✓			Quarterly meetings of parents and child care providers were held
At least 100 parents be given information or referrals regarding any issues they have for their children ages 0-5 at Resource Center to be established at Markham school and staffed by a program coordinator, family liaison, clerical A, Family Support Worker from Vacaville PD, SKIP worker and have other outstations for the Collaborative partners to provide information, referrals and appointments.	✓				399 parents were given information and referrals
Provide culturally and linguistically appropriate developmental assessments to 25 children		✓			25 children were provided with culturally and linguistically appropriate developmental assessments
Make referrals to at least 30 parents to join the Nurturing Parents Program or Parent Project Jr.	✓				46 referrals were made to the Nurturing Parents Program and 26 enrolled
Provide bilingual story hours	✓				10 bilingual story hours were held
Provide information to 100 parents/caregivers on prenatal and early childhood nutrition and health guidelines, care and feeding of infants and young children, child development, age appropriate behaviors, effects of second hand smoke, effective parenting skills, early childhood education, literacy activities and programs in the community.	✓				320 parents received information
Provide home visits to model effective parenting techniques to prospective and new parents (3 visits per family, 10 family)	✓				17 families received more than 3 visits
First 5 Collaborative partners and Resource Center Staff to meet one time per month, 9 months a year, with Parent and Community Leadership Council to support First 5 Initiative.		✓			First 5 Collaborators and Resource Center staff met 9 times

Challenges to Effective Service Provision

The following on-going challenges to meeting the above performance measures were reported:

- The Family Support Worker and Nurse schedule were not compatible making it difficult to schedule visits.
- The program needs to be aware of community events that may conflict with the Health Fair and other School Readiness events.

Highlight of Program Successes:

The program reported the following success in 2005-2006:

- There were over **400 parent contacts and referrals** including: Migrant Education, legal services, car seat referrals, Bilingual Story Hour, distribution of parent kits, Welcome Baby referrals, Ages and Stages Developmental Information, Health Faire and book giveaways.
- **A Latino Literacy Group was held to model effective reading techniques** and provide extended activities for parents to implement with their children. It was well attended and parents demonstrated their understanding of how to engage their children in a book.
- The Family Support Worker **increased the amount of contacts and established home visits** with clients. The Family Support Worker works with police department and the FRC and teaches parenting skills and offers one-on-one parenting services to families.

What are the Characteristics of Clients Served?

Markham School Readiness served over **160 families** and **600 children** ages 0-5 years in the 2005-06 fiscal year. The racial/ethnic breakdown of Markham School Readiness clients is:

- 90% Latino,
- 4% White,
- 4% African American, and
- 2% Biracial/Multiracial/Other.

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

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

In 2005, evaluators conducted a Kindergarten Entry Profile (KEP) study at each School Readiness sites funded through the First 5 Solano County Children and Families Commission, including Markham Elementary. The study consists of assessments of individual children by kindergarten teachers (the Modified Desired Results Developmental Profile Child Survey) and a survey of kindergarteners' parents. The data from the study are intended to provide a "snapshot" or point in

Priority 2: Early Childhood Learning and Development

time profile of kindergarteners' readiness to begin school in those regions targeted by First 5 Solano. The MDRDP is a cohort study, – it provides a “snapshot” of readiness among a group of kindergarteners at School Readiness sites at a point in time. Each subsequent year the MDRDP is administered in First 5 Solano School Readiness Catchment Areas, it will provide an evolutionary picture of school readiness among the groups of children studied across years. The following are brief highlights from findings at Markham Elementary. For full results refer the complete Kindergarten Readiness Assessment included in the appendix of this report.

First 5 Solano School Readiness Catchment areas overall and Markham Elementary specifically performed well across the board in all four MDRDP dimensions in the 2005-06 school year. Results for this cohort year have improved over results from the 2004-05 cohort year as well as in comparison to statewide results from 2004-05. As seen in Exhibit 15-2, **the percentages of children at Markham who fully or almost mastered all items in each MDRDP dimension have increased from 12% points to over 50% points and have surpassed statewide results.**

Exhibit 15-2

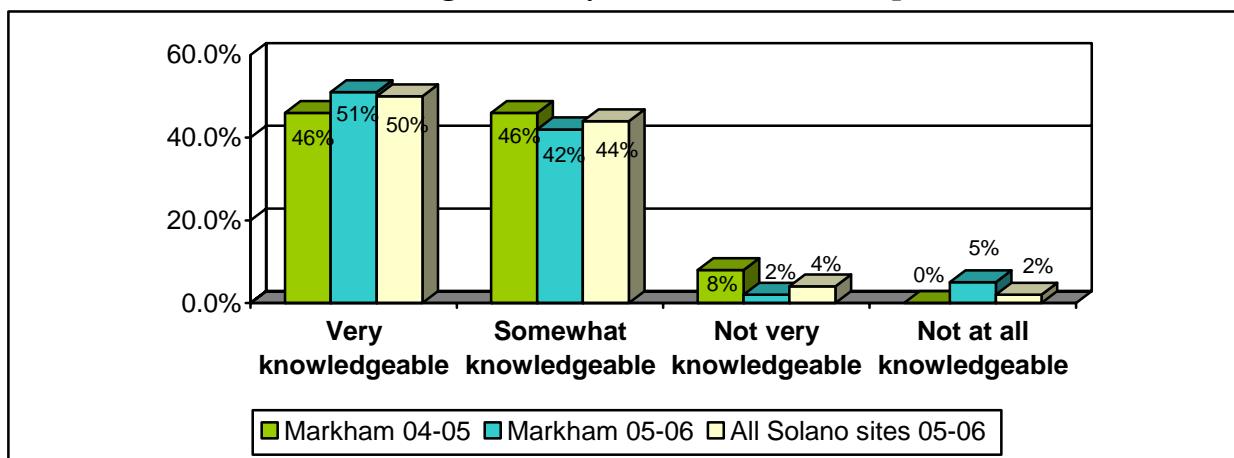
Percentage of Children Who Fully or Almost Mastered All Items on the MDRDP by Domain

MDRDP Domain	Percent Change from 2004-05 to 2005-06	Markham Elementary 2004-05	Markham Elementary 2005-06	First 5 Solano Catchment Areas 2005-06	Statewide 2004-05
Cognition and General Knowledge	+12%	18%	30%	33%	25%
Emotional Well-Being	+29%	24%	53%	43%	37%
Approaches to Learning	+54%	22%	76%	47%	39%
Communication Skills	+28%	24%	52%	42%	33%

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In 2005-06 at Markham, one-half of parents rated their knowledge of child development as very high. Ninety-three percent of parents say they are either “somewhat knowledgeable” or “very knowledgeable” about child development, as shown in the exhibit below.

Exhibit 15-3
How knowledgeable are you about child development?



Parents reported that they frequently engaged in developmental activities with their child. On a scale of 1 to 4 with 1 being “not at all” and 4 being “frequently (daily),” the average for each of the following activities ranged from 2.9 to 3.6. Mean scores have decreased slightly from 2004-05 to 2005-06. The differences were not found to be significant when statistically tested.

Exhibit 15-4
Parent Report of Frequency of Child Development Activity

Child Development Activity	Markham Elementary 2004-05	Markham Elementary 2005-06	First 5 Solano School Readiness Catchment Areas 2005-06
Practice counting with this child	3.6	3.3	3.4
Practice daily routines of getting ready for school with this child (e.g. bedtime, morning schedule)	3.7	3.5	3.5
Practice kindergarten skills with this child (such as holding a pencil, cutting with scissors, counting, colors, shapes, letters)	3.6	3.4	3.4
Practice self-help skills with this child (such as zipping clothes, buttoning, tying shoes)	3.6	3.6	3.6
Read stories to this child	3.4	3.3	3.3
Play active games (e.g. toss a ball, skip, jump, climb)	3.7	3.4	3.5
Play games that describe how items are the same or different (e.g. matching games or card games like “Go Fish”)	3.0	2.9	3.0
Play games that order objects from smallest to largest (e.g. orders various circle sizes, nests cups, lines up from shortest to tallest)	3.0	2.8	2.9

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In 2005-06, seven in ten (73%) parents received a letter or other written information from their child's school prior to the start of kindergarten. The majority (68%) also toured the school or visited a classroom, and met with a school principal or staff (60%). Interactions with the schools prior to the start of kindergarten have increased slightly from one year to the next in some areas and decreased in others.

Exhibit 15-5
Parent Report of Frequency of Contact with School

Type of Contact with School	Markham Elementary 2004-05	Markham Elementary 2005-06	First 5 Solano School Readiness Catchment Areas 2005-06
Meet with a kindergarten teacher	44.3%	60%	52%
Meet the elementary school principal or other school staff	63.2%	62%	49%
Participate in school-wide activities	59.4%	47%	49%
Tour the school and/or visit a kindergarten classroom	70.6%	68%	64%
Receive a letter or other written information from your child's school on how to help get your child ready for kindergarten?	71.4%	73%	71%
Receive a phone call or home visit	26.5%	30%	29%
Have your child's skills and development assessed	12.7%	45%	43%

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

In 2005-06, the majority of parents enrolled their child into kindergarten a few months before kindergarten (78%). Only a small percent of parents (7%) enrolled their child after the first day of kindergarten.

Exhibit 15-6
When Child Enrolled in Kindergarten
(2005-2006 n = 229, 2004-2005 n=234)

When Enrolled	Markham Elementary 2004-05	Markham Elementary 2005-26	First 5 Solano School Readiness Catchment Areas 2005-06
During the few months before kindergarten	78.9%	78%	74%
A few weeks before kindergarten began	12.7%	15%	17%
On the first day of kindergarten	4.2%	0%	3%
After school started	4.2%	7%	6%

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

Participation in a Pre-Kindergarten Academy

Overall, 21% of the kindergarteners included in this study participated in a Pre-Kindergarten Academy at Markham Elementary prior to entering Kindergarten. Parents whose children attended a Pre-K Academy were asked if participation helped them prepare for kindergarten in a variety of

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different ways. Results show that parents do believe the Pre-K Academy had an impact on their children, with over one-half reporting that it increased their social skills and 48% reporting that it increased their knowledge of colors and shapes.

Exhibit 15-7
Parent Report of Child's Developmental Improvement

Area of Child Development	Markham Elementary	First 5 Solano School Readiness Catchment Areas
Increased social skills (e.g. sitting in circle, raising hand to ask questions, sharing and taking turns)	53%	44%
Increased knowledge of colors and shapes	48%	42%
Increased knowledge of numbers and counting	45%	40%
Increased knowledge of letters of the alphabet	44%	39%
Increased knowledge of basic concepts of books/reading	42%	35%

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

When looking at MDRDP results of kindergarteners who participated in a Pre-K Academy across all First 5 School Readiness sites versus those who did not, **those who did participate were more likely to have fully or almost mastered all items of the 4 dimensions of the MDRDP**. The findings from these statistical tests were significant and show that participation in the Pre-K Academy has a positive impact on MDRDP results of the children who participate. Findings specifically for Markham Elementary were mixed across the dimensions. For Cognition and Communication Skills, those who did not participate in the Pre-K Academy had higher MDRDP scores but for Approaches to Learning and Emotional Well-Being, those who did participate had higher scores. The results of these tests were not statistically significant (most likely due to the small sample size) and should be interpreted with some caution.

Exhibit 15-8
MDRDP Results for Pre-K Academy Participants and Non-Pre-K Academy Participants

Percentage of Children Who Fully or Almost Mastered All Items	Markham Elementary 2005-06 With Pre K Academy	Markham Elementary 2005-06 Without Pre K Academy
Cognition and General Knowledge	18%	33%
Emotional Well-Being	59%	51%
Approaches to Learning	80%	75%
Communication Skills	50%	52%
Percentage of Children Who Fully or Almost Mastered All Items	First 5 Solano Catchment Areas With Pre K Academy	First 5 Solano Catchment Areas Without Pre K Academy
Cognition and General Knowledge	33%	32%
Emotional Well-Being	49%	38%
Approaches to Learning	53%	41%
Communication Skills	48%	38%

Chapter 16: Vallejo City USD: Loma Vista Elementary School Readiness Program

Project Name	Funded Amount
School Readiness, Vallejo City USD Loma Vista Elementary	\$218,200 07/01/2005 to 06/30/2006

Program Overview

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

Exhibit 16-1
Data Sources Available for This Chapter

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Kindergarten Readiness Assessment (Child and Parent Data)	<input checked="" type="checkbox"/>
Persimmon Data	<input checked="" type="checkbox"/>
Key Informant Interview	<input checked="" type="checkbox"/>

Performance Measures

The following provides a summary of Loma Vista School Readiness' performance measures for the 2005-06 fiscal year.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Provide parent education and support, health and social services and resources and referrals through the Parent Resource Center to at least 150 children and their families.	✓				Over 250 children and their families received resources and referrals
Provide child care referrals for children and families		✓			50 child care referrals were made.
Provide monthly (ten months per year), hour-long parent education activities		✓			10 parent education activities took place
Conduct Home Visits to 20 families, approximately 3 visits per family in order to provide outreach services			✓		Turnover in the site coordinator position resulted in lack of conducting and documenting home visits.

Priority 2: Early Childhood Learning and Development

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Provide Academy for Entering Kindergarten Children.		✓			Pre-K Academy classes were held.
Provide training on school readiness and early childhood education for educators, child care providers and parents		✓			Trainings were provided.
Establish and hold quarterly Parent and Community Leadership Council			✓		Turnover in the site coordinator position resulted in lack of conducting and documenting these meetings.
Create community events that will bring together neighbors and break the cycle of isolation	✓				1 community event was held.

Challenges to Effective Service Provision

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

- The Loma Vista School Readiness program had staff turnover in the Site Coordinator position.
- The program had difficulty hiring an onsite School Readiness nurse to provide services.

Highlight of Program Successes:

The program reported the following success in 2005-06:

- The Loma Vista School Readiness program reached its objective in providing services to the families and children who visited the resource center. The program provided monthly parent workshops and meetings to families. Families were also provided with onsite resources at the Loma Vista Readiness Resource Program.

What are the Characteristics of Clients Served?

Loma Vista School Readiness served over **200 families and their children** ages 0-5 years in the 2005-06 fiscal year. The racial/ethnic breakdown of Loma Vista School Readiness clients is:

- 83% Latino,
- 11% African American, and
- 6% Other.

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

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

In 2005, evaluators conducted a Kindergarten Entry Profile (KEP) study at each School Readiness sites funded through the First 5 Solano County Children and Families Commission, including Loma Vista Elementary. The study consists of assessments of individual children by kindergarten teachers (the Modified Desired Results Developmental Profile Child Survey) and a survey of kindergarteners' parents. The data from the study are intended to provide a "snapshot" or point in time profile of kindergarteners' readiness to begin school in those regions targeted by First 5 Solano. The MDRDP is a cohort study, – it provides a "snapshot" of readiness among a group of kindergarteners at School Readiness sites at a point in time. Each subsequent year the MDRDP is administered in First 5 Solano School Readiness Catchment Areas, it will provide an evolutionary picture of school readiness among the groups of children studied across years. The following are brief highlights from findings at Loma Vista Elementary. For full results refer to the complete Kindergarten Readiness Assessment included in the appendix of this report.

First 5 Solano School Readiness Catchment areas overall and Loma Vista Elementary specifically performed well across the board in all four MDRDP dimensions in the 2005-06 school year. Results for this cohort year have improved over results from the 2004-05 cohort year as well as in comparison to statewide results from 2004-05, with the exception of results in the Communication Skills dimension. As seen in Exhibit 16-2, the percentage of children who fully or almost mastered all items in that dimension decreased by 3% from 2004-05 to 2005-06, but the percentages for 2005-06 still are higher than those for the state and for First 5 Solano Catchment areas overall.

Exhibit 16-2

Percentage of Children Who Fully or Almost Mastered All Items on the MDRDP by Domain

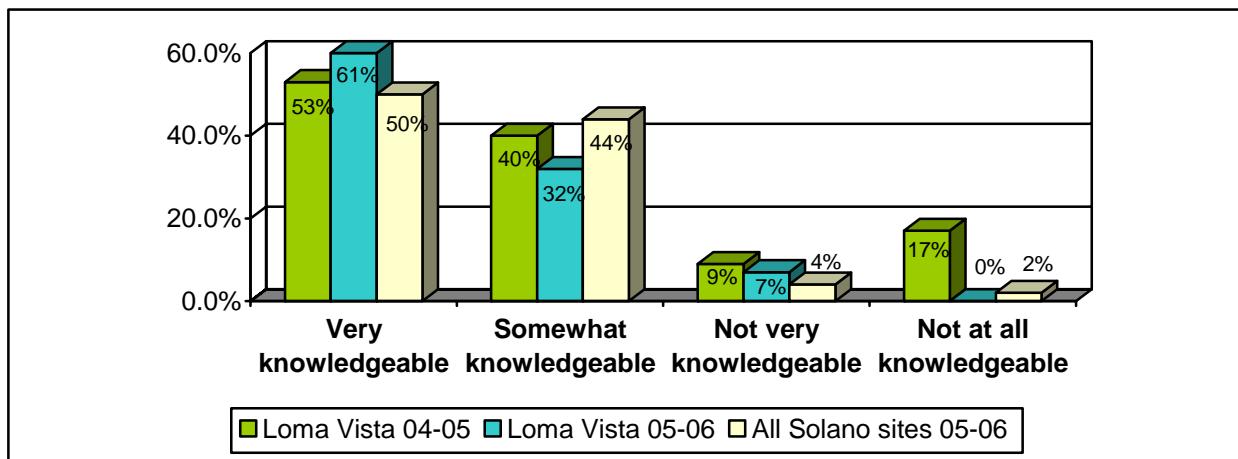
MDRDP Domain	Percent Change from 2004-05 to 2005-06	Loma Vista Elementary 2004-05	Loma Vista Elementary 2005-06	First 5 Solano Catchment Areas 2005-06	Statewide 2004-05
Cognition and General Knowledge	+7%	26%	33%	33%	25%
Emotional Well-Being	+11%	32%	43%	43%	37%
Approaches to Learning	+9%	43%	42%	47%	39%
Communication Skills	-3%	49%	46%	42%	33%

Priority 2: Early Childhood Learning and Development

In 2005-06 at Loma Vista, one-half (53%) of parents rated their knowledge of child development as very high. Ninety-three percent of parents say they are either “somewhat knowledgeable” or “very knowledgeable” about child development.

Exhibit 16-3

How knowledgeable are you about child development?



Parents reported that they frequently engaged in developmental activities with their child. On a scale of 1 to 4 with 1 being “not at all” and 4 being “frequently (daily),” the average for each of the following activities ranged from 2.9 to 3.6. Mean scores have decreased slightly from 2004-05 to 2005-06. The differences were not found to be significant when statistically tested.

Exhibit 16-4
Parent Report of Frequency of Child Development Activity

Child Development Activity	Loma Vista Elementary 2004-05	Loma Vista Elementary 2005-06	First 5 Solano School Readiness Catchment Areas 2005-06
Practice counting with this child	3.6	3.4	3.4
Practice daily routines of getting ready for school with this child (e.g. bedtime, morning schedule)	3.8	3.5	3.5
Practice kindergarten skills with this child (such as holding a pencil, cutting with scissors, counting, colors, shapes, letters)	3.7	3.4	3.4
Practice self-help skills with this child (such as zipping clothes, buttoning, tying shoes)	3.9	3.5	3.6
Read stories to this child	3.6	3.1	3.3
Play active games (e.g. toss a ball, skip, jump, climb)	3.6	3.6	3.5
Play games that describe how items are the same or different (e.g. matching games or card games like “Go Fish”)	3.2	2.9	3.0
Play games that order objects from smallest to largest (e.g. orders various circle sizes, nests cups, lines up from shortest to tallest)	3.3	3.1	2.9

Priority 2: Early Childhood Learning and Development

In 2005-06, nearly 8 in ten (79%) parents received a letter or other written information from their child's school prior to the start of kindergarten. Interactions with the schools prior to the start of kindergarten have increased slightly from one year to the next except that parents were more likely to have received a phone call or home visit (35% in 2005-06 as compared to 7% in 2004-05) and to have their child's skills and development assessed (50% in 2005-06 as compared to 9% in 2004-05).

Exhibit 16-5
Parent Report of Frequency of Contact with School

Type of Contact with School	Loma Vista Elementary 2004-05	Loma Vista Elementary 2005-06	First 5 Solano School Readiness Catchment Areas 2005-06
Meet with a kindergarten teacher	54%	52%	52%
Meet the elementary school principal or other school staff	61%	46%	49%
Participate in school-wide activities	71%	59%	49%
Tour the school and/or visit a kindergarten classroom	71%	60%	64%
Receive a letter or other written information from your child's school on how to help get your child ready for kindergarten?	76%	79%	71%
Receive a phone call or home visit	7%	35%	29%
Have your child's skills and development assessed	9%	50%	43%

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

In 2005-06, the majority of parents enrolled their child into kindergarten a few months before kindergarten (69%). Only a small percent of parents (10%) enrolled their child after the first day of kindergarten.

Exhibit 16-6
When Child Enrolled in Kindergarten

When Enrolled	Loma Vista Elementary 2004-2005	Loma Vista Elementary 2005-2006	First 5 Solano School Readiness Catchment Areas 05-06
During the few months before kindergarten	70%	69%	74%
A few weeks before kindergarten began	26%	17%	17%
On the first day of kindergarten	2%	3%	3%
After school started	2%	10%	6%

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

Overall, 75% of the kindergarteners included in this study participated in a Pre-Kindergarten Academy at Loma Vista Elementary prior to entering Kindergarten. Parents whose children attended a Pre-K Academy were asked if participation helped them prepare for kindergarten in a variety of different ways. **Results show that parents do believe the Pre-K Academy had an impact on their children, with almost half of parents reporting that it increased their child's social skills.**

Exhibit 16-7
Parent Report of Improved Development

Area of Child's Development	Loma Vista Elementary	First 5 Solano School Readiness Catchment Areas
Increased social skills (e.g. sitting in circle, raising hand to ask questions, sharing and taking turns)	43%	44%
Increased knowledge of colors and shapes	32%	42%
Increased knowledge of numbers and counting	32%	40%
Increased knowledge of letters of the alphabet	36%	39%
Increased knowledge of basic concepts of books/reading	36%	35%

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

When looking at MDRDP results of kindergarteners who participated in a Pre-K Academy across all First 5 School Readiness sites versus those who did not, **those who did participate were more likely to have fully or almost mastered all items of the 4 dimensions of the MDRDP**. The findings from these statistical tests were significant and show that participation in the Pre-K Academy has a positive impact on MDRDP results of the children who participate. Findings specifically for Loma Vista Elementary were positive (except in the area of Cognition and General Knowledge). For Cognition and General Knowledge, those who did not participate in the Pre-K Academy had higher MDRDP scores but for the remaining dimensions, those who did participate had higher scores. The results of the tests for Loma Vista were not statistically significant (most likely due to the small sample size) and should be interpreted with some caution.

Exhibit 16-8
MDRDP Results for Pre-K Academy Participants and Non-Pre-K Academy Participants

Percentage of Children Who Fully or Almost Mastered All Items	Loma Vista Elementary 2005-06 With Pre K Academy	Loma Vista Elementary 2005-06 Without Pre K Academy
Cognition and General Knowledge	59%	75%
Emotional Well-Being	86%	40%
Approaches to Learning	83%	75%
Communication Skills	88%	67%
Percentage of Children Who Fully or Almost Mastered All Items	First 5 Solano Catchment Areas With Pre K Academy	First 5 Solano Catchment Areas Without Pre K Academy
Cognition and General Knowledge	33%	32%
Emotional Well-Being	49%	38%
Approaches to Learning	53%	41%
Communication Skills	48%	38%

Chapter 17: Fairfield-Suisun USD: Anna Kyle Elementary School Readiness Program

Project Name	Funded Amount
School Readiness, Fairfield-Suisun USD Anna Kyle Elementary	\$223,011 07/01/2005 to 06/30/2006

Program Overview

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

Exhibit 17-1
Data Sources Available for This Chapter

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Kindergarten Readiness Assessment (Child and Parent Data)	<input checked="" type="checkbox"/>
Persimmon Data	<input checked="" type="checkbox"/>
Key Informant Interview	<input checked="" type="checkbox"/>

Performance Measures

The following provides a summary of Anna Kyle School Readiness' performance measures for the 2005-06 fiscal year.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Provide Child Care Program referrals to at least 100 parents including bilingual materials to aid parents in what questions to ask when considering child care options.		✓			100 childcare referrals were made
Convene quarterly meetings with child care providers and parents/care givers to provide training and encouragement on preparing children for kindergarten	✓				4 meetings were held
Provide parenting and resource information to 20 expectant parents	✓				25 expectant parents received resource packets
Provide urgent medical and dental services via CHAP Program for up to 50 children		✓			18 families received emergency medical care through CHAP
Distribute school readiness packets to a minimum of 20 families	✓				50 families received school readiness packets

Priority 2: Early Childhood Learning and Development

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Distribute literacy packets to at least 100 parents	✓				164 literacy packets were distributed and 336 parents participated in Adult Literacy Programs
Workshops on child development, age appropriate behaviors, effective parenting skills, prenatal and early childhood nutrition and health guidelines and proper care and feeding of infants and your children, preparing children for Kindergarten, effects of second hand smoke, prenatal and early childhood nutrition and health guidelines.		✓			Workshops were held for over 700 parents on a variety of topics
Offer a free home-based school readiness curriculum for at least 25 parents.			✓		19 parents used the Take-Home Leap Frog Curriculum
Establish parent and community leadership council of at least 5 parents who will meet 3 times per year.	✓				Meetings were held quarterly
Provide one Kindergarten Carnival annually.	✓				2 Kindergarten Carnivals were held
At least 2000 transportation vouchers will be made available to parents for use for medical appointments and to get to school.	✓				269 vouchers were distributed

The following provides additional detail regarding Anna Kyle's activities performed in the 2005-06 fiscal year:

Early Child Care and Education

- School Readiness staff has made 100 childcare referrals to quality preschool programs and successfully **piloted a Pre-Kindergarten Academy serving 24 four-year olds who had not been to preschool**. The School Readiness coordinator also facilitated a meeting between parents with children who have special need and the districts' Special Education Coordinators. The focus of the meeting was to recommend resources to the parents.

Health and Social Services

- This year the School Readiness staff distributed parenting resource packets to 25 expectant moms. The school Readiness Program provided 18 families with emergency Health Care through CHAP referrals. In addition, the SR Coordinator and staff organized a total of 112 classes serving 726 parents and 344 children on an array of topics including effective discipline and child abuse and prevention.

Parenting/Family Support

- The program distributed 164 literacy packets and 50 School Readiness packets (backpacks) to parents with children 0-5. In addition, the program provided over 726 parents with parenting classes on the following topics: Safe From the Start, Getting Ready to Read, the Social and Emotional Development of a Preschool, How to Talk to your Kids About Sex, and Preparing for Kindergarten.

Priority 2: Early Childhood Learning and Development

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

- The Anna Kyle Preschool Parent Leadership Council met quarterly and the Coordinator presented topics on school preparedness. The School Readiness program co-hosted 2 Kindergarten Carnivals with the FRC.

School Readiness Program Infrastructure Administration and Evaluation

- The School Readiness Program organized one Safe Neighborhood Forum entitled General Crime Prevention and distributed 260 transportation vouchers and made direct contact with 177 parents with children ages 0-5.

Challenges to Effective Service Provision

The following on-going challenge to meeting the above performance measures was reported:

- The program had difficulties expanding school nurse services; there are not enough school nurses in the district. Likewise, it was difficult to find a language specialist to fill a 10% position.

Highlight of Program Successes:

The program reported the following success in 2005-2006:

- **85% of families in contact with the SR Program received information on preparing their children for Kindergarten and school readiness skills.** Over 50 hours of parent education was delivered to parents. While parents attended classes children ages 2-5 received literacy activities for 1.5 hours twice a week.
- **Extensive collaboration between the FRC and having access to the Anna Kyle Preschool made the program a success.** Access to the preschool made the School Readiness services easily accessible to preschool parents. Further, after receiving the First 5 Evaluation report, the School Readiness program focused instruction in the areas that were identified as ones where improvement could be made. Parent education topics were customized to meet the needs of families in the catchment area.
- **This year the program added several new components.** First, staff facilitated Kindergarten Articulation meetings between School Readiness staff, kindergarten teachers and preschool teachers. From those meetings lessons were designed to support teachers as well as parents in teaching children the necessary skills for kindergarten. Second, the Pre-K Academy was offered to children with no prior preschool experience.

What are the Characteristics of Clients Served?

Anna Kyle School Readiness served over **100 families** and **250 children** ages 0-5 years in the 2005-06 fiscal year. The racial/ethnic breakdown of Anna Kyle School Readiness clients is:

- 82% Latino,
- 10% White,
- 6% African American and
- 1% Other.

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

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

In 2005, evaluators conducted a Kindergarten Entry Profile (KEP) study at each School Readiness site funded through the First 5 Solano County Children and Families Commission, including Anna Kyle Elementary. The study consists of assessments of individual children by kindergarten teachers (the Modified Desired Results Developmental Profile Child Survey) and a survey of kindergarteners' parents. The data from the study are intended to provide a "snapshot" or point in time profile of kindergarteners' readiness to begin school in those regions targeted by First 5 Solano. The MDRDP is a cohort study, – it provides a "snapshot" of readiness among a group of kindergarteners at School Readiness sites at a point in time. Each subsequent year the MDRDP is administered in First 5 Solano School Readiness Catchment Areas, it will provide an evolutionary picture of school readiness among the groups of children studied across years. The following are brief highlights from findings at Anna Kyle Elementary. For full results refer the complete Kindergarten Readiness Assessment included in the appendix of this report.

Priority 2: Early Childhood Learning and Development

First 5 Solano School Readiness Catchment areas overall and Anna Kyle Elementary specifically performed well across the board in all four MDRDP dimensions in the 2005-06 school year. Results for this cohort year have improved over results from the 2004-05 cohort year as well as in comparison to statewide results from 2004-05. As seen in Exhibit 17-2, **the percentages of children at Anna Kyle who fully or almost mastered all items in each MDRDP dimension have increased over 25% points and have surpassed results for First 5 Solano School Readiness sites overall and statewide.**

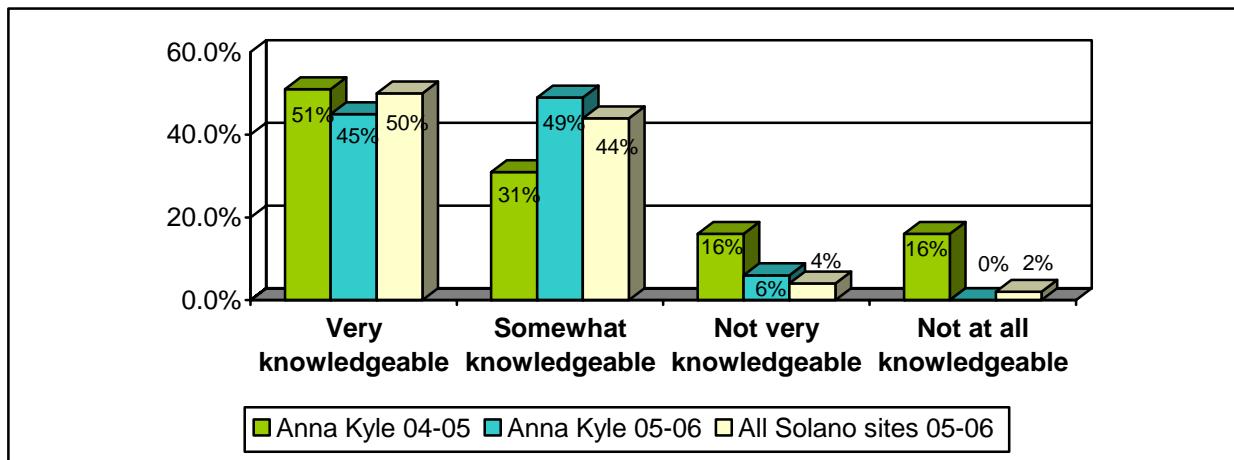
Exhibit 17-2

Percentage of Children Who Fully or Almost Mastered All Items on the MDRDP by Domain

MDRDP Domain	Percent Change from 2004-05 to 2005-06	Anna Kyle Elementary 2004-05	Anna Kyle Elementary 2005-06	First 5 Solano Catchment Areas 2005-06	Statewide 2004-05
Cognition and General Knowledge	+26%	9%	35%	33%	25%
Emotional Well-Being	+32%	26%	58%	43%	37%
Approaches to Learning	+36%	28%	64%	47%	39%
Communication Skills	+31%	26%	51%	42%	33%

In 2005-06 at Anna Kyle, 45% of parents rated their knowledge of child development as very high. Ninety-four percent of parents say they are either “somewhat knowledgeable” or “very knowledgeable” about child development.

Exhibit 17-3
How knowledgeable are you about child development?



Parents reported that they frequently engaged in developmental activities with their child. On a scale of 1 to 4 with 1 being “not at all” and 4 being “frequently (daily),” the average for each of the following activities ranged from 2.9 to 3.7. Mean scores have decreased slightly from 2004-05 to 2005-06. The differences were not found to be significant when statistically tested.

Priority 2: Early Childhood Learning and Development

Exhibit 17-4
Parent Report of Frequency of Child Development Activity

Child Development Activity	Anna Kyle Elementary 2004-05	Anna Kyle Elementary 2005-06	First 5 Solano School Readiness Catchment Areas 2005-06
Practice counting with this child	3.5	3.5	3.4
Practice daily routines of getting ready for school with this child (e.g. bedtime, morning schedule)	3.5	3.6	3.5
Practice kindergarten skills with this child (such as holding a pencil, cutting with scissors, counting, colors, shapes, letters)	3.4	3.4	3.4
Practice self-help skills with this child (such as zipping clothes, buttoning, tying shoes)	3.4	3.7	3.6
Read stories to this child	3.4	3.3	3.3
Play active games (e.g. toss a ball, skip, jump, climb)	3.4	3.5	3.5
Play games that describe how items are the same or different (e.g. matching games or card games like "Go Fish")	3.1	3.1	3.0
Play games that order objects from smallest to largest (e.g. orders various circle sizes, nests cups, lines up from shortest to tallest)	2.9	2.9	2.9

In 2005-06, most commonly (60.0%) parents received a letter or other written information from their child's school prior to the start of kindergarten. The majority (57%) also toured the school or visited a classroom. Interactions with the schools prior to the start of kindergarten have increased slightly from one year to the next, except for meeting with a kindergarten teacher.

Exhibit 17-5
Parent Report of Frequency of Contact with School

Type of Contact with School	Anna Kyle Elementary 2004-05	Anna Kyle Elementary 2005-06	First 5 Solano School Readiness Catchment Areas 2005-06
Meet with a kindergarten teacher	58%	34%	52%
Meet the elementary school principal or other school staff	25%	27%	49%
Participate in school-wide activities	30%	35%	49%
Tour the school and/or visit a kindergarten classroom	45%	57%	64%
Receive a letter or other written information from your child's school on how to help get your child ready for kindergarten?	56%	60%	71%
Receive a phone call or home visit	24%	27%	29%
Have your child's skills and development assessed	14%	33%	43%

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

Priority 2: Early Childhood Learning and Development

In 2005-06, the majority of parents enrolled their child into kindergarten a few months before kindergarten (62.5%). Only a small percent of parents enrolled their child on the first day or after the first day of kindergarten.

Exhibit 17-6
When Child Enrolled in Kindergarten
(2005-2006 n = 229, 2004-2005 n=234)

When Enrolled	Anna Kyle Elementary 2004-05	Anna Kyle Elementary 2005-06	First 5 Solano School Readiness Catchment Areas 2005-06
During the few months before kindergarten	65.5%	62.5%	74%
A few weeks before kindergarten began	23.6%	25.0%	17%
On the first day of kindergarten	5.5%	6.3%	3%
After school started	5.5%	6.3%	6%

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

Chapter 18: Children's Network: ABCD Constructing Connections

Project Name	Funded Amount
Children's Network ABCD Constructing Connections	\$43,000 07/01/2005 to 06/30/2006

Program Overview

The Constructing Connections Program works to create a streamlined process for child care facilities financing and development

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

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

Performance Measures

The Constructing Connections Project has accomplished the following progress on goals to date.

Goal	Progress to Date
Build on existing expertise to provide facilities financing and development resources to providers interested in expanding their services	<ul style="list-style-type: none"> ▪ Online Resource Guide downloaded from website 114 times in reporting period. ▪ New Collaborative participants in the reporting period: two local elected officials and Bank of the West designated staff to participate. ▪ Completed the Site Identification project in three target communities with the assistance of a real estate professional knowledgeable about child care facility needs
Build community awareness of the importance of the availability of quality child care and development services	<ul style="list-style-type: none"> ▪ Staff revised Executive Summary of Child Care Economic Impact Report for presentations to local Chambers of Commerce, at the Financial Summit, in meetings with operators, and to local elected officials.

Exhibit 18-1
Data Sources Available for This Chapter

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>

Priority 2: Early Childhood Learning and Development

Goal	Progress to Date
Improve the community's regulatory and funding environment to support child care facilities development	<ul style="list-style-type: none"> ▪ Hosted a Financial Summit in March 2006 to engage banks and lending institutions in a dialogue about child care as a viable lending opportunity. Ten companies participated in the Summit held at the Suisun City Council Chambers, with remarks by Supervisor Duane Kromm. ▪ Followed up with interested lenders to identify which grant and loan products would be best suited for child care facilities development. ▪ Strengthened relationships with Solano Transportation Authority and the Affordable Housing Affiliation
Build child care providers' awareness of the community's facility, financing, and development resources	<ul style="list-style-type: none"> ▪ Staff participated in staff meetings of the Solano Family & Children's Services (SFCS) to discuss how to sustain systems change efforts to better serve parties interested in opening a child care center. ▪ Provided information about potential sites in the high priority cities to all Pipeline projects. ▪ Constructing Connections is promoted via Children's Network and SFCS newsletters to providers and other community partners.
Support community interest in child care expansion	<ul style="list-style-type: none"> ▪ Continued outreach and assistance to 40 existing Pipeline projects and initiated conversations with 10 new prospective projects. ▪ Continued dialogue with Chambers of Commerce to make individual presentations.
Fully participate and cooperate with the evaluation efforts relating to the Constructing Connections Program	<ul style="list-style-type: none"> ▪ Children's Network staff represent Constructing Connections in the ABCD evaluation, and have worked with evaluators in developing and piloting a member survey.
Pursue continued funding from public and private sources	<ul style="list-style-type: none"> ▪ Staff participated in Learning Community meetings offered in the reporting period. ▪ Staff conducted two additional presentations to local Chambers of Commerce. ▪ Continued to investigate possibility of implementing development impact fees in Solano County.

Challenges to Effective Service Provision

- Planning staffs of cities and the County remain difficult to engage, in part because of staffing constraints and in part because of a reluctance to be proactive with respect to child care facility development.
- Identifying a site for development continues to be the biggest barrier to developing child care facilities.
- Private developers are extremely difficult to engage, and do not always consider working on "potential" child care sites to be productive work.

Characteristics of Providers Served

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

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

The table below reveals that an additional 401 child care spaces are under potential development through the Constructing Connections project.

Stage of Development of Participating Centers		Type & Number of Spaces (e.g. infant, toddler, preschool)	Total Number of Spaces
Planning stage	6	1) Infant/Preschool in Vallejo in formerly occupied facility; 40-50 slots 2) Church in Fairfield. Preschool in new facility; 30 slots 3) Teacher in Vacaville looking for site. (24 slots). (SF) 4) Vacaville police officer looking to start child care/after school program. Gained non-profit status. (40 slots) (SK) 5) Vallejo provider completed educational requirements, looking for site. (24 slots) (SP-P) 6) Church, Vallejo. Existing facility but presently unoccupied. (30 slots)	198
Predevelopment	1	1) City of Fairfield searching for operator at formerly occupied facility; 40 slots	40
Development	2	1) Church, Fairfield; City Planning approval for 3 classrooms; 60 slots 2) Rehoboth Community Transformation Center. Facility completed by not yet licensed/operating. (24 slots)	84
Completed/Started Up	3	1) Circle of Friends 8 inf/tod, 14 preschool 2) Richardson CDC (State Preschool) 45 preschool 3) Building Blocks 12 preschool	79
12	Infant, Toddler, Preschool, Afterschool	401	Total ←Number

Funds Leveraged

This project is based on a grant from the Low Income Investment Fund and First 5 California. First 5 Solano contributes its grant to the overall program budget.

Chapter 19: Children's Network: Comprehensive Approaches to Raising Educational Standards (CARES) Program

Project Name	Funded Amount
Children's Network CARES 1 CARES 2	\$806,530 07/01/2005 to 09/30/2005 10/01/2005 to 06/30/2006

Program Overview

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

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

In this fiscal year, CARES implemented a new set of standards, but the core purpose and strategies of the program remain the same as in previous years. In the words of a CARES staff member, the focus “shifted from retention to raising educational standards...with a greater emphasis on the entry track” providers who, while not necessarily new to child care, are new to the professional development system.

Performance Measures

The following provides a summary of CARES' target objectives for service delivery as well as the actual progress achieved during the 2005-06 fiscal year.

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

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Hold 5 information sessions to disseminate information about CARES to the provider community	<input checked="" type="checkbox"/>				14 sessions held.
Publish articles in newsletters such as <i>Children's Corner</i> and Children's Network newsletter at least twice per year.		<input checked="" type="checkbox"/>			Articles published in two issues of <i>Children's Corner</i> and in Spring issue of Children's Network newsletter.

Priority 2: Early Childhood Learning and Development

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Evaluate applications and distribute stipends to 200 eligible CARES participants by June 30.			✓		Stipends distributed to 143 eligible participants
At least one new class will be offered by the local community college during non-traditional work hours in more locations in the County.	✓				3 new classes held on Environmental Rating Scales, 9am-1pm Saturdays.
At least one new tutoring support will be offered locally to CARES participants enrolled in coursework		✓			Tutoring assistance and Spanish translation offered to students in Mentor Teacher (ECE79) course at Solano College.
50 CARES participants will participate in training in child care topics, including Environmental Rating Scales	✓				64 participants trained on Environmental Rating Scales.
Ten license exempt providers will participate in training.	✓				52 license-exempt and/or informal caregivers participated in training.

CARES hired bilingual staff in this fiscal year, increasing the program's ability to provide services to Spanish-speaking child care providers.

Challenges to Effective Service Provision

- The significant changes in the program requirements this year were the primary challenge to the program. Rather than four rounds of applications, the program in 2005-06 offered one application period near the end of the program year. For the first time, license-exempt providers could receive stipends on the Family, Friends, and Neighbors track. Staff and the child care community had to be trained on the new requirements and administrative responsibilities.
- There were fewer Professional Growth Advisors than needed; CARES staff served as advisors to some participants. The addition of this level of participation required significant staff time, support, and training.
- Many family child care providers who submitted letters of intent to apply for a stipend did not apply and were difficult for CARES staff to contact for follow-up.

What are the Characteristics of Clients Served?

Recipients of CARES stipends in 2005-06 serve 5,256 children aged 0-5 in Solano County. The racial/ethnic breakdown of CARES participants is as follows:

- 37% White,
- 25% African American,
- 22% Latino,
- 7% Asian/Pacific Islander, and
- 9% Biracial/Multiracial/Other.

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

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

Outcome Indicator	Child Care Workforce Turnover Rate	2006 CARES Participant Turnover Rate	Notes
Decrease the rate of turnover among child care providers	28%	14%	Since CARES, the turnover rate among child care providers has been reduced.

Outcome Indicator	Results
Increase the educational levels of the child care and development workforce	<ul style="list-style-type: none"> ▪ Over 200 members of the workforce obtained additional education and training that will move them towards a higher level Child Development Permit and/or a higher level college degree.
Improve the Professional Growth Advising System	<ul style="list-style-type: none"> ▪ Created new resource binder for advisors, including comprehensive information about financial aid, tutoring supports, permit information, transcript evaluation for international transcripts, and specific information on all local colleges offering ECE and human development classes. ▪ 72% of respondents (n=153) gave the highest ratings to CARES advisors, 8-10 on a 10-point scale, where 10=Excellent.

CARES accomplished the following systems improvement with First 5 Solano support:

- Since CARES began, the number of ECE and human development classes available at Solano Community College has increased by 27% and the number of students completing coursework in ECE and human development has increased by 13%.

Service Integration and Collaboration

In 2005-06, Children's Network implemented the following strategies to improve service integration, coordination, collaboration and quality:

- Established and/or strengthened contacts with other organizations who serve children 0-5 and their families;
- Collaborated with other agencies on initiatives or applications for funds;
- Pooled dollars with other agencies to serve young children and their families;

“This year there was a tremendous attempt at reforming professional development systems, providing more intensive supports to develop professional development plans, working with college systems to ensure the classes are transferable, offering more sections of classes, different hours, in different areas of the community.” **-CARES staff**

Priority 2: Early Childhood Learning and Development

- Conducted more outreach with other providers;
- Shared best practices with other organizations; and
- With First 5 Solano assistance, participated in interagency training.

Improved Service Access and Quality

In the 2005-06 fiscal year, CARES experienced an increase in the following aspects of their service delivery:

- Cultural sensitivity of staff;
- Staff who are culturally and linguistically reflective of the clients they serve;
- Staff awareness of other community services/resources;
- Expanded or began providing services;
- Collaborated with other organizations to identify children's needs;
- Collaborated with other organizations to develop or refine services;
- Frequency with which program staff share relevant client information with staff from other agencies; and
- Public awareness of program services and resources.

Funds Leveraged

25% of the funding (about \$107,000 in fiscal year 2005-06) for the Comprehensive Approaches to Raising Educational Standards (CARES) program, managed by the Children's Network, was leveraged in the form of First 5 California matching funds.

Lessons Learned for Program Improvement

CARES can build on strengths in the following ways:

- Continue collaboration and partnerships with the greater child care community, including Solano Community College, Solano Family & Children's Services, and UC Davis to ensure a rich array of training and continuing education offerings are available to providers in Solano County.

CARES can address challenges in the following ways:

- To ensure participants receive the support in planning for their career and educational goals provided by Professional Growth Advisors, CARES has considered contracting with Solano Community College to provide a staff member on a part-time basis to serve as an onsite advisor to CARES participants.
- Continue to work with Solano Family & Children's Services to outreach to family child care providers to boost their participation in the CARES program.

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

Project Name	Funded Amount
City of Benicia Parks and Community Services Stepping Stones Program	\$25,000 07/01/2005 to 06/30/2006

Program Overview

The City of Benicia's Stepping Stones Program maintains a child care program for pregnant and parenting teens during school hours so that clients can complete high school. Parents have two free periods during the school day to spend playing with their children, in an interactive environment with child care professionals supervising, providing parenting guidance and modeling. Other family members, including grandparents, are also welcome to participate in the program. Stepping Stones is located in a portable building on the Liberty High School campus, Benicia's continuation school.

Exhibit 20-1
Data Sources Available for This Chapter

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Custom Program Evaluation Outcomes	<input checked="" type="checkbox"/>
Persimmonny Data	<input checked="" type="checkbox"/>
Key Informant Interview	<input checked="" type="checkbox"/>

Performance Measures

The following provides a summary of the Prenatal Substance Abuse Project performance measures for the 2005-06 fiscal year.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
75% of children will display elements of school readiness.	✓				There is one infant in the program; the infant met the Desired Results, Indicators, and Measures for age.
75% of parents will display two to three effective parenting skills.	✓				All (100%) of the three regularly attending participants displayed effective parenting skills.

- Three pregnant teens are enrolled in the program. Their pregnancies are progressing normally and they attend regular doctor visits.

Priority 2: Early Childhood Learning and Development

- Six Liberty High School students interested in early child development assisted as aides in the classroom.
- A previous-year graduate from the program continues to participate in the program through informal onsite mentoring of current clients.

Challenges to Effective Service Provision

- The program does not have in place a mechanism track off-site behaviors of program participants.
- Assessments of parenting skills reflect behaviors observed while the clients are onsite.
- Some enrolled participants attend school, and therefore the program, sporadically.

What are the Characteristics of Clients Served?

- In fiscal year 2005-06, Benicia Stepping Stones made 356 direct service contacts with parents. The ethnic breakdown of service contacts to parents is: 100% White.
- The program has made 359 direct service contacts with children 0-5. The ethnic breakdown of service contacts to children is: 100% White.
- All clients are primarily English-speaking.

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

Stepping Stones met its performance measures and provides a way for pregnant and parenting teens to complete their high school education, receive parenting education, involve their families if appropriate, and have access to high quality child care for their children.

As Stepping Stones staff put it, the program provides “accessibility for young people who don’t have strong support systems at home. They rely on the center as an integral part of their supports, and they can get what they need without struggling.”

Stepping Stones is connected with other resources in the community, including: the Benicia FRC, a local Mom’s Club, local churches, local service clubs, and agencies needed for minor emancipation if necessary (including the police department, WIC, and/or health insurance). The program will continue funded by CalSafe.

Lessons Learned for Program Improvement

Stepping Stones can build on strengths in the following ways:

- Continue connecting families in the program with other resources in the community to support them after high school graduation.

Priority 2: Early Childhood Learning and Development

Stepping Stone can address challenges in the following ways:

- Continue to offer a safe and supportive program to pregnant and parenting teens to encourage school attendance.



family support &
parent education



P3:
FAMILY SUPPORT &
PARENT EDUCATION

Priority 3

Family Support and Parent Education

Initiative and Grantee Partners

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

**City of Benicia Police Department:
Benicia Family Resource Center**

**Dixon Family Services:
Dixon Family Resource Center**

**Fairfield-Suisun Unified School District:
Fairfield and Suisun Family Resource Centers**

**Rio Vista CARE:
Rio Vista Family Resource Center**

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

**Fighting Back Partnership:
North Vallejo & Sereno Village Family Resource Center**

**Child Haven:
IFSI Home Visitation**

**Health and Social Services:
Public Health Nurse and Child Protective Service Workers**

**Interfaith Council of Solano County:
Heather House Homeless Shelter**



Solano Service Sites FY 2005-2006

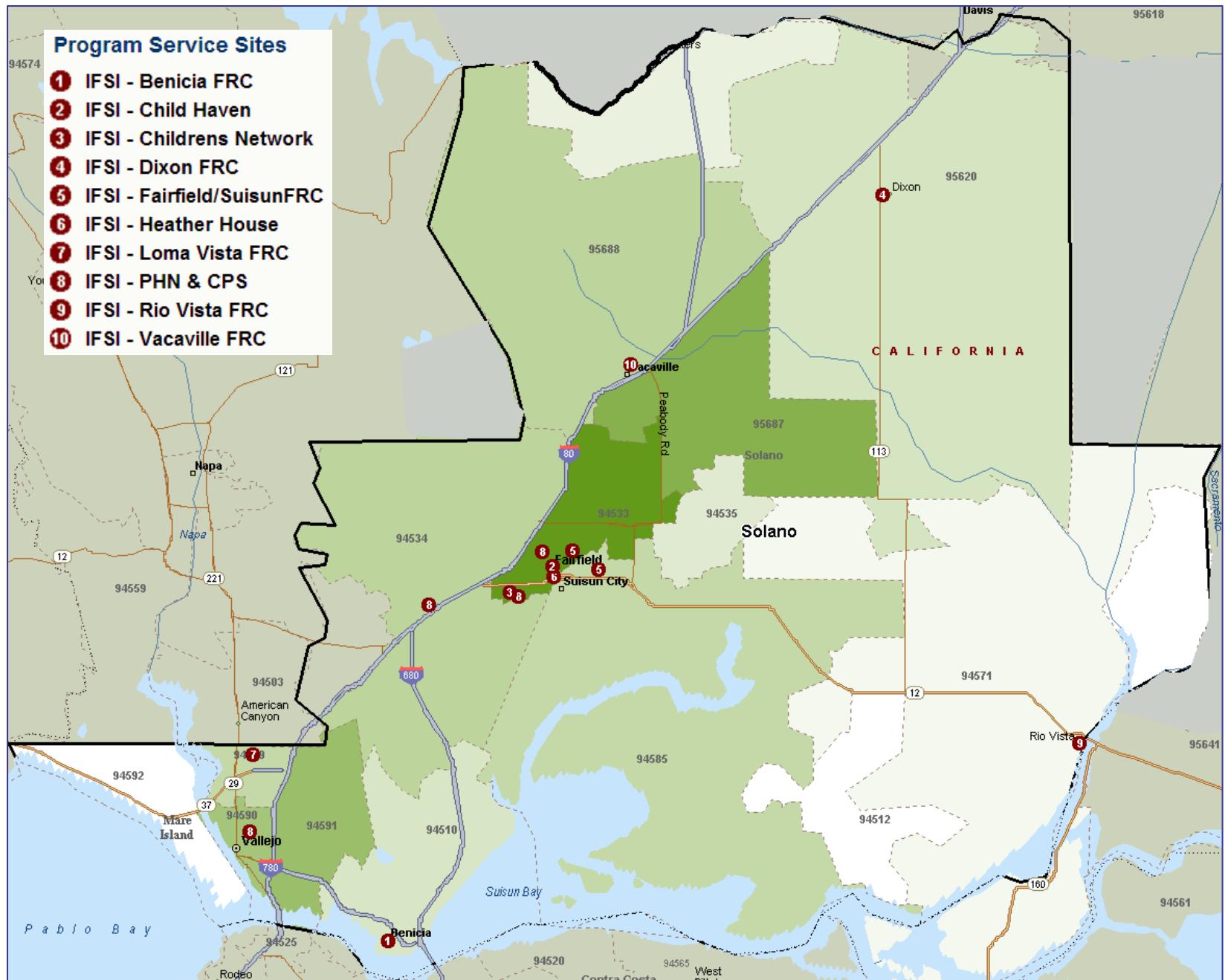
Priority 3 - Family Support and Parent Education

Children 0-5



Program Service Sites

- ① IFSI - Benicia FRC
- ② IFSI - Child Haven
- ③ IFSI - Childrens Network
- ④ IFSI - Dixon FRC
- ⑤ IFSI - Fairfield/SuisunFRC
- ⑥ IFSI - Heather House
- ⑦ IFSI - Loma Vista FRC
- ⑧ IFSI - PHN & CPS
- ⑨ IFSI - Rio Vista FRC
- ⑩ IFSI - Vacaville FRC



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

Initiative Component	Funded Amount
Integrated Family Support Initiative (Overall Funding)	\$753,788 07/01/2005 to 06/30/2006
Children's Network	\$129,329 07/01/2005 to 06/30/2006
City of Benicia Police Department: Benicia Family Resource Center	\$34,492 07/01/2005 to 06/30/2006
Dixon Family Services: Dixon Family Resource Center	\$57,187 07/01/2005 to 06/30/2006
Fairfield-Suisun Unified School District: Fairfield and Suisun Family Resource Centers	\$139,210 07/01/2005 to 06/30/2006
Rio Vista CARE: Rio Vista Family Resource Center	\$44,000 07/01/2005 to 06/30/2006
Vacaville Police Department Child Abuse Response Team (CART)	\$38,765 07/01/2005 to 06/30/2006
Fighting Back Partnership: North Vallejo and Sereno Village Family Resource Center	\$130,000 07/01/2005 to 06/30/2006
Child Haven: (IFSI Home Visitation)	\$17,000 07/01/2005 to 06/30/2006
Health and Social Services: Public Health Nurse and Child Protective Services Workers	\$150,000 07/01/2005 to 06/30/2006
Interfaith Council of Solano County: Heather House Homeless Shelter	\$13,805 07/01/2005 to 06/30/2006

Initiative Overview

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

In 2005-06, IFSI provided more than **10,000 units of service** to nearly **2,000 unduplicated families**, providing services including helping families access community resources; strengthening

Exhibit 21-1 Data Sources Available for This Chapter

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

Priority 3: Family Support and Parent Education

parent/child relationships; assessing the developmental progress of infants and children; linking parents to child care and resources for school-readiness and providing health screenings. IFSI was modeled on the Answers Benefiting Children statewide pilot project sponsored by the Office of Child Abuse Prevention and the Governor's Office of Criminal Justice Planning in the late 1990s.

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

- ✓ Home visiting;
- ✓ Case management for families with children 0-5 who are at risk of abuse or neglect;
- ✓ Provision of family support services¹ via Family Resource Centers;
- ✓ Development of civic engagement² among client families.

Under the IFSI contract, Children's Network also coordinates the Solano Parenting Partnership, a multidisciplinary collaborative of more than 30 agencies and organizations that provide parenting education and support services in Solano County. The members of the Parenting Partnership include many IFSI partners, in addition to parenting education providers outside the scope of the IFSI Memorandum of Understanding. The Parenting Partnership provides the following services:

- ✓ Training for service providers, including annual Facilitator Trainings in evidence-based parenting programs and dissemination of "best practices" in parenting education and related fields;
- ✓ Maintenance of the on-line, searchable Parenting Database;
- ✓ Analysis of gaps and overlaps in parenting services; and
- ✓ Through the Parenting Database and their partners, referrals to parent education resources.

Performance Measures

The following provides a summary of **Children's Network's** performance measures for the 2005-06 fiscal year.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
50% of providers will report that the Parenting Database increases their ability to make appropriate parenting referrals	✓				100% of providers reported that the database increased their ability to make referrals.

¹ Including basic needs, education, employment, family functioning, health education, income maintenance, legal, medical, and mental health support.

² Civic engagement is defined as involvement in neighborhood associations, school-based parent groups, School Readiness Implementation, Safe from the Start, and other community-based efforts on behalf of children.

Priority 3: Family Support and Parent Education

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
50% of providers report that the Parenting Database information helps them increase community access to and awareness of parenting education programs.	✓				100% of providers reported that the database increased community access and awareness.
50% (10) of the cohort of parenting education providers will implement a research-based parenting program			✓		10 of 30 providers received training
Collaborative partners will utilize standardized forms for permissions, referrals, and family service plans for all		✓			Standardized forms are being utilized by all partners
CPS and Public Health Nurse staff and administration will participate in quarterly meetings		✓			CPS and the Public Health Nurse participated in meetings
Establish and maintain MOUs assuring that confidentiality agreements among collaborating partners are in place		✓			MOUs have been established and confidentiality procedures are in place.
Project Coordinator will participate in BabyFirst and Differential Response meetings as appropriate		✓			Project Coordinator participated in meetings.

Additionally, the service-related accomplishments of the Solano Parenting Partnership for fiscal year 2005-06 include:

- The parenting website received a total of 100,917 hits, representing 6,328 unique visitors.
- Monthly parenting class flyers were produced and disseminated and on-going trainings were provided to maintain provider use of the Parenting Database.
- Two trainings in research-based curricula were provided (only one training was required in the scope of work).
- Participants in the Nurturing Program facilitator training represented all four school readiness catchment areas, including Dixon, which is a geographic area in need of additional parenting education and support programs.
- As of the end of fiscal year 2005-06, 10 of the 30 participants in the Nurturing Program Facilitator Training have participated in implementing the full, research-based program. One additional participant offered a parenting class based on the Nurturing Program; another used information from the curriculum in home visits.

What are the Characteristics of Clients Served?

Training and technical support and coordination services were provided to 8 FRCs (Family Resource Centers) serving over 2,174 unduplicated families and 2,931 children³ aged 0-5 years in the time period from July 1, 2005 to June 30, 2006. The racial/ethnic breakdown for the children and their parents who received services through IFSI since data tracking in Persimmon began is given in the chart below.

Exhibit 21-2
Characteristics of Clients Served

Race/Ethnicity of Children Served	Benicia FRC	Dixon FRC	Fairfield and Suisun FRC	Rio Vista FRC	Vacaville FRC	North Vallejo/Sereno Village FRC	Child Haven	Public Health Nurse and CPS	Heather House
Hispanic/Latino	7%	52%	60%	88%	79%	33%	100%	26%	60%
White	22%	47%	9%	0%	12%	11%	0%	26%	4%
African American	7%	1%	18%	2%	3%	46%	0%	22%	32%
Asian/Pacific Islander	7%	0%	0%	1%	0%	2%	0%	3%	0%
Alaskan Native/American Indian	0%	0%	0%	0%	0%	0%	0%	0%	0%
Multiracial/Other	57%	0%	12%	10%	6%	6%	0%	22%	4%
Race/Ethnicity of Parents Served	Benicia FRC	Dixon FRC	Fairfield and Suisun FRC	Rio Vista FRC	Vacaville FRC	North Vallejo/Sereno Village FRC	Child Haven	Public Health Nurse and CPS	Heather House
Hispanic/Latino	15%	58%	68%	92%	67%	30%	100%	22%	39%
White	32%	42%	9%	3%	20%	12%	0%	29%	6%
African American	4%	1%	15%	4%	4%	51%	0%	19%	56%
Asian/Pacific Islander	6%	0%	1%	0%	2%	1%	0%	1%	0%
Alaskan Native/American Indian	0%	0%	0%	0%	1%	0%	0%	1%	0%
Multiracial/Other	41%	0%	6%	1%	7%	5%	0%	26%	0%

³ Due to an input error these numbers reflect the work of the FRCs through the first 3 quarters of the contract year. The error is being addressed and revised numbers will be provided soon.

IFSI's Key Successes as a Collaborative Initiative

IFSI accomplished the following key successes as a collaborative initiative during FY 2005-06.

- *Decreased duplication of services*

Through the use of both coordinated family case planning among the initiative's partners and a comprehensive data collection system, IFSI partners decreased the duplication of services to clients within the county.

Key Success Highlight

The IFSI collaborative won the Counties Care for Kids award, one of two recipients in the nation to receive the award from the National Association of Counties.

- *Identification of specific family needs among client sub-populations*

Working collaboratively, IFSI partners identified population needs. Specifically, IFSI found that there was an increase in Spanish-speaking families with service needs and together the collaborative worked to improve services for these families. In addition, the Solano Parenting Partnership identified a need for culturally specific parenting programs to meet the needs of African-American families. The Parenting Partnership arranged for local providers to be trained as Instructors for the evidence-based Effective Black Parenting Program. Through the Parenting Partnership network and the IFSI network they conducted targeted outreach and put together a multi-disciplinary team to work with African-American families.

- *Increased provision of services to previously unidentified families*

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

- *Family case planning*

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

- *Increased provider capacity*

Parenting Partnership trainings were made available to providers. In addition, the Parenting Partnership offered two facilitator trainings in the use of two evidenced-based parenting education curricula: the Nurturing Parenting Program and the Effective Black Parenting Program. The Parenting Partnership offers ongoing trainings and holds quarterly meetings with parenting education providers countywide, facilitating the development of skills that all providers need for the multi-disciplinary field of parenting education. Providers are also trained in the use of the Adult-Adolescent Parenting Inventory (AAPI) a validated assessment tool that measures parental attitudes and beliefs in five domains correlated to risk of abuse and neglect.

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

The grantee organizations in the Integrated Family Support Initiative are successfully meeting their performance measures and providing families with services to meet their basic needs and increase their stability. The data provided by each FRC show that families are receiving services that increase their parenting skills and overall family functioning.

Specifically, families who receive services at the FRCs:

- Increase their knowledge of and access to community resources;
- Increase their ability to meet their basic needs;
- Experience a decrease in isolation;
- Increase their knowledge of parenting skills;
- Increase their involvement in activities related to their child's development;
- Experience improved family functioning; and
- Experience movement toward stability in their social and emotional health.

IFSI uses the Family Development Matrix to assess individual family functioning. The Matrix includes 13 total categories of assessment. Each FRC reported results from various domains of the Matrix showing how families are improving in these areas as a result of services. As summarized in the Performance Measures table above, families that receive services from the FRCs are experiencing improvements in their functioning and benefiting from the coordinated services offered to them. These results demonstrate that families receiving IFSI services are experiencing more stable home environments in terms of how family members relate to each other. These results may be attributed in part to increased knowledge about, and access to parent education resources, including parenting classes offered through the FRCs and the Parenting Partnership, as well as intervention and treatment services.

Brief Vignettes from FRCs on How Children and Families are Better Off

- ✓ An 18-year-old mother with three children was receiving services from multiple service agencies. Through IFSI all of the providers can get together in a room with her and ask her to prioritize her issues so they can help her manage and deal with one issue at a time.
- ✓ A family with three children received assistance paying their rent. The family returned to the FRC and offered to volunteer to demonstrate to their children that it is important to give back.

Brief Vignettes from Members of the Parenting Partnership on How Children and Families are Better Off

- ✓ A father wrote to say that because of the class he attended, he now has a relationship with his daughter.
- ✓ Grandparents who were on the verge of sending their grandchildren to foster care began attending ongoing parenting classes and now one year later the children are doing much better and the grandparents are in the process of adopting the two girls.
- ✓ A father referred by CPS said that as a result of the one-on-one sessions he now knows how to nurture and provide discipline.

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

In terms of impact on providers and systems, Children's Network accomplished the following with First 5 Solano support.

Service Integration and Collaboration

The Integrated Family Support Initiative implemented a broad variety of strategies to integrate and coordinate services, collaborate, build provider capacity to improve service quality and access to services. The following exhibit displays the percentage of organizations reporting on each strategy as well as the subset that attributes assistance from First 5 Solano County in implementing the strategy.

“It’s our main work to collaborate! First 5 funding has allowed us to create a web of relationships with providers...we are all connected now. There is a tremendous difference because people can understand the strengths and limitations of each organization and how best to work together and better serve families. We have the ability to have a CPS worker and this has allowed for preventative services to families. Our main benefit is that they can now do preventative work. We also have a better system to identify and help families get through the system of care.”

- Children's Network staff member

**Exhibit 21-3
IFSI Grantees' Strategies for Service Integration, Coordination, and/or Quality Improvement With Percent Attributing Change to First 5 Solano Assistance**

Strategy for Service Integration, Coordination, and/or Quality Improvement	FY 2005-06	
	# of Grantees Implementing Each Strategy*	Subset with Assistance from First 5 Solano
Establish and/or strengthen contacts with other organizations who serve children 0-5 and their families	8	50%
Collaborate with other organizations to identify children's needs	8	50%
Collaborate with other organizations to develop or refine services	8	50%
Participate in interagency training	8	50%
Share data about families across programs	7	43%
Share best practices with other organizations	7	57%
Conduct more outreach with other providers	7	43%
Pool dollars with other agencies to serve young children and their families	5	40%
Collaborate with other agencies on initiatives or applications for funds	4	50%
Co-locate services with other agencies	5	60%
Expand/begin providing services at your organization	3	33%

* Based on the total number of grantees responding to each item, ranging from 6 to 8 in fiscal year 2005-06.

Four or more grantees report assistance from First 5 Solano in establishing/strengthening contacts with other organizations that serve children 0-5 and their families, collaborating with other organizations to identify needs and develop or refine services, participate in interagency trainings, and share best practices with other organizations.

Improving Service Access

Families with young children in Solano County experience a spectrum of barriers to accessing the services they need. An effective system of care is one that is accessible to and appropriate for those who need it. IFSI partners experienced a broad range of increases in various aspects of their service delivery that contribute to improvements in service access.

All IFSI grantees receive and make referrals for families they serve as a product of the increased collaboration and coordination with the collaborative partners. In addition, the programs are increasing the number of families they serve and as a result expanding their hours or operation.

“We've made tremendous strides in increasing access. Prior to funding there were a lot of organizations working in isolation of each other. This funding enabled us to create a broader collaborative. We do this through multi-disciplinary conferences. Services are identified and partners can discuss what they can provide. We also have a joint referral form so that we can look and see what services are available to families with children 0-5. Through the case conferences and collaborative meetings issues are being identified – the Mental Health component in particular. There were problems with accessing the County referral line. As a result of discussions with partners, we brought the county in and discussed how we could change how families get services. There is increased coordination and collaboration.”

- Children's Network staff member

Exhibit 21-4

IFSI Grantees' Service Delivery Components Contributing to *Improved Service Access*

Aspect of Improved Service Access	FY 2005-06	
	# of Programs	% of Total
Number of referrals for services your program gets	7	100%
Number of referrals for services your program makes	7	100%
Number of children/families your program serves	7	100%
Appropriateness of services for children with disabilities and other special needs	7	100%
Hours of operation	7	100%
Public awareness of program services and resources	8	89%
Staff who are culturally and linguistically reflective of the clients they serve	4	50%
Cultural sensitivity of staff	3	38%
Frequency of providing services in families' homes	3	38%

Improving Service Quality and Access

Some strategies IFSI grantees implemented in fiscal year 2005-06 serve the dual purposes of improving service quality and access. Seven of nine IFSI grantees increased the appropriateness of services for families with different ethnic backgrounds and increased staff awareness of other community services/resources.

Exhibit 21-5

First 5 Solano IFSI Grantees' Service Delivery Components Contributing to *Improved Service Quality and Access*

Aspect of Improved Service Quality and Access	FY 2005-06	
	Number of Programs	Percentage of Total
Appropriateness of services for families with different ethnic backgrounds	7	78%
Staff awareness of other community services/resources	7	78%
Frequency with which program staff share relevant client information with staff from other agencies	4	44%

Funds Leveraged

Each Family Resource Center utilizes First 5 Solano funds as a match for Solano County Preserving Safe and Stable Families (PSSF) funding. These funds provide services to families that have children ages 6-18.

The Solano County Child Protective Services Social Worker and the Public Health component of the Integrated Family Support Initiative (IFSI) bring in nearly a 50% match from federal sources to fully fund these services. In addition, Children's Network is currently contemplating submitting a grant to The California Endowment that will use First 5 funding as a leverage.

Lessons Learned for Program Improvement

The Integrated Family Support Initiative can build on strengths in the following ways:

- Continue to provide technical assistance and training to collaborative partners in order to increase provider capacity to serve clients effectively.
- Continue to work collaboratively with partners to identify and address the changing needs of families in Solano County.
- Continue to coordinate the use of shared evidence-based practices and assessment tools across agencies.

Chapter 22: City of Benicia Police Department: Benicia Family Resource Center

Project Name	Funded Amount
City of Benicia Police Department: Benicia Family Resource Center	\$34,492 07/01/2005 to 06/30/2006

Program Overview

The Benicia Family Resource Center provides family support services to families with children prenatal to five years of age in the Benicia community. The program aims to increase awareness of community resources and increase access to supportive services to support parents in guiding and nurturing their children.

Exhibit 22-1
Data Sources Available for This Chapter

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Custom Program Evaluation Outcomes	<input checked="" type="checkbox"/>
Persimmonny Data	<input checked="" type="checkbox"/>
Key Informant Interview	<input checked="" type="checkbox"/>

Performance Measures

The following provides a summary of Benicia Family Resource Center's performance measures for the 2005-06 fiscal year.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
75% (2) of pregnant and parenting teens will indicate an increase awareness of services available to them	✓				2 pregnant teens were served. Both teens (100%) reported an awareness in this area.
50% (25) of parents will report sufficient knowledge and skills to improve family functioning	✓				62 clients reported knowledge in this area.
50% (25) of families will report an increase in knowledge & access to community resources	✓				51 clients reported an increase in this area.
25% (10) of families will report increased awareness of the effects of exposure to violence on children	✓				30 families reported awareness in this area.

The FRC provided the following services during the 2005-06 fiscal year:

- 3 "home visits" to Liberty High School Parent/Child Development Center;
- Case Management Services to 12 families;
- Information and referral on family support services to 50 families;

- Facilitated case conferences with a local multi-agency team (PHN, CPS Worker, Child Haven, YFS) to coordinate and plan services; and
- Follow-up phone calls to 40 families referred by patrol officers for involvement in family disturbances.

Challenges to Effective Service Provision

- The Benicia Family Resource Center operated with just a single staff member. Despite the challenges presented in serving families with limited staff time, the FRC met its performance measures.
- Many families in Benicia access services through school and churches, and might not be likely to seek out services from the FRC.
- Many families experienced transportation and childcare needs; the FRC often provided these basic services so that families could take care of other issues, such as attending a job interview or attending a counseling session.

What are the Characteristics of Clients Served?

- In fiscal year 2005-06, the FRC made 201 direct service contacts with parents. The ethnic breakdown of service contacts to parents is: 32% White; 15% Hispanic/Latino; 6% Asian; 4% African American; 1% Multiracial; 1% Pacific Islander; and 41% Unknown.
- The FRC made 163 direct service contacts with children 0-5. The ethnic breakdown of service contacts to children is: 22% White; 8% Multiracial; 7% Hispanic/Latino; 7% Asian; 7% African American; and 47% Unknown.

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

The Benicia Family Resource Center met its performance measures and successfully provided support services and information and referrals to families in need. The FRC was successful at outreaching to clients and other agencies; they experienced high demand for services and a high rate of referrals. The police, school, churches, and school nurse all referred families to the FRC.

The FRC provided individualized services for families, often providing childcare or transportation when families needed it most. The program has been providing follow-up services to families when able in order to address ongoing issues for families.

Lessons Learned for Program Improvement

The Benicia Family Resource Center can build on strengths and address challenges in the following ways:

- Continue to offer individualized services for families in order to meet their basic needs and address ongoing issues.
- With increased staff, provide consistent follow-up services for families.
- Continue to support families with transportation and childcare needs.
- Collaborate with schools and churches in order to reach more families in need of services in the community.

Chapter 23: Dixon Family Services: Dixon Family Resource Center

Project Name	Funded Amount
Dixon Family Services: Dixon Family Resource Center	\$57,187 07/01/2005 to 06/30/2006

Program Overview

Dixon Family Services Family Resource Center provides information and referral, home visitation with staff supervision to families with children 0-5 living in the catchment area of the Silveyville Primary School. The Dixon FRC offers mental health services and substance abuse treatment through its clinical therapy department.

**Exhibit 23-1
Data Sources Available for This Chapter**

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Custom Program Evaluation Outcomes	<input checked="" type="checkbox"/>
Persimmonny Data	<input checked="" type="checkbox"/>
Key Informant Interview	<input checked="" type="checkbox"/>

Performance Measures

The following provides a summary of the Dixon Family Services performance measures for the 2005-06 fiscal year.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
60 families who are assessed and receive information and referral services will show an increase on at least one scale of <i>Accessing Resources</i> .			✓		47 families showed an increase on at least one scale of <i>Accessing Resources</i>
100 families receiving information and referral services will report an increased knowledge and access to community resources and decreased isolation	✓				665 families reported an increased knowledge and access to community services

- The Dixon FRC assesses and starts a case file and case management for approximately 150 families.
- The Dixon FRC's "relationship with Silveyville School Readiness has blossomed over the last year," according to staff. The two programs co-developed a buddy program to reach children 0-5, and FRC staff attend the school's monthly articulation meetings.

Challenges to Effective Service Provision

No challenges were reported.

What are the Characteristics of Clients Served?

- In fiscal year 2005-06, the Dixon FRC made 1,368 direct service contacts with parents. The ethnic breakdown of service contacts to parents is: 58% Hispanic/Latino; 42% White; and 1% African American.
- The FRC made 445 direct service contacts with children 0-5. The ethnic breakdown of service contacts to children is: 52% Hispanic/Latino; 47% White; and 1% African American.

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

The Dixon FRC exceeded its goal of increasing knowledge and access to community resources, allowing families to address their needs.

Lessons Learned for Program Improvement

The Dixon FRC can build on strengths in the following ways:

- Continue to identify and pursue collaboration with the School Readiness program at Silveyville Primary School.

Chapter 24: Fairfield-Suisun Unified School District: Fairfield and Suisun Family Resource Centers

Project Name	Funded Amount
Fairfield-Suisun Unified School District: Fairfield and Suisun Family Resource Centers	\$139,210 07/01/2005 to 06/30/2006

Program Overview

The Fairfield and Suisun Family Resource Center provides information and referral, home visitation with staff supervision to families with children 0-5 living in the cities of Fairfield and Suisun

Exhibit 24-1 Data Sources Available for This Chapter

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Custom Program Evaluation Outcomes	<input checked="" type="checkbox"/>
Persimmonny Data	<input checked="" type="checkbox"/>
Key Informant Interview	<input checked="" type="checkbox"/>

Performance Measures

The following provides a summary of the Fairfield and Suisun FRCs' performance measures for the 2005-06 fiscal year.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
125 families will report an increase in their knowledge of and access to community resources as well as decreased isolation	✓				218 families increased knowledge and access
18 families will come involved in activities related to their child's development	✓				21 families became involved
62 parents will report sufficient knowledge and skills to improve family functioning	✓				77 families reported sufficient knowledge
15 families who attend classes will show an increased knowledge of parenting skills	✓				100 families increased knowledge

The Fairfield-Suisun FRCs have enjoyed great success with their parent education programs, in part because the FRCs and School Readiness program at Anna Kyle Elementary School have pooled resources to offer more classes to parents, including more ESL classes.

Challenges to Effective Service Provision

- The main challenge in the 2005-06 fiscal year was a cut in two funding streams, which caused challenges in setting a budget for the 2006-07 fiscal year.

Priority 3: Family Support and Parent Education

- Child Welfare reform efforts have resulted in more referrals to the FRC from CPS. These families have more needs, which means that staff require additional training and supervision in responding to the families' needs.

What are the Characteristics of Clients Served?

- In fiscal year 2005-06, the Fairfield-Suisun FRC made 3,064 direct service contacts with parents. The ethnic breakdown of service contacts to parents is: 68% Hispanic/Latino; 15% African American; 9% White; 1% Multiracial; 1% Pacific Islander; and 5% Other/Unknown.
- The FRC has made 1,817 direct service contacts with children 0-5. The ethnic breakdown of service contacts to children is: 60% Hispanic/Latino; 18% African American; 9% White; 7% Multiracial; and 5% Other/Unknown.

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

The Fairfield-Suisun FRCs exceeded all performance measure goals. Families increased their knowledge of and access to community resources, decreased their isolation, became more involved in their children's learning, and improved their parenting skills.

"Leveraging the CPS/PHN position through our grant has been a godsend, and that has to be included in any evaluation or replication."
– **Fairfield-Suisun FRC staff**

Lessons Learned for Program Improvement

The Fairfield-Suisun FRC can build on strengths in the following ways:

- Continue to identify and pursue collaboration with the School Readiness program at Anna Kyle Elementary School.

The Fairfield-Suisun FRC can address challenges in the following ways:

- Collaborate with other FRCs experiencing similar staff development needs to respond to increased numbers and higher acuity families resulting from Child Welfare Redesign.

Chapter 25: Rio Vista CARE: Rio Vista Family Resource Center

Project Name	Funded Amount
Rio Vista CARE: Rio Vista Family Resource Center	\$44,000 07/01/2005 to 06/30/2006

Program Overview

Rio Vista CARE Family Resource Center provides information and referral and home visitation with staff supervision to families with children 0-5 living in the city of Rio Vista.

Exhibit 25-1 Data Sources Available for This Chapter

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Custom Program Evaluation Outcomes	<input checked="" type="checkbox"/>
Persimmonny Data	<input checked="" type="checkbox"/>
Key Informant Interview	<input checked="" type="checkbox"/>

Performance Measures

The following provides a summary of the Rio Vista CARE performance measures for the 2005-06 fiscal year.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Ten families will report an increase in knowledge of and access to community resources	<input checked="" type="checkbox"/>				38 families reported an increase in knowledge
Ten families will report an increased ability to meet their basic needs.	<input checked="" type="checkbox"/>				37 families reported an increase
Seven families will report an increase in knowledge of parenting skills	<input checked="" type="checkbox"/>				30 families reported an increase

- In this fiscal year, Rio Vista CARE also increased the level of coordination with Child Welfare Services and within-FRC referrals for families at risk for recurring child maltreatment.
- Rio Vista CARE added an AmeriCorps member in the fiscal year who focused effort on outreach, resulting in a cadre of community members, including clients, willing to be regular and on-call volunteers.

Challenges to Effective Service Provision

- The lack of sufficient transportation is a challenge to the mostly rural families who live in Rio Vista.

Priority 3: Family Support and Parent Education

- Floods in January of the fiscal year made it difficult to reach families who needed home-based services.

What are the Characteristics of Clients Served?

- In the fiscal year 2005-06, the Rio Vista CARE FRC made 96 direct service contacts with parents. The ethnic breakdown of service contacts to parents is: 92% Hispanic/Latino; 4% African American; 3% White; and 1% Multiracial.
- The FRC made 168 direct service contacts with children 0-5. The ethnic breakdown of service contacts to children is: 88% Hispanic/Latino; 10% Multiracial; 2% African American; and 1% Asian.

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

Families reported increased knowledge of parenting skills and available community resources, as well as increased access to resources and an increased ability to meet basic needs. For the isolated rural population served by Rio Vista CARE home visitors, these data suggest that the families served are more connected with the wider community.

“The parents are helping us build more quality programs. When a program doesn’t work, we review it afterward. Sometimes, including this year, we survey the parents sometimes to find out what works and what they would prefer.”

-Rio Vista CARE staff

All (100%) of Rio Vista CARE families are enrolled in health insurance.

Lessons Learned for Program Improvement

Rio Vista CARE can build on strengths in the following ways:

- Continue successful outreach strategies to increase volunteerism among client families and other community members.

Rio Vista CARE can address challenges in the following ways:

- Investigate successful strategies used by other First 5 grantees to mitigate systemic transportation challenge.

Chapter 26: Vacaville Police Department: Child Abuse Response Team (CART) Program

Project Name	Funded Amount
Vacaville Police Department Child Abuse Response Team (CART)	\$38,765 07/01/2005 to 06/30/2006

Program Overview

The Vacaville Police Department's (VPD) Child Abuse Response Team (CART) provides home visiting to parents of children ages 0-5 to provide comprehensive case management and parent education. During home visits, parents are taught parenting skills and provided with resources and referrals for basic family needs. Families are referred to CART either by Child Protective Services (CPS) or VPD's Child Abuse Detective because they were identified as at risk for abuse or neglect. Families also receive six months of follow-up services to ensure the needs of the family continue to be met.

Exhibit 26-1

Data Sources Available for This Chapter

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Custom Program Evaluation Outcomes	<input checked="" type="checkbox"/>
Persimmon Data	<input checked="" type="checkbox"/>
Key Informant Interview	<input checked="" type="checkbox"/>

Performance Measures

The following provides a summary of the CART Program performance measures for the 2005-06 fiscal year.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
100 families will achieve a score of 3 or higher in the category of Community Engagement and Social Emotional Health.	✓				112 families achieved a 3 or higher
18 families receiving home visits will achieve a score of 3 or higher on their post-program Matrix evaluation in the categories of Children's Education and Development, Family Relations, and Parent-Child Relationships.	✓				33 families achieved a 3 or higher
17 families receiving group-based services will achieve a Sten Score between 4 and 7 on all Parenting Constructs of the Adult-Adolescent Parenting Inventory	✓				34 families achieved a score between 4 and 7

- CART contracted to provide center-based information and referral linkage and case management services to 200 families, home visits to 35 families, and group-based services to 33 families.

Priority 3: Family Support and Parent Education

- CART uses the Nurturing Parenting Program with families that receive group-based services.
- CART has also worked with CPS in this fiscal year to improve the referral and tracking process. In previous years, CPS provided estimates of the number of referrals made to CART. In the 2005-06 fiscal year, CPS provides names of families they refer to CART; CART now tracks those families and reports back to CPS on the families' progress.
- CART has increased its outreach among the provider community. In this fiscal year, CART staff participated in the Vacaville Youth Round Table's strategic planning as "the voice of children 0-5," as a CART staff member said.

Challenges to Effective Service Provision

- Many clients are in crisis, and do not have basic needs met. It is difficult to engage them in community policy issues, thus bringing their scores up in the Community Engagement category, until those needs are met.

What are the Characteristics of Clients Served?

- In fiscal year 2005-06, CART has made 1,067 direct service contacts with parents. The ethnic breakdown of service contacts to parents is: 67% Hispanic/Latino; 4% African American; 20% White; 1% Alaska Native/American Indian; 1% Multiracial; 1% Pacific Islander; and 6% Unknown.
- The FRC made 1,471 direct service contacts with children 0-5. The ethnic breakdown of service contacts to children is: 79% Hispanic/Latino; 12% White; 3% African American; 3% Multiracial; and 3% Unknown.

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

CART clients improved in areas of family functioning measured by the Family Development Matrix, including Community Engagement, Social-Emotional Health, Children's Education and Development, Family Relationships and Parent-Child Relationships. Families who participated in the Nurturing Parenting Program improved their skills, as measured by the AAPI. The AAPI assesses the parenting and child rearing attitudes of parents. Families served by the Vacaville CART program are at decreased risk levels for child abuse and neglect, as measured by post-program scores on the AAPI, because parents are taught to build a nurturing family lifestyle. These new parenting skills combined with comprehensive case management breaks the generational cycle of child maltreatment and family dysfunction, preventing the recurrence of child abuse and neglect.

Lessons Learned for Program Improvement

CART can build on strengths in the following ways:

- Continue successful outreach strategies to increase visibility of the Vacaville FRC CART.

Priority 3: Family Support and Parent Education

- Continue utilizing the multi-disciplinary approach of the Integrated Family Services Initiative (IFSI).

CART can address challenges in the following ways:

- Continue to prioritize addressing families' basic needs first.

Chapter 27: Fighting Back Partnership: North Vallejo & Sereno Village Family Resource Center

Project Name	Funded Amount
Fighting Back Partnership: North Vallejo and Sereno Village Family Resource Center	\$130,000 07/01/2005 to 06/30/2006

Program Overview

The mission of the North Vallejo and Sereno Village Family Resource Center is to provide school readiness preparedness information and referral, home visitation, and staff supervision to families with children 0-5 living within a two mile radius of Loma Vista Elementary School. The Family Resource Center provides services to help parents with basic needs in order to improve the health and well-being of children 0-5 and ultimately to help children in Vallejo become better prepared for school.

Exhibit 27-1
Data Sources Available for This Chapter

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Custom Program Evaluation Outcomes	<input checked="" type="checkbox"/>
Persimmonny Data	<input checked="" type="checkbox"/>
Key Informant Interview	<input checked="" type="checkbox"/>

Performance Measures

The following provides a summary of the North Vallejo and Sereno Village Family Resource Centers' performance measures for the 2005-06 fiscal year.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
30 families with children ages 0-5 will be collaboratively case managed through home visitation		✓			30 families received case management.
Provide intake, assessments, and information and referrals on 100 families with children ages 0-5 for parenting education and family support needs	✓				194 families received information and referrals.
Provide 20 families with case management through case conference coordination		✓			20 families received case conference coordination.
60% (18) families will report an increase in movement in at least one scale of domain	✓				50 families reported an increase.
50% (50)of families receiving information and referral services will show an increase in one scale accessing community resources	✓				194 families showed an increase.
20% (4) families serviced through case conferencing will show an increase in movement toward the Stability scale.	✓				17 families showed an increase.

Challenges to Effective Service Provision

- The program experienced challenges in providing services for undocumented clients. Those clients were difficult to reach and there are few resources in the community for them.
- The program reported a lack of resources to assist credit-challenged homeless families who are attempting to access affordable housing.

What are the Characteristics of Clients Served?

- In fiscal year 2005-06, the FRC made 420 direct service contacts with parents. The ethnic breakdown of service contacts to parents is: 51% African American; 30% Hispanic/Latino; 12% White; 3% Multiracial; 1% Asian; and 2% Unknown.
- The FRC made 402 direct service contacts with children 0-5. The ethnic breakdown of service contacts to children is: 46% African American; 33% Hispanic/Latino; 11% White; 4% Multiracial; 1% Asian; 1% Pacific Islander; and 2% Unknown.

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

The FRC met its performance measures and successfully provided case management, information, resources and referrals to families in North Vallejo. The program reported that it has been able to expand its services to more schools in North Vallejo and have been working more collaboratively with the elementary schools in the area. Through First 5 funding, the program has conducted more outreach and worked more collaboratively Loma Vista staff. This has allowed for a continuity of services for families; they experience a smooth transition from the FRC and the School Readiness program at Loma Vista. In addition, the FRC has home visitors that are very community focused and provide intensive, individualized services. The program recognizes that there is a population of families in the community that needs services beyond information and referrals. With First 5 funding, the FRC has been able to provide that higher level of service to more families with children 0-5.

Lessons Learned for Program Improvement

North Vallejo and Sereno Village Family Resource Center can build on strengths and address challenges in the following ways:

- Continue to provide outreach and intensive services to high-need and at-risk families.
- Continue to collaborate with other community-based organizations to connect families with the services they need such as resources for undocumented families and families who are having credit and housing challenges.

Chapter 28: Child Haven: IFSI Home Visitation

Project Name	Funded Amount
Child Haven: (IFSI Home Visitation)	\$17,000 07/01/2005 to 06/30/2006

Program Overview

The goal of Child Haven's Family Support Initiative in Rio Vista and Benicia is to provide services to isolated, low-income Spanish-speaking families with children ages 0-5 so they can gain improved access to support systems resulting in greater community involvement and an improved ability to support their child's development.

Exhibit 28-1

Data Sources Available for This Chapter

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Custom Program Evaluation Outcomes	<input checked="" type="checkbox"/>
Persimmonny Data	<input checked="" type="checkbox"/>

Performance Measures

The following provides a summary of Child Haven's IFSI Home Visitation performance measures for the 2005-06 fiscal year.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Home visits to 10 isolated, low-income Spanish-speaking families with children ages 0-5 between July 1, 2005 and June 30, 2006.			✓		9 parents were enrolled in home visits
2 Spanish-speaking Parent Support Groups serving a total of 10 families from July 1, 2005 to June 30, 2006		✓			2 Parent Support Groups were held
70% (7) of families will report an increase in knowledge of and access to community resources	✓				All of the parents served (9) reported an increase in this area.
70% (14) of parents will report an increase in knowledge of parenting skills	✓				All of the parents served (9) reported an increase in this area.
70% (14) of parents will report an increase in knowledge of child abuse prevention strategies	✓				All of the parents served (9) reported an increase in this area.

Challenges to Effective Service Provision

- The limited number of families in the target population made it difficult to determine a reasonable expectation of the number of families to receive services this fiscal year. Despite falling one family short of meeting its target the program served all families requesting services through Rio Vista FRC during the fiscal year.
- Clients are often isolated and far apart from each other making it difficult to provide services.

What are the Characteristics of Clients Served?

- In fiscal year 2005-06, Child Haven made 294 direct service contacts with parents. The ethnic breakdown of service contacts to parents is: 100% Hispanic/Latino.
- Child Haven made 306 direct service contacts with children 0-5. The ethnic breakdown of service contacts to children is: 100% Hispanic/Latino.

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

Participating families increased their knowledge of community resources, parenting skills, and child abuse prevention strategies.

Lessons Learned for Program Improvement

Child Haven can build on strengths in the following ways:

- Continue to offer services in Spanish and provide culturally appropriate outreach to isolated families.

Child Haven can address challenges in the following ways:

- Maintain their long-standing relationship with the FRC in order to provide clients with comprehensive support systems.

Chapter 29: Health and Social Services: Public Health Nurse and Child Protective Services Workers

Project Name	Funded Amount
Health and Social Services: Public Health Nurse and Child Protective Services Workers	\$150,000 07/01/2005 to 06/30/2006

Program Overview

The Public Health Nurse (PHN) and Child Protective Service (CPS) Workers, provide families with access to integrated support systems and public health services for children 0-5 that are at risk of child abuse and neglect on site at FRC locations and through home visits.

The Public Health Nurse and CPS participate in and consult in the Family Support Collaborative on a regular basis. Both the Public Health Nurse and CPS provide home and/or FRC visits, health or abuse assessments, linkages to appropriate service agencies, and participation in case conferencing.

Exhibit 29-1
Data Sources Available for This Chapter

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Custom Program Evaluation Outcomes	<input checked="" type="checkbox"/>
Persimmonny Data	<input checked="" type="checkbox"/>
Key Informant Interview	<input checked="" type="checkbox"/>

Performance Measures

The following provides a summary of the PHN and CPS Worker's performance measures for the 2005-06 fiscal year.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
50% of parents will show an increase in knowledge of primary or specialized health care services for the family unit	✓				100% of parents showed an increase in knowledge in this area.
50% of children will improve health status by referral to health care provider, WIC enrollment, administration of age-appropriate immunizations, and developmental screenings	✓				100% of children improved their health status
30% of families will accept services and be linked into services	✓				32% of families accepted services.
50% of the children will remain in the home or with the family unit	✓				100% of children remained in the home.

Challenges to Effective Service Provision

Public Health Nurse

- Several families experienced difficulty with activating Medi-Cal for the family unit. Some of the families were from another county and they had to transfer the CalWORKS/Medi-Cal case. In other cases the mother did not have active Medi-Cal at the time of delivery and there were problems referring the children to the first medical appointment with the pediatrician.
- In addition, the Public Health Nurse had difficulty accessing substance abuse and mental health assistance for clients.

Child Welfare Worker

- Accessing substance abuse treatment and mental health services was difficult for families. The process of accessing the services is through a 1-800 number where messages must be left and clients must wait for a returned call. Clients found this process cumbersome and receipt of services was delayed.

What are the Characteristics of Clients Served?

- In fiscal year 2005-06, CPS and the Public Health Nurse made 557 direct service contacts with parents. The ethnic breakdown of service contacts to parents is: 29% White; 22% Hispanic/Latino; 19% African American; 4% Multiracial; 3% Pacific Islander; and 22% Unknown.
- In addition, there were 703 direct service contacts with children 0-5. The ethnic breakdown of service contacts to children is: 26% Hispanic/Latino; 26% White; 22% African American; 12% Multiracial; and 10% Unknown.

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

CPS and the Public Health Nurse met their performance measures and successfully addressed issues of child abuse, neglect and early health assessments for children 0-5. Parents who were served by this program were referred to and attended parenting groups, received assistance accessing health care providers, and were able to access a variety of other support services in Solano County.

A significant success of the program is that there was not a need for foster care placements of IFSI children; all children remained in their homes with their parents while community partners provided services to the families.

“By virtue of being a participant in this collaborative and by serving clients before they get into our system, we are reaching clients that we never would have reached before. Before, if their need did not rise to the level of investigation the family would not have received services. Now, we are a friendly face visiting them and hopefully we prevent any issues that would ever rise to the level of investigation.” **—CPS staff member**

Lessons Learned for Program Improvement

CPS and the Public Health Nurse can build on strengths and address challenges in the following ways:

- Continue to improve on community partnerships by keeping an open line of communication with partners and by bringing more partners to the table for case conferencing.
- Continue to assist clients in accessing services in Solano County, especially those services that can be difficult to navigate such as substance use and mental health services, and Medi-Cal.

Chapter 30: Interfaith Council of Solano County: Heather House Homeless Shelter

Project Name	Funded Amount
Interfaith Council of Solano County: Heather House Homeless Shelter	\$13,805 07/01/2005 to 06/30/2006

Program Overview

The mission of Heather House is to provide a safe and supported environment allowing families to concentrate on the pursuit of employment, permanent housing, life skills and other referrals and resources in order to become stable.

Provide safe and supported emergency shelter to homeless families with children ages 0-5

Exhibit 30-1 Data Sources Available for This Chapter

Data Source	Available for This Chapter
Progress Report	<input checked="" type="checkbox"/>
Custom Program Evaluation Outcomes	<input checked="" type="checkbox"/>
Persimmonny Data	<input checked="" type="checkbox"/>

Performance Measures

The following provides a summary of Heather House's performance measures for the 2005-06 fiscal year.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
20 families with children ages 0-5 will be case managed during their stay at the shelter			✓		19 families were served.
200 transportation vouchers and/or passes will be provided to pregnant women or families with children 0-5			✓		Most families had their own cars and did not need vouchers.
50% (10) families will move from <i>In-Crisis</i> to <i>Stable</i> for 90 days in the Housing Component			✓		6 families moved from In-Crisis to Stable
50% (2) participant children will increase socialization and interaction skills as well as improvement in development milestones				✓	Due to a flood at Heather House in 2005 this milestone was not measured and therefore the goal was not met.
50% (10) families will move to <i>Stable</i> on the Social/Emotional Health and Competence Component	✓				13 families moved to Stable in this area.

Challenges to Effective Service Provision

- Heather House experienced devastating flooding on December 31, 2005 and was closed to new clients from January 1, 2006 through July 1, 2006. Although the program was not accepting new clients during that time they continued to work with existing clients in their aftercare program providing information and referrals, case management services, goods, and clothing. Despite the closure, the program only fell short one family of their goal of serving 20 families.
- Many families that were served in the program did not have VCRs and therefore would not accept the New Parent Kit.
- Most families served by the program had their own cars and did not need the transportation vouchers.
- 80% of the clients served by Heather House have substance abuse issues and are in need of a variety of services to in addition to their housing and stability needs.

What are the Characteristics of Clients Served?

- In fiscal year 2005-06, Heather House made 72 direct service contacts with parents. The ethnic breakdown of service contacts to parents is: 56% African American; 39% Hispanic/Latino; and 6% White.
- Heather House made 50 direct service contacts with children 0-5. The ethnic breakdown of service contacts to children is: 60% Hispanic/Latino; African American; 4% White; 32% and 4% Multiracial.

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

Heather House successfully addressed the housing issues of the clients it served. Out of the 19 families that the program served in the 2005-06 fiscal year, 9 out of the 9 families who moved in to permanent housing still remained there 90 days later. All families served received case management services, assistance finding permanent housing, food and clothing, and referrals to needed support services.

Lessons Learned for Program Improvement

Heather House can build on strengths and address challenges in the following ways:

- Continue to support client's presenting issues, such as substance use, by providing referrals to appropriate support systems and services.
- Continue to prioritize addressing families' basic needs first.



appendices



APPENDICES

Appendix A:
Community-Level Lead Indicators Review

First 5 Solano 2007 Strategic Plan Update: Community-Level Lead Indicators Review

In 2004, First 5 Solano Commission approved LaFrance Associates' recommendation of revised community-level indicators and a subset of "lead" indicators (some derived from existing First 5 Solano indicators and some additional indicators) to be tracked over time. A review of these indicators is presented below. In addition, this review identifies First 5 Solano Strategic Plan Results that currently have no measurable "lead" indicators, i.e., where no reliable community-level measure of a particular Result could be identified.

First 5 Solano lead indicators were identified in conjunction with LFA's development of the First 5 Solano evaluation framework. The evaluation framework ties indicators to the Commission's Strategic Plan Priorities, Goals, and Results.

In general, "*indicators*" are the measures against which progress and success can be analyzed. "*Program-level*" *indicators* measure the progress of a particular program (or set of services) toward meeting its stated outcomes for the population served. "*Community-level*" *indicators* are broader measures of community health and well-being that are not tied to a particular program, strategy or service provider. Community-level indicators are tracked over time to assess whether the general well-being of larger populations is improving or declining. These measures can be analyzed to suggest whether Commission-funded initiatives are *contributing* to improvements across the County as a whole¹.

At the community level, "lead" indicators are those measures for which the following criteria apply:

- Supported by research as being the best "proxies" for intended results;
- Reliable and valid trend data are available; and
- National, regional and local agencies track the data

This section provides an overview of the status of children 0-5 in Solano County as implied by lead indicators associated with the First 5 Solano Strategic Plan. Data and information from a variety of sources are provided on each of the Commission's lead indicators in order to support Commission and community focus on the Results established through the Commission's Strategic Plan.

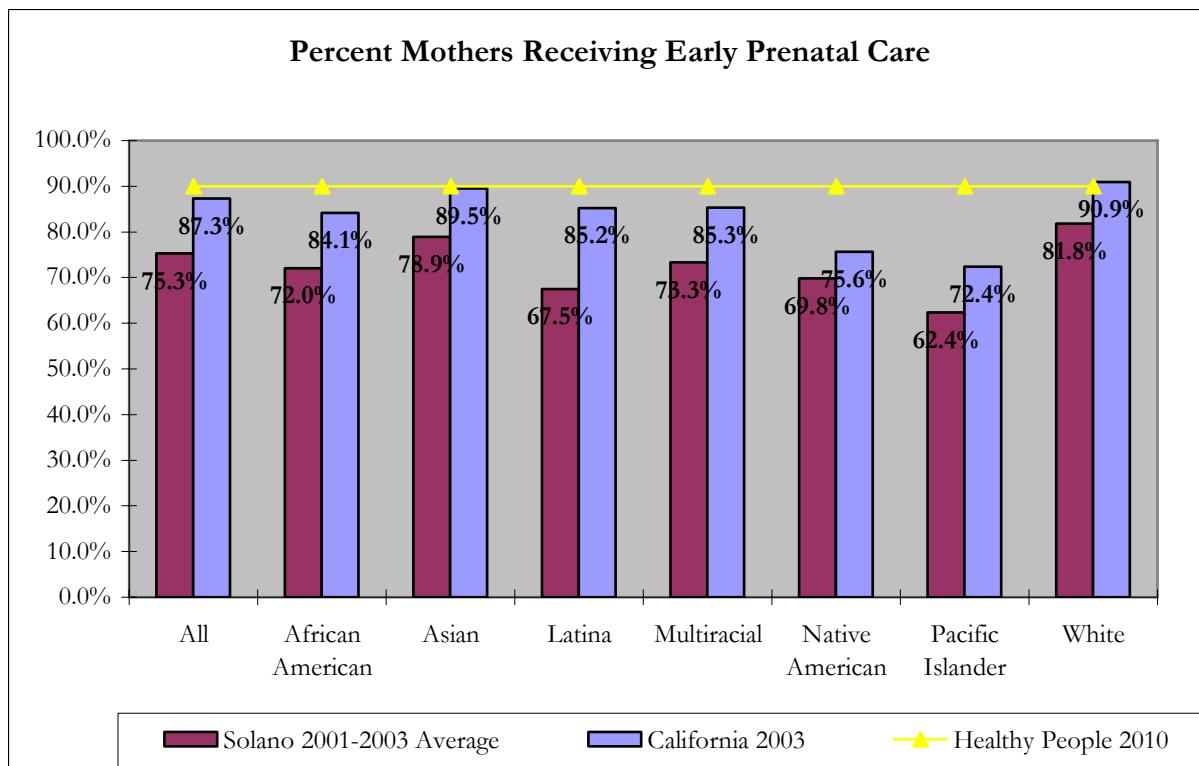
Note that community-level indicators information is generally less current than program-level information (can lag 2-3 years behind). Note also that community-level indicators may change slowly, or fluctuate, so a year-to-year comparison is usually less useful than a longer-term (3-5 year) comparison.

¹ Note that, while a program and a community may track the same indicator (ex: prenatal services providers track the birthweight of children born while served in their programs, and County-level data on the birthweights of all Solano newborns is also tracked), there are important differences in the two measures. A program measures the indicator only for its population served, to help indicate whether the services to those particular clients were effective. At the community level, the indicator serves as a proxy for the general health and well-being of newborns in Solano, whether their mothers received any services of any kind or not. An effective prenatal services program can *contribute* to a trend of improvements in birth outcomes in the County.

Strategic Plan Priority 1: *Health and Well Being*

Indicator 1.1: Number and percentage of mothers who receive prenatal care as appropriate in each trimester

In Solano County, the 3 year average percent of mothers receiving early prenatal care between 2002 and 2004 was 75%. This is well below the state rate of 85.6% in 2004 and the Healthy People 2010 objective of 90%. The rate of early prenatal care is low across all ethnicities in the county.



Source: Children Now *California County Data Book 2005*

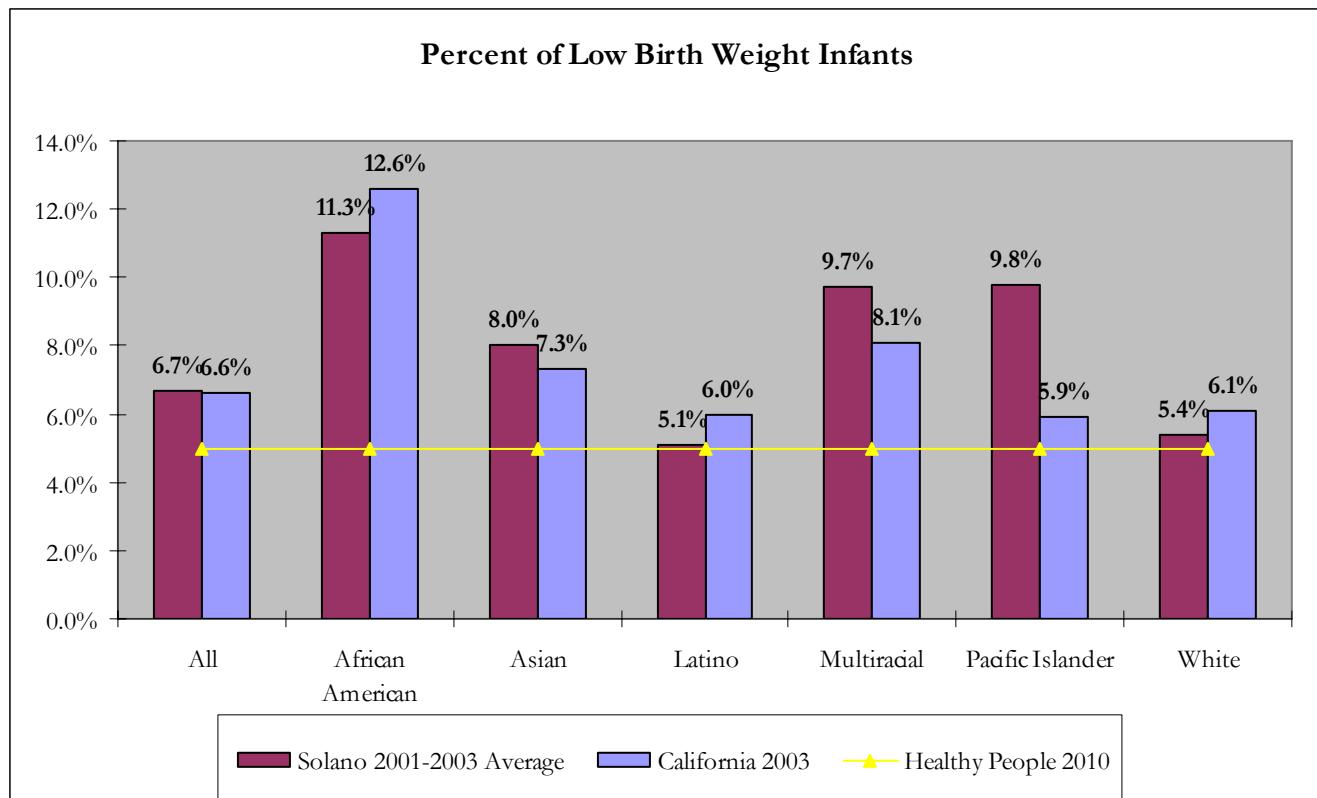
In 2004, fewer than three-quarters of pregnant women in Solano County initiated prenatal care in the first trimester, and over 20% of mothers delayed prenatal care until the second trimester. However, the percent of those initiating care in the 3rd trimester or receiving no prenatal care at all has been steadily decreasing, down from 5.5% in 2000 to 4.6% in 2004. The 5 year average of very late or no prenatal care for these years was 4.9%.

Prenatal Care by Trimester of Initiation, 2004	1st Trimester	2nd Trimester	3rd Trimester	No Prenatal Care	Late Care
Percent of Pregnant women in Solano County	73.6%	20.7%	3.9%	0.7%	26.4%

Source: California Department of Health Services, Vital Statistics, Birth Records

Indicator 2.2: Number and percentage of live births at low and at very low birth weight

In Solano County, 6.9% of babies were born at low birth weight across the three years 2002 - 2004. Only Whites and Latinos have rates of low birth weight that approach the Healthy People 2010 objective of 5%. Low birth weight rates in Solano are particularly high among African Americans, with a rate of 11.3%.



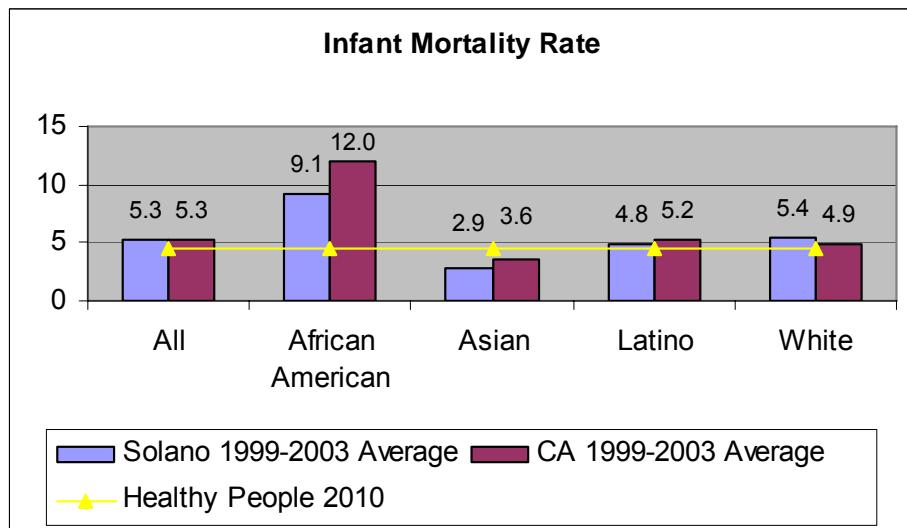
Source: Children Now *California County Data Book 2005*

Data from 2003 show rates of low birth weight that are higher for immigrant mothers in Solano County than they are for US-born mothers. Solano ranks poorly compared to other California Counties for both US-born and immigrant mothers.

	% of Low Birth Weight Births to U.S.-Born Mothers - 2002	Rank Among CA's 58 Counties, U.S.-Born Mothers	% of Low Birth Weight Births to Immigrant Mothers - 2002	Rank Among CA's 58 Counties, Immigrant Mothers
Solano County	6.9%	36 th	7.5%	34 th
California State	6.8%	NA	5.9%	NA

Source: Children Now *California Report Card 2004: Focus on Children in Immigrant Families*

The overall five-year average infant mortality rate in Solano County is 5.3, just slightly higher than the Healthy People 2010 objective of 4.5 deaths per 1000 infants. However, the infant mortality rate for African Americans in Solano County is 9.1, more than twice the HP 2010 target and significantly higher than any other group in the county.

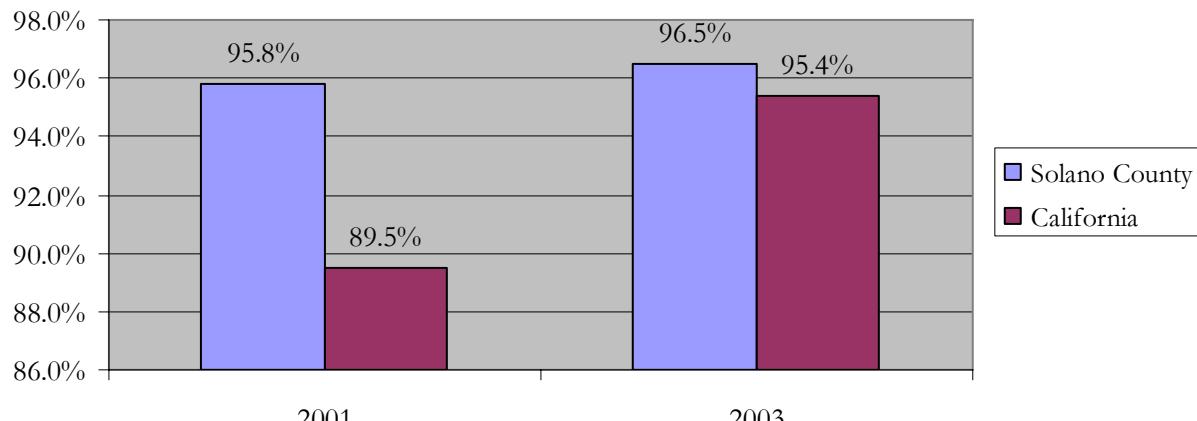


Indicator 3.1: Number and percentage of children who have health insurance (including vision and hearing screening)

Based on data from the 2003 California Health Interview Survey (CHIS), 96.5% of children age 0-19 in Solano County are covered by health insurance. This rate of coverage has been increasing each year, is above the level for the state, and is approaching the Healthy People 2010 objective of 100% coverage.² 92.8% of children in Solano County have coverage that includes eye exams, but only 79.6% of children have coverage that includes glasses. Dental insurance is not as prevalent among children in the county, with only 84.5% of children having coverage. Rates for children age 0-4 in 2003 are similar to the 0-19 rates: 96.3% have health insurance and 83.6% have dental coverage.

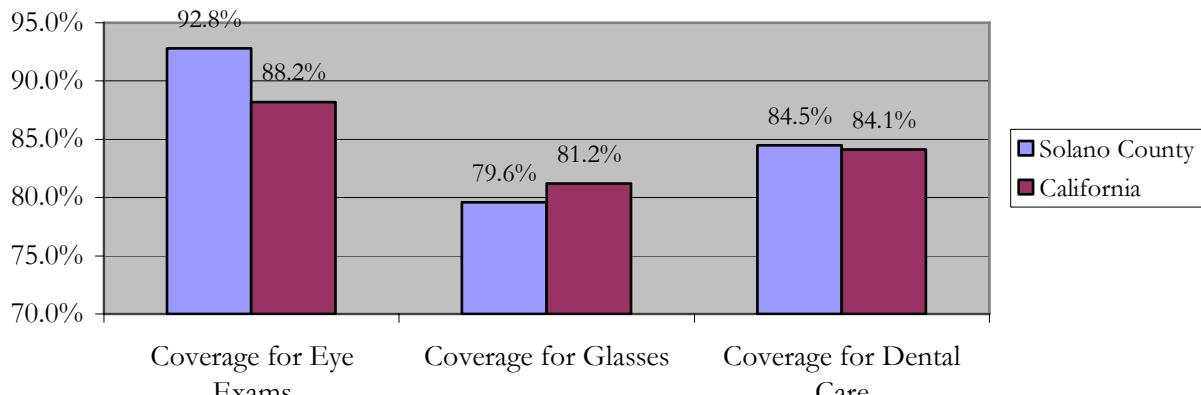
² Based on the CHIS sampling and analysis, there is no statistical difference between the Solano rate of 96.5% and the HP 2010 objective of 100%

Percent of Children 0-19 with Health Insurance Coverage
Healthy People 2010 Objective = 100%



Source: 2001 and 2003 California Health Interview Survey

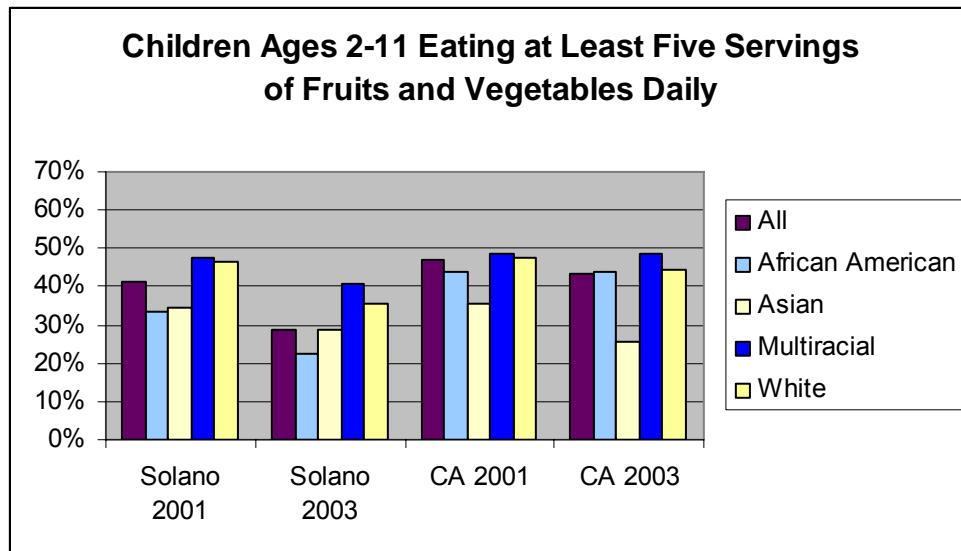
Components of Comprehensive Insurance Coverage
Children 0-19
(2003)



Source: 2003 California Health Interview Survey

Indicator: Daily servings of fruits and vegetables

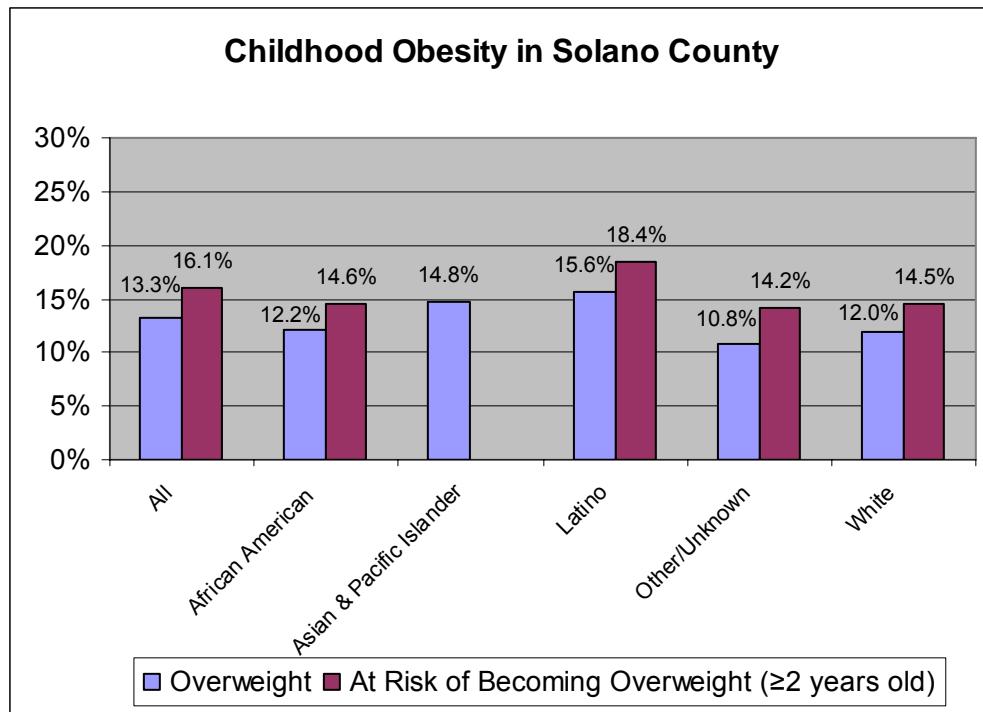
In general, young children in Solano County are getting fewer fruits and vegetables in their diets than are children statewide. Asian and African American children in particular are lacking fruits and vegetables in Solano County.



Source: 2001 and 2003 California Health Interview Survey

Indicator: Childhood obesity among children 0-5

Over 13% of children under 5 years old in Solano County are overweight. An additional 16.1% of children between 2 and 5 years old are at risk for becoming overweight. Latino and Asian and Pacific Islander children in Solano County have slightly higher rates of being overweight and at risk of overweight. In addition, in the 2004-05 school year, only 32.4% of 7th graders and 25.4% of 9th graders met all the California Physical Fitness Test standards for their age groups.



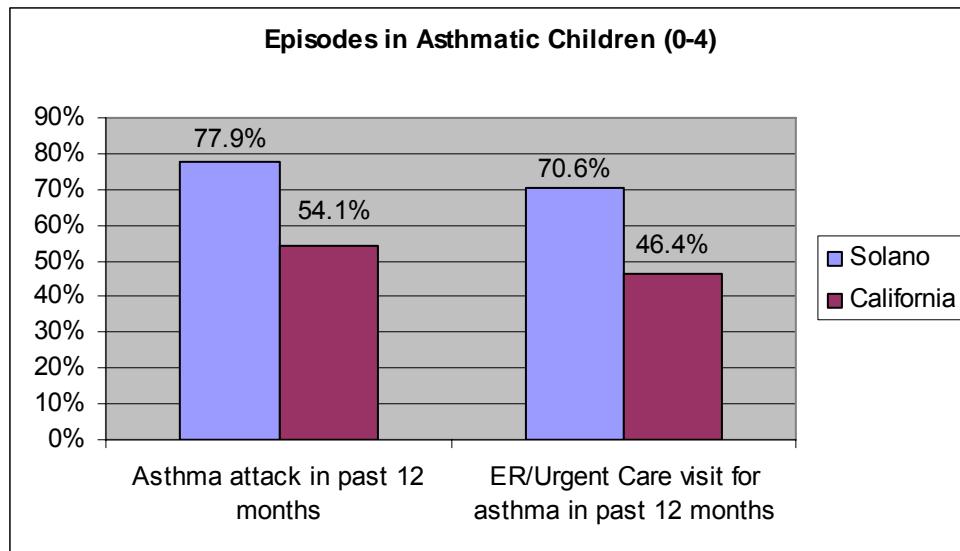
Source: Pediatric Nutrition Surveillance System (PedNSS), California, Comparison of Growth and Anemia Indicators by County, Children Aged <5 Years, 2005.

Indicator: Unintended accidents among children 0-5

Data available is for children 0-24 years, not broken to 0-5 age range.

Indicator: Asthma prevalence and related problems among children 0-5

Asthma and other respiratory symptoms affect a significant portion of the 0-4 year olds in Solano County. Nearly 7% of 1-4 year olds have been diagnosed with asthma, and an additional 14.2% have had wheezing problems but do not have an asthma diagnosis. Of those with asthma, 77.9% have had an asthma attack in the past 12 months, and over 70% have had an emergency room or urgent care visit for their asthma in the past 12 months. Asthmatic children in Solano County have a much higher rate of urgent episodes than does the same age group statewide.



Source: CHIS 2003

Indicator: Number of reported cases of child abuse

In the past year, there were 1525 child abuse reports filed in Solano County for children age 0-5. Just over 19% of these cases were substantiated or confirmed by child protection services.

Source: Needell, B., Webster, D., Armijo, M., Lee, S., Cuccaro-Alamin, S., Shaw, T., Dawson, W., Piccus, W., Magruder, J., Exel, M., Conley, A., Smith, J., Dunn, A., Frerer, K., & Putnam Hornstein, E., (2006). *Child Welfare Services Reports for California*. Retrieved August 17, 2006, from University of California at Berkeley Center for Social Services Research website. URL: <<http://cssr.berkeley.edu/CWSCMSreports/>>

Indicator: Number of children in child welfare supervised foster care

In January of 2005, over 200 children 0-5 were in child welfare supervised foster care in Solano County. Between April 2004 and January 2005, the number of children 0-5 in foster care increased by 16%. By January 2006, 161 children 0-5 were in foster care, a decrease of 25%.

Total Number of Solano County Children in Child Welfare Supervised Foster Care (Any Placement Type) By Quarter, April 2004 to January 2005

	April 1, 2004	July 1, 2004	October 1, 2004	January 1, 2005
<1 year old	31	27	31	30
1-2 years	60	72	83	79
3-5 years	96	97	99	108
TOTAL 0-5 years	187	196	213	217

Source: CWS/CMS 2003 Quarter 4 Extract³

³ Needell, B., Webster, D., Cuccaro-Alamin, S., Armijo, M., Lee, S., Lery, B., Shaw, T., Dawson, W., Piccus, W., Magruder, J., Ben-Poorat, S., & Kim, H. (2004). *Child Welfare Services Reports for California*. Retrieved September 9,

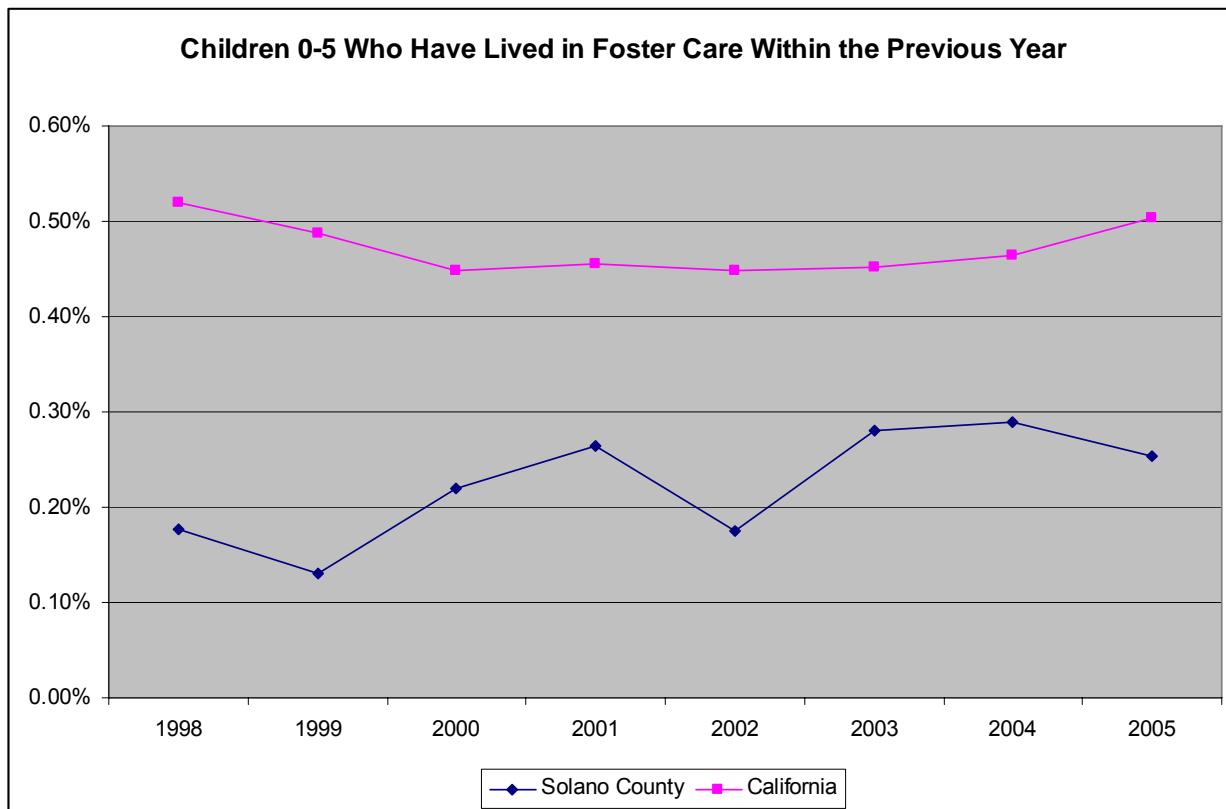
**Total Number of Solano County Children in Child Welfare Supervised Foster Care
(Any Placement Type) By Quarter, April 2005 to January 2006**

	April 1, 2005	July 1, 2005	October 1, 2005	January 1, 2006
<1 year old	24	26	31	31
1-2 years	66	63	65	65
3-5 years	79	71	71	67
TOTAL 0-5 years	169	160	167	161

Source: CWS/CMS 2005 Quarter 4 Extract⁴

Indicator 6.6: Number and percentage of children 0 to 5 years of age who have lived in foster care within the past year

Solano County has consistently had a lower rate of foster care among children 0-5 than the State.⁵ In 2005, 0.25% of children 0-5 had lived in foster care in Solano County in the last 12 months, compared to 0.5% of children 0-5 across the entire state.



Source: CWS/CMS 2005 Quarter 4 Extract⁶

2004 from University of California at Berkeley Center for Social Services Research website. URL:
<http://cssr.berkeley.edu/CWSCMSReports/>

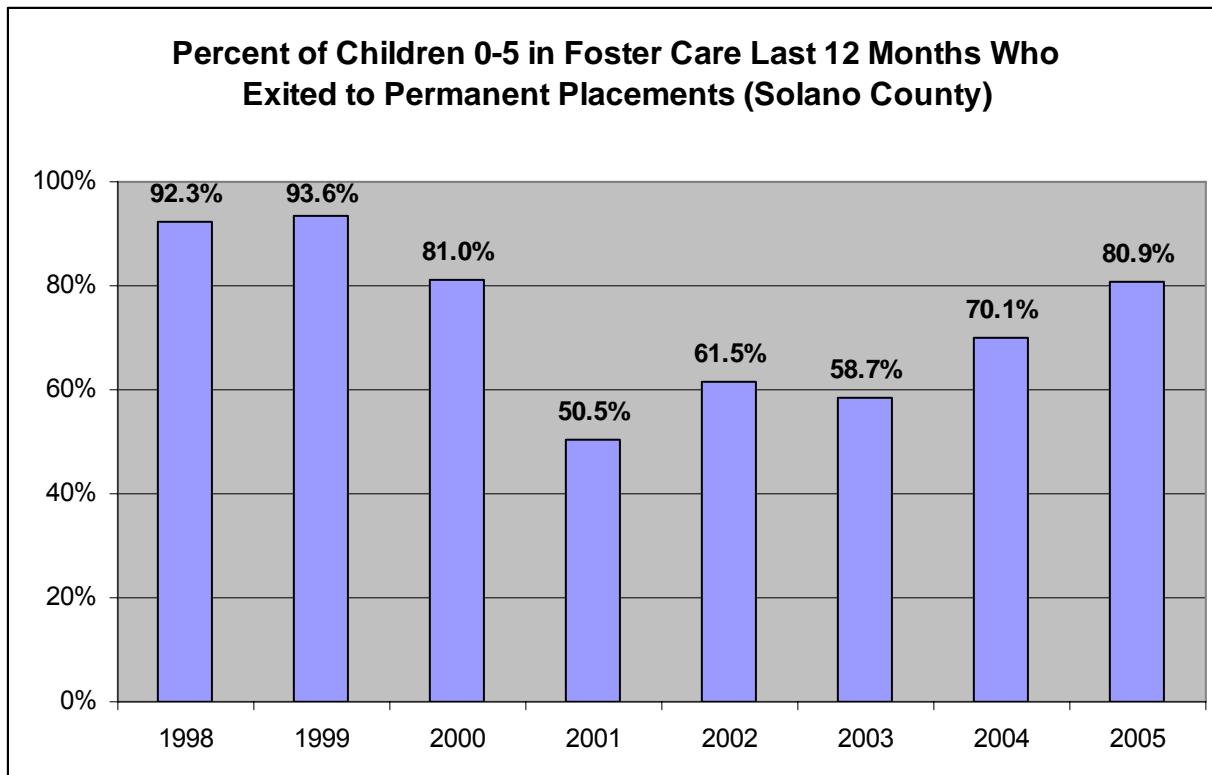
⁴ Same as above, data retrieved August 30, 2006.

⁵ "Lived in Foster Care" is defined as the first placement episode of 5 days or more even if it is not the first actual episode.

⁶ Needell, B., Webster, D., Cuccaro-Alamin, S., Armijo, M., Lee, S., Lery, B., Shaw, T., Dawson, W., Piccus, W., Magruder, J., Ben-Porat, S., & Kim, H. (2004). Child Welfare Services Reports for California. Retrieved September 9,

Indicator 6.7: Number and percentage of children 0 to 5 years of age in foster care who are placed in a permanent home or have family reunification plans

In 2005, 80.9% of the children 0-5 in foster care in Solano County exited the system into permanent placements.



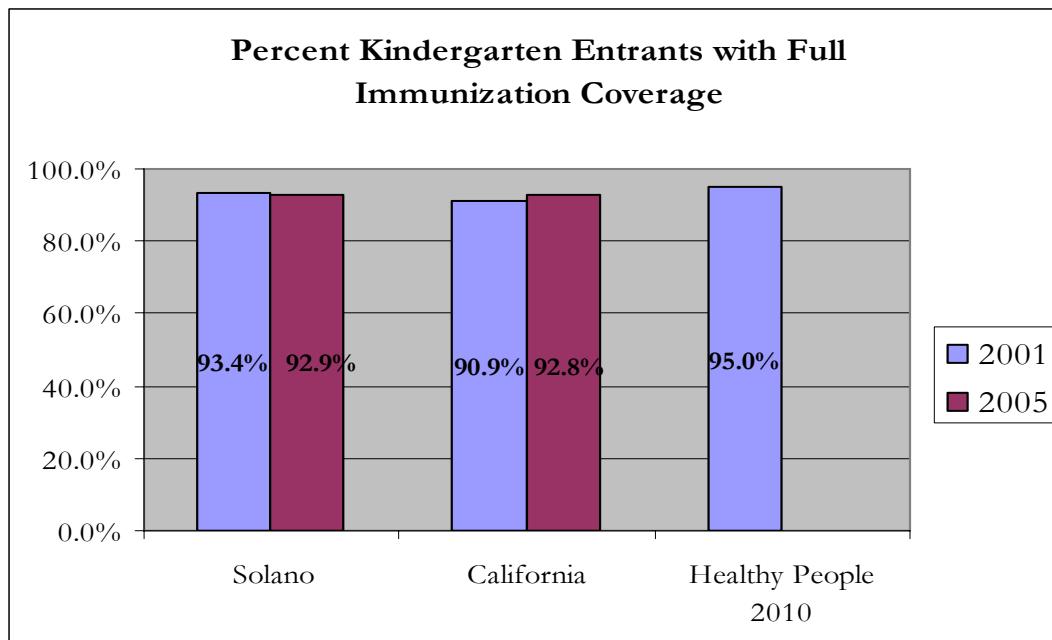
Source: CWS/CMS 2003 Quarter 4 and 2005 Quarter 4 Extract⁷

2004 and August 30, 2006 from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/CWSCMSReports/>

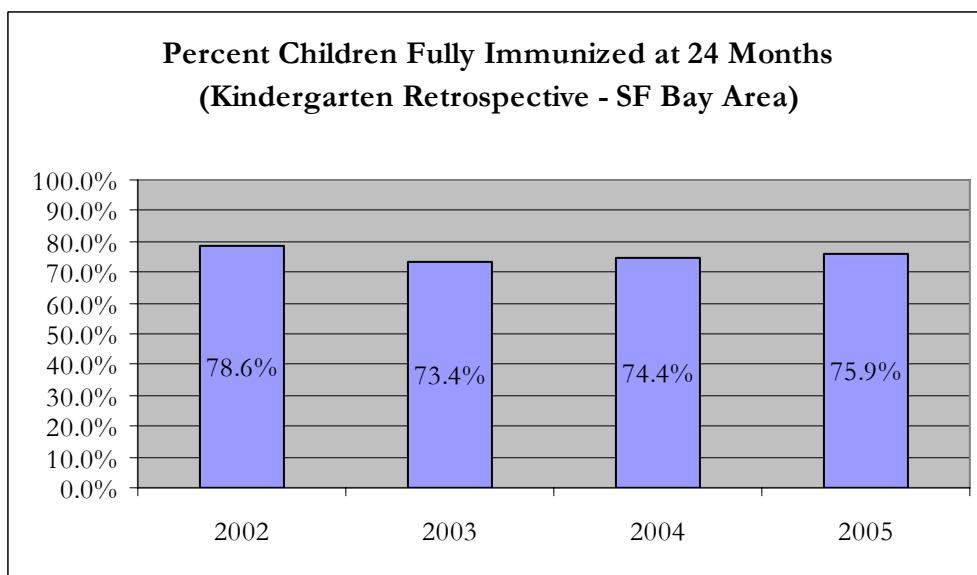
⁷ Needell, B., Webster, D., Cuccaro-Alamin, S., Armijo, M., Lee, S., Lery, B., Shaw, T., Dawson, W., Piccus, W., Magruder, J., Ben-Poorat, S., & Kim, H. (2004). Child Welfare Services Reports for California. Retrieved September 9, 2004 and August 30, 2006 from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/CWSCMSReports/>

Indicator 7.1: Number and percentage of children who receive the recommended vaccines for their age (immunization rates)

In 2001, Solano County Immunization rates for kindergarten entrants were higher than those statewide but 1.6% below the Healthy People 2010 objective of 95%. In 2005, Immunization rates dropped slightly Solano County, but increased statewide. The County's rate in 2005 is 2.1% below the Healthy People 2010 goal. Data from the 2004 kindergarten retrospective survey show that only 74.4% of kindergarten entrants across the SF Bay Area were fully immunized at 24 months.



Source: CA DHS Division of Communicable Disease Control – Immunization Branch. 2005 Kindergarten Assessment Results.



Source: CA DHS Division of Communicable Disease Control – Immunization Branch

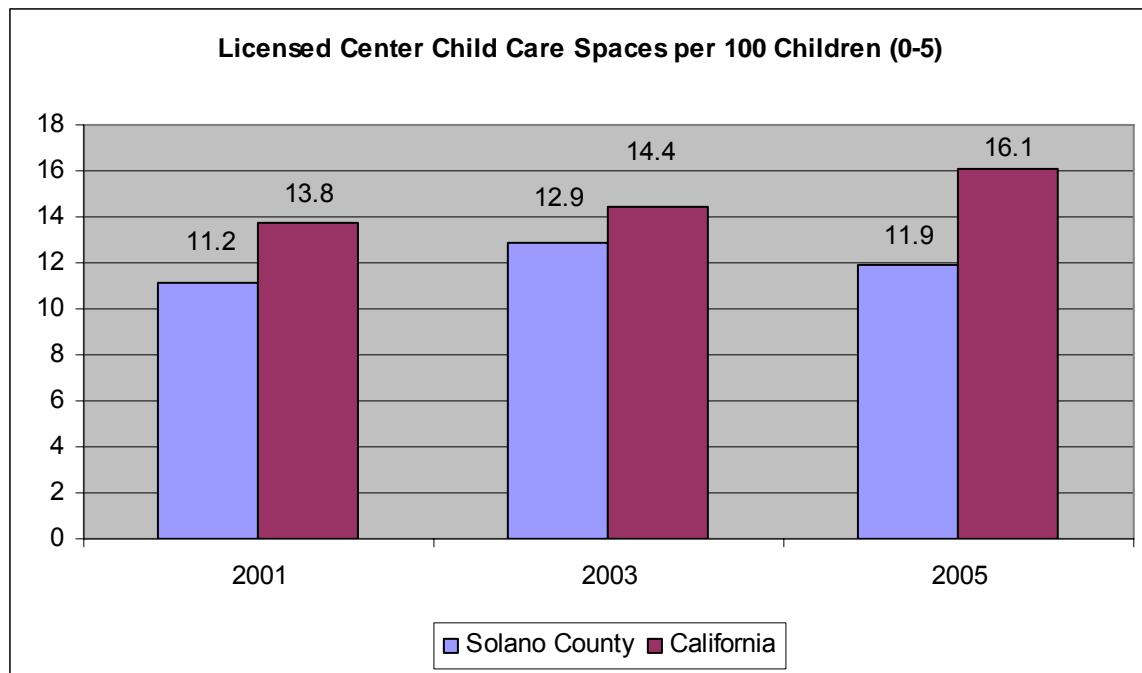
Note for 2005: the Kindergarten Retrospective Study 2005 shows various immunization data for different levels of immunization/combinations of vaccines. It is unclear what is meant by “fully immunized”, but the

number that most closely follows the trend data in the previous Solano First 5 indicators report is “4:3:1-:3 (four or more doses of DTaP, three or more doses of polio, one or more doses of MMR, and three or more doses of Hepatitis B). That is the number used in the above chart for 2005.

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

Indicator 11.1: Number of licensed center child-care spaces per 100 children

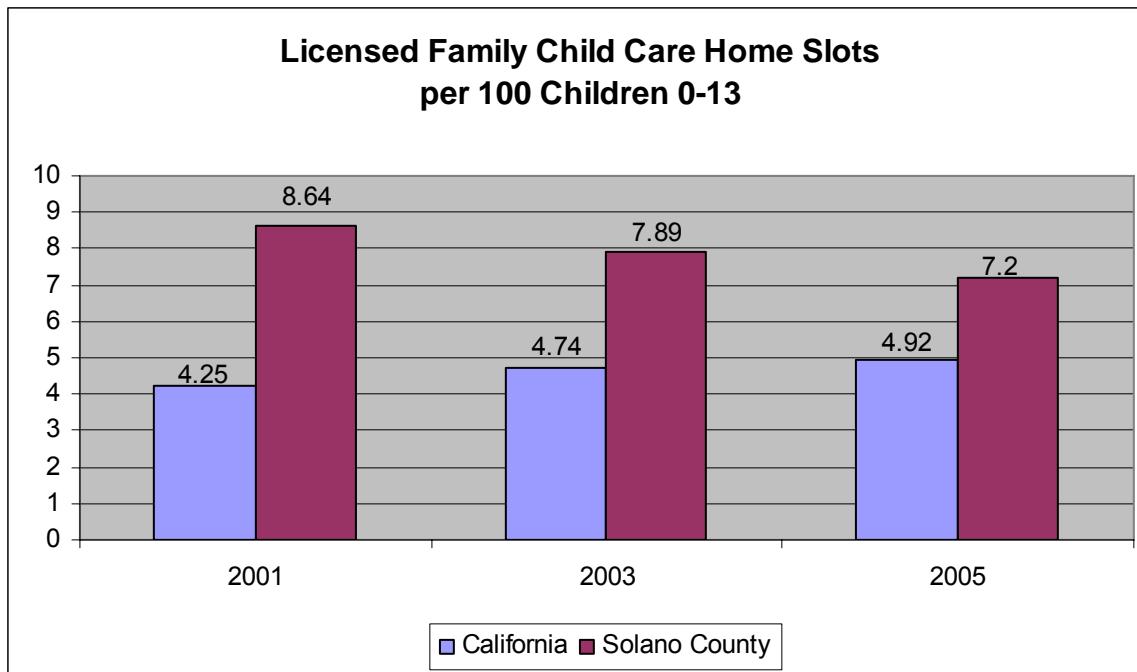
Solano County has a lower rate of available licensed slots in child care centers for the 0-5 population than the state as a whole. The number of slots per 100 children 0-5 increased in the county from 2001 to 2003, increasing from 11.2 to 12.9, but in 2005 licensed slots in child care centers decreased to 11.9 for every 100 children aged 0-5. For every 100 children aged 0-5 with parents in the workforce, there were 21.9 licensed child care slots available in Solano County, compared to 33.7 on California.



Source: California Child Care Resource and Referral Network 2001, 2003, and 2005 California Child Care Portfolio

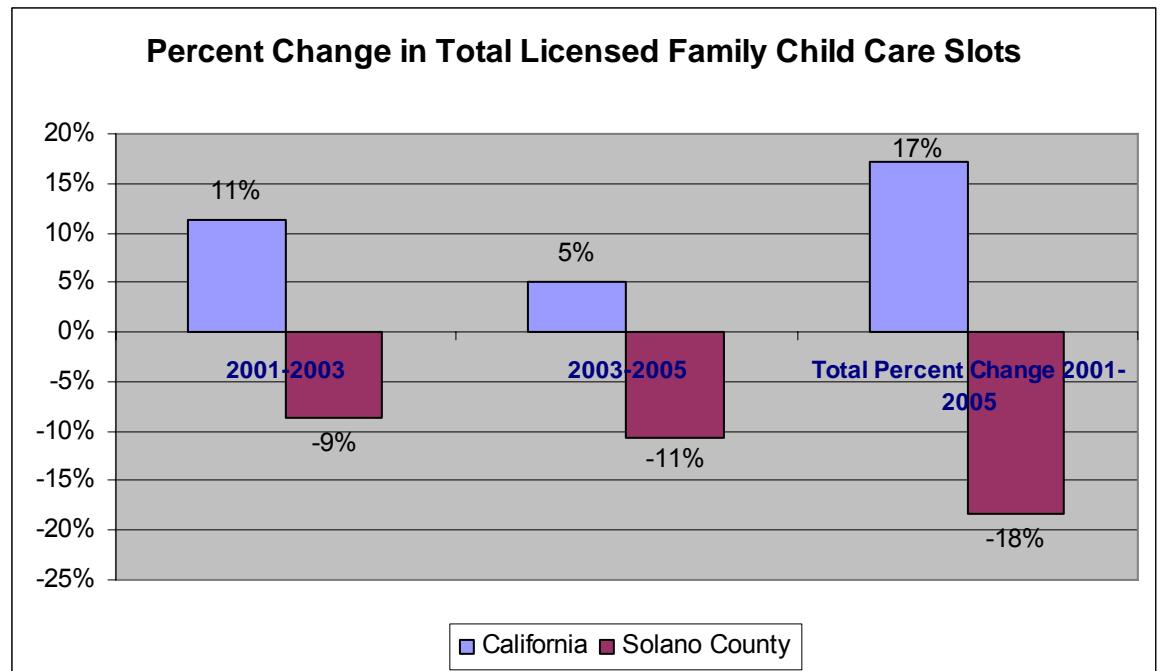
Indicator 11.2: Number of licensed family child-care slots per 100 children

Data on slots in Family Child Care homes are not available for children 0-5 as the Child Care homes are not licensed for specific ages. Despite the decrease in total licensed family child care slots in the county since 2001, there are 7.2 licensed slots in Family Child Care Homes per 100 children 0-13 in Solano County, far exceeding the 4.9 slots per 100 children 0-13 statewide.



Source: California Child Care Resource and Referral Network 2001, 2003, and 2005 California Child Care Portfolio

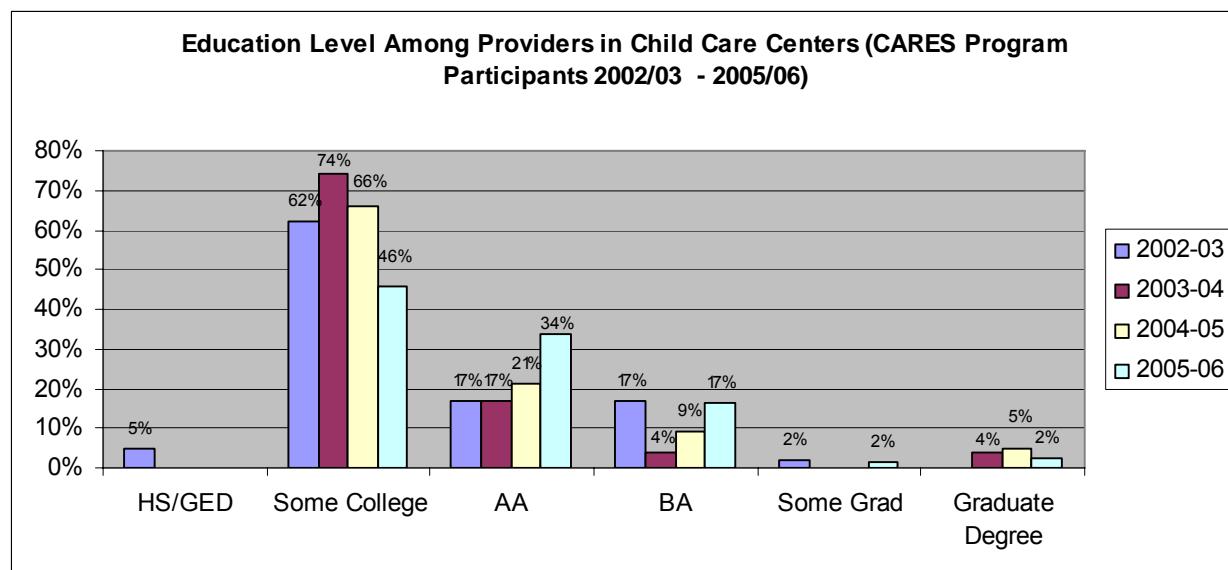
However, although Solano currently has more slots available per 100 children than does California as a whole, family child care slots across the state are increasing as Solano County's slots decrease. The number of licensed family child care slots in Solano County has decreased by 1,380 slots (18%) since 2001 while the State has increased its number of slots by 53,015 (17%).



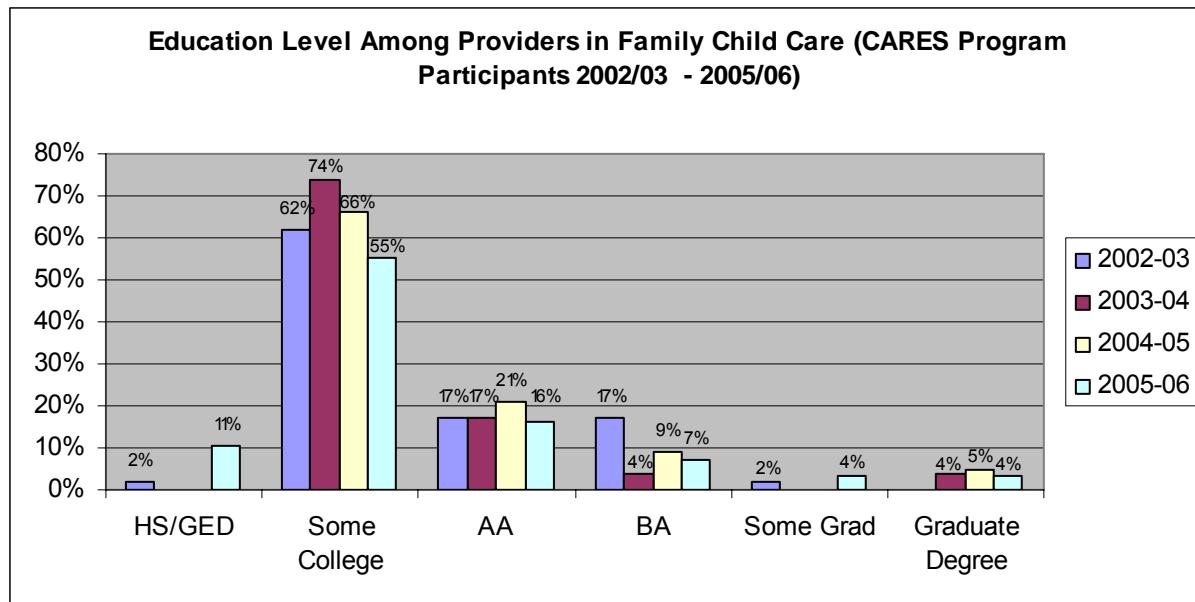
Source: California Child Care Resource and Referral Network 2001, 2003, and 2005 California Child Care Portfolio

Indicator: Level of education of providers

Based on data from the CARES program, providers in Child Care Centers tend to have higher level of education, with more than half (53%) of them holding some form of advanced degree in the 2004/05 program year (AA, BA or Graduate degree), and every provider had some college education at a minimum. Among Family Child Care providers, just over a quarter (27%) had some form of advanced degree in the 2004/05 program year, and over 14% had only a high school degree or less.



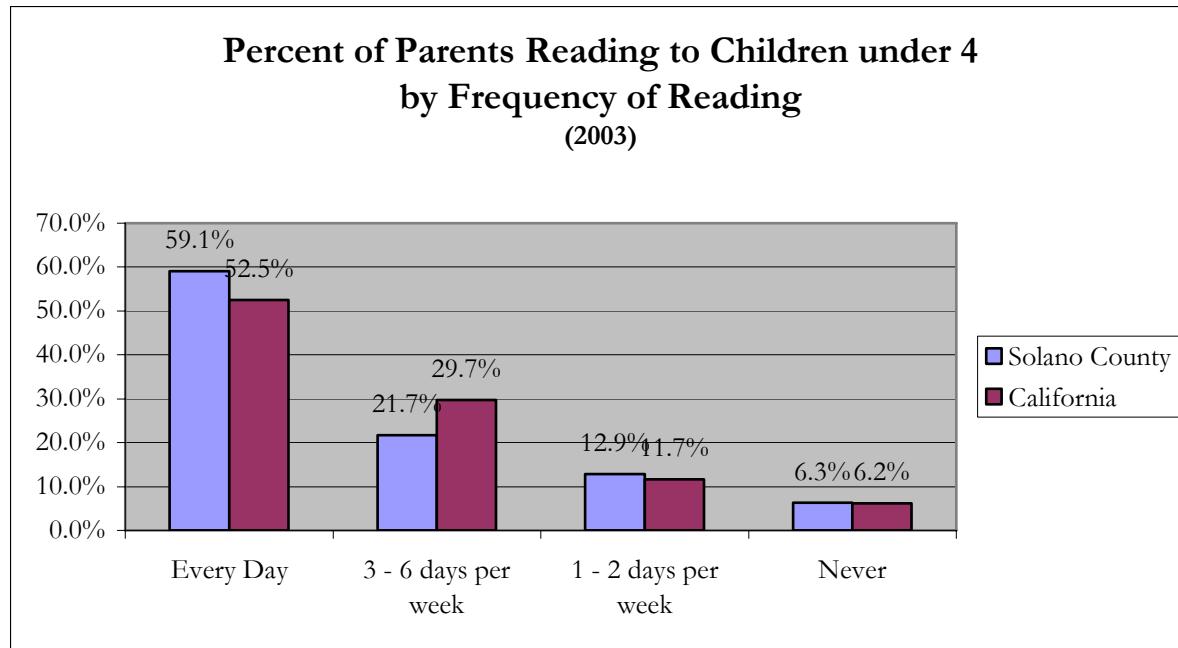
Source: Children's Network Solano CARES Program Year Project Updates



Source: Children's Network Solano CARES Program Year Project Updates

Indicator 15.2: Number and percentage of families who report reading or telling stories regularly to their children, 3 to 5 years of age (e.g. Read at least 3 times/week).

The majority of parents of children under 4 years old in Solano County (59.1%) report reading to their children every day and an additional 21.7% report reading to their children at least 3 days each week. Over 6% of parents report that they never read to their children.



Source: 2003 California Health Interview Survey

Indicator 15.4: Number and percentage of families who engage in activities that prepare their child(ren) for school.

Data from the 2005/2006 Kindergarten Readiness Assessment at four School Readiness Sites show that the vast majority of parents engage in activities that prepare their children for school. On a scale of 1 to 4 with 1 being “not at all” and 4 being “frequently (daily),” parents reported scores ranging from 2.9 to 3.7 on the following kindergarten readiness activities for the past two school years:

Activity (Parents with their children)	04/05	05/06
Read stories on a weekly or daily basis	3.5	3.3
Practice kindergarten skills on a weekly or daily basis	3.6	3.4
Practice counting weekly or daily	3.7	3.4
Play games that order objects weekly or daily	3.0	2.9
Play active games weekly or daily	3.5	3.5
Practice daily routines of getting ready weekly or daily	3.7	3.5

**Indicator 16.1: Percentage of entering kindergarteners with formal pre-K experience
(including Head Start, State Preschool, Summer Camps/Academies, etc.)**

Data from the Children Now California County Data Book 2005 show that in 2000 55.4% of Solano County children ages 4 and 5 attended preschool. Of these 4,212 children in preschool, 47% (1,984) attended private preschools and the remaining 53% 2,228 attended public preschools.

About 30% of kindergarteners attended a Pre-Kindergarten Academy that helped prepare them for school.

The 2005/2006 Kindergarten Readiness Assessment also reports that fewer than 10% of Solano kindergarteners were enrolled on or after the first day of school. Most parents – nearly three-quarters – enrolled their children in kindergarten months before school began in each of the past two academic years.

Indicator 16.3: Number of Head Start/State Preschool slots per 100 low-income children

According to the 2001 California County Data Book, Head Start served 629 Solano County children in 1999 of the estimated 2,392 children ages 3-4 living in poverty.

These data are not included in the 2003 or 2005 County Data Books.

According to Child Start, there were 668 funded enrollment slots for Head Start and 36 for Early Start in Solano County during FY 04-05. In FY 05-06, there were 667 enrollment slots for Head Start and 36 for Early Head Start.

Economic Indicators

Over 15% of Solano County children age 0-5 are living in poverty, according to the 2005 American Community Survey. Statewide, over 20% of children 5 years old and under are in poverty.

Solano County has the highest unemployment rate in the entire San Francisco Bay Area. Its rate of over 5% also exceeds the state and national unemployment rates. Additionally, Solano County Food Stamp and CalWORKs cash assistance recipients have increased over the past four years.⁸

⁸ Solano County Department of Health and Human Services; May 2006 Vol. 3; Issue 3.

Additional Indicators for Which Community-Level Data Are Currently Unavailable

Indicators for the following First 5 Solano Strategic Plan Results do not currently have an available community-level data source.

First 5 Solano Strategic Plan Result	Community-Level Lead Indicator
R17. Families are informed about school and community resources	17.1 Number of families reporting awareness of services
R18. Families have access to support systems	<i>No community-level indicator identified.</i>
R19. Families receive necessary support services	<i>No community-level indicator identified.</i>
R20. Parents know how to guide and nurture their children	20.1 Percentage of parents who report sufficient knowledge and skills (related to child development, developmental milestones, safety, diet and exercise needs of children)
R21. Parents guide and nurture their children	21.1 Percentage of parents who report an increase in parenting skills

Appendix B:

2005-2006 Kindergarten Readiness Assessment Report: A Profile of Kindergarteners and their Parents/Caregivers



First 5 Solano Children and Families Commission School Readiness Initiative

**2005-2006 Kindergarten Readiness Assessment Report:
A Profile of Kindergarteners and their Parents/Caregivers**

**Prepared by LaFrance Associates, LLC (LFA)
May 2006**

*LFA contributes to the health and well-being of communities
by providing applied research, evaluation and technical assistance services
that advance the work of organizations in the nonprofit, philanthropic, and public sectors.*

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I. Introduction

Who and What is Included in this Report

This report presents findings from the 2005-2006 Kindergarten Readiness Assessment (KRA) conducted at the four School Readiness sites funded through the First 5 Solano County Children and Families Commission: Anna Kyle, Markham, and Loma Vista Elementary Schools, and Silveyville Primary School. The KRA consists of assessments of individual children by kindergarten teachers via Modified Desired Results Developmental Profile Child Survey (MDRDP) and a survey of kindergarteners' parents. Data for this report were collected at the beginning of the 2005-2006 school year.

The data presented in this report are intended to provide a "snapshot" or point-in-time profile of kindergarteners' readiness to begin school in those regions targeted by First 5 Solano, via a standardized assessment of core competencies of entering Kindergarteners across a variety of dimensions--developmental, social/emotional, cognitive and early literacy. This same assessment was conducted for the 2004-2005 school year and findings for each school year are presented side by side to show how the cohorts have changed over time¹. In addition, results from the 2004-2005 Statewide MDRDP are presented aside 2004-2005 and 2005-2006 First 5 Solano School Readiness site findings. The Statewide MDRDP is administered biannually so we cannot assess how statewide results may have changed from the last assessment, but it does provide a proxy to benchmark local results.

This report includes data for 254 children and their parents attending kindergarten in the four First 5 Solano School Readiness Program sites in 2004-2005, and 336 children and their parents² in 2005-2006.

Data Collection Tools and Methods Used

The First 5 Solano Kindergarten Readiness Assessment consists of assessments of individual children by kindergarten teachers and a survey of kindergarteners' parents. The Modified Desired Results Developmental Profile Child Survey (MDRDP), a subset of questions from the Desired Results Developmental Profile developed by the California Department of Education, is a teacher-completed observation checklist. It includes items about four of the five dimensions of children's readiness for school: Cognition and General Knowledge; Communicative Skills; Emotional Well-Being and Social Competence; and Approaches to Learning. (The fifth dimension, Health, is covered in the parent survey.)

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

¹ In 2004-2005 Silveyville Primary participated in the state's School Readiness evaluation and therefore was not included in the data collection conducted by LFA. The state did provide raw data for Silveyville and they are incorporated into this report with the other school data. In 2005-2006 LFA collected data from all four First 5 Solano-funded School Readiness sites, as the state only conducts its evaluation bi-annually.

² "Parents" is used as a general term throughout the report to denote "primary caregiver."

Starting with the 2005-2006 school year teachers were asked to write the student's ID numbers on the MDRDP. This information helped evaluators track youth participation in school readiness activities and could help future evaluations in comparing state or local test scores to those who received certain services versus those who did not. However, the data will be collected in such a way that no individual student will be recognizable through this study.

The Parent Survey collects parent-reported information about their child's health and physical development, preschool and home experiences prior to kindergarten, and kindergarten readiness activities. The written survey, presented in Spanish and English, was sent home with children and returned by parents. The 2005-2006 parent survey differs slightly from the 2004-2005 version. Mainly, in the most recent parent survey, parents were asked to identify if their child participated in a Pre-Kindergarten Academy and if so, what impacts it had on their child's readiness for school.

Limitations of Results from the KRA

The MDRDP is not designed to track individual children's progress along school readiness scales over time; nor can it be used to demonstrate whether kindergarteners at schools in First 5 Solano School Readiness Catchment Areas have changed or improved *as a direct result* of School Readiness activities. Instead, it provides a "snapshot" of readiness among a group of kindergarteners at School Readiness sites at a point in time. In this report we will be able to look at the MDRDP results of children during the 2004-2005 school year as compared to the MDRDP results of children during the 2005-2006 school year. We will be able to see the picture of school readiness among the group of children studied each year.

Finally, as with each cohort year, the children and their parents included in the 2005-2006 KRA represent only a sample of families at the four school/neighborhood catchment areas served by the First 5 Solano School Readiness program. Therefore, the results from both the MDRDP Child Survey and Parent Survey cannot be generalized to any other school in a School District, let alone to Solano County overall.

II. Modified Desired Results Developmental Profile (MDRDP) Findings

First 5 Solano School Readiness Catchment areas performed well across the board in all four MDRDP dimensions in the 2005-2006 school year. Results for this cohort year have improved over results from the 2004-2005 cohort year as well as in comparison to statewide results from 2004-2005. As seen in Exhibit 1, **the percentages of children who fully or almost mastered all items in each MDRDP dimension have increased over 10% points for First 5 Solano School Readiness sites and have surpassed the statewide results.**

Exhibit 1				
Percentage of Children Who Fully or Almost Mastered All Items	Percent Change from 04-05 to 05-06	First 5 Solano Catchment Areas 2004-2005	First 5 Solano Catchment Areas 2005-2006	Statewide 2004-2005
Cognition and General Knowledge	+12%	21%	33%	25%
Emotional Well-Being	+11%	32%	43%	37%
Approaches to Learning	+12%	35%	47%	39%
Communication Skills	+12%	30%	42%	33%

Looking more closely at the individual competencies (as seen in Exhibits 2-5) only two competencies saw a decrease in results (of -1% and -3%) while the rest saw an increase ranging from a 1% positive change to a 15% positive change. The percentage of children at Solano School Readiness sites who almost or fully mastered each competency within the 4 dimensions ranged from 42 to 70 percent.

When looking at individual school data, rather than looking at the School Readiness Catchment area as a whole, there will be different competencies for children based on the developmental stage of the School Readiness program. MDRDP results for individual school sites are included in the appendix of this report. In addition, individual reports for each school site will be developed at a later date.

The following is a summary of the results for each MDRDP dimension.

Cognition and General Knowledge Dimension

- Overall, **33% of children** in the First 5 Solano School Readiness Catchment Areas almost or fully mastered all items within this dimension compared to **21% in 2004-2005** and 25% of children studied statewide.

Cognition and General Knowledge	Exhibit 2			
	Percent Fully Mastered or Almost Mastered			
	Percent Change from 04-05 to 05-06	First 5 Solano Catchment Areas 2004-2005	First 5 Solano Catchment Areas 2005-2006	Statewide 2004-2005
Orders objects from smallest to largest (e.g., orders various circle sizes, nests cups, lines up from shortest to tallest)	+5%	52%	57%	56%
Understands that numbers represent quantity (e.g., can get three apples out of the box, asks for two more crackers, can put out one napkin for each child)	+15%	43%	58%	59%
Understands numbers and simple operations, and uses math manipulatives, games, toys, coins in daily activities (e.g., adding, subtracting)	+9%	33%	42%	40%
Understands that letters make up words (i.e., knows some of the letters in his or her name)	+9%	52%	61%	60%
Recognizes print in the environment (e.g., recognizes signs around the room as labels for "Puzzles," "Toys," or "Books")	+9%	48%	57%	54%
Makes three or more letter-sound correspondences (e.g., knows the letter "b" makes the "buh" sound)	+14%	44%	58%	53%
Pretends to read books	+10%	57%	67%	64%
Engages in discussion about books (e.g., predicts events in a story, retells main events from a story in order)	+8%	47%	55%	49%
Draws a picture related to a story and talks about his or her drawing	+12%	52%	64%	56%
Uses pretend writing during play activities (e.g., scribbles lines and shapes)	+7%	55%	62%	54%
Writes three or more letters or numbers	+1%	67%	68%	69%
Uses pictures and letters to express thoughts and ideas	+2%	59%	61%	56%
Percentage of Children Who Fully or Almost Mastered All Items	+12%	21%	33%	25%

Emotional Well-Being

- Overall, **43% of children** in the First 5 Solano School Readiness Catchment Areas almost or fully mastered all items within this dimension compared to **32% in 2004-2005** and 37% of children studied statewide.

Emotional Well-Being	Exhibit 3 Percent Fully Mastered or Almost Mastered			
	Percent Change from 04-05 to 05-06	First 5 Solano Catchment Areas 2004-2005	First 5 Solano Catchment Areas 2005-2006	Statewide 2004-2005
Seeks adult help when appropriate (e.g., asks adult for assistance to open bottle of paint)	+9%	58%	67%	66%
Seeks adult help after trying to resolve conflict or problem on his or her own (e.g., "Miss Lu, I asked Frederica not to play with the ball around our sand castle but she won't stop.")	+11%	49%	60%	55%
Negotiates with peers to resolve social conflicts with adult guidance (e.g., agrees to alternatives like sharing or taking turns)	+9%	44%	53%	53%
Expresses empathy or caring for others (e.g., consoles or comforts a friend who is crying)	+3%	57%	60%	58%
Participates in cooperative group efforts (e.g., group project or game, dramatic play, taking turns; organized play and games with specified or invented rules)	+4%	59%	63%	63%
Exhibits impulse control and self-regulating (e.g., uses appropriate words or sign language to show anger when a toy is taken by another child, waits for turn on playground equipment, shows some patience)	+8%	56%	64%	60%
Follows rules when participating in routine activities (e.g., handles toys with care, joins group for snack or circle time, tolerates transitions)	-1%	68%	67%	67%
Comforts self and controls the expression of emotion with adult guidance (e.g., can express anger or sadness without tantrums, fights, or physical conflicts)	-3%	70%	67%	66%
Understands and follows rules in different settings (e.g., transitions between classroom, after-school program, and playgroup; lowers voice when enters library)	+5%	64%	69%	66%
Percentage of Children who Fully or Almost Mastered All Items	+11%	32%	43%	37%

Cognition and General Knowledge Dimension

- Overall, 42% of children in the First 5 Solano School Readiness Catchment Areas almost or fully mastered all items within this dimension compared to 30% in 2004-2005 and 33% of children studied statewide.

Communication Skills	Exhibit 4 Percent Fully Mastered or Almost Mastered			
	Percent Change from 04-05 to 05-06	First 5 Solano Catchment Areas 2004-2005	First 5 Solano Catchment Areas 2005-2006	Statewide 2004-2005
Follows two-step requests that are sequential, but not necessarily related (e.g., “Please pick up the ball and then get your coat.”)	+8%	62%	70%	67%
Understands increasing number of specialized words (e.g., different types of dinosaurs, various ingredients in recipe)	+10%	41%	52%	48%
Understands complex, multi-step requests (e.g. “Put your jacket away, get any materials you need to finish what you started yesterday, and let me know if you need any help”)	+11%	43%	54%	51%
Engages in conversations that develop a thought or idea (e.g., tells about a past event, asks how something works)	+13%	40%	53%	49%
Participates in songs, rhymes, games, and stories that play with sounds of language (e.g., claps out sounds or rhythms of language; creates own rhyming words through songs, finger plays, chants)	+6%	48%	54%	57%
Tells about own experiences in a logical sequence (e.g., “After I get picked up, it’s usually dinner time. Then, I play, brush my teeth, and go to bed.”)	+9%	40%	49%	48%
Percentage of Children who Fully or Almost Mastered All Items	+12%	30%	42%	33%

Approaches to Learning

- Overall, **47% of children** in the First 5 Solano School Readiness Catchment Areas almost or fully mastered all items within this dimension compared to **35% in 2004-2005** and 39% of children studied statewide.

Approaches to Learning	Exhibit 5			
	Percent Fully Mastered or Almost Mastered			
	Percent Change from 04-05 to 05-06	First 5 Solano Catchment Areas 2004-2005	First 5 Solano Catchment Areas 2005-2006	Statewide 2004-2005
Observes and examines natural phenomena through senses (e.g., notices different types of bugs, asks why it rains.)	+15%	39%	54%	46%
Shows willingness to take risks in learning new skills (e.g., climbs jungle gym, tries to play a new musical instrument, tries out a new game)	+12%	50%	62%	59%
Stays with or repeats a task (e.g., finishes a puzzle, asks that block structure be left to work on after snack, makes a really long Play-Doh snake out of many pieces)	+14%	48%	62%	59%
Percentage of Children who Fully or Almost Mastered All Items	+12%	35%	47%	39%

III. Parent Survey Findings

A comparison of findings from the parent survey from cohort year 2004-2005 to cohort year 2005-2006 reveal mixed results. In many areas parents have better prepared their children for kindergarten, and in some areas their skills and activities in child development have leveled off. This section provides an overview of the findings related to the types of school readiness activities that parents are engaging in and compares the results from the two cohort years.

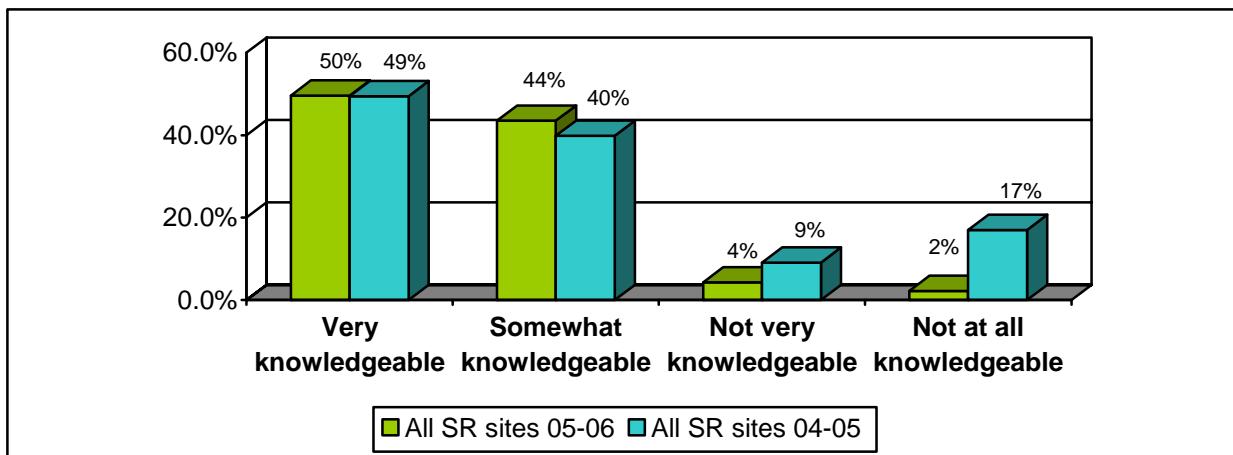
KEY FINDINGS FROM THE PARENT SURVEY:

- ⦿ More parents from the 2005-2006 cohort report being very or somewhat knowledgeable in child development than those from the 2004-2005 cohort (94% as compared to 89%).
- ⦿ Parents continue to engage in developmental activities with their child leading up to entry into kindergarten and continue to prepare their child for kindergarten by visiting the school or meeting with a teacher before school starts.
- ⦿ Parents whose child attended a Pre-Kindergarten Academy at one of the First 5 Solano School Readiness sites report positive impacts on their child's academic and social development.

School Readiness Activities Performed by Parents

In 2005-2006, one-half of parents rated their knowledge of child development as very high. Ninety-four percent of parents say they are either somewhat or very knowledgeable about child development.

Exhibit 6
How knowledgeable are you about child development?
(2005-2006 n=194, 2004-2005 n=229)



Parents reported that they frequently engaged in developmental activities with their child. On a scale of 1 to 4 with 1 being “not at all” and 4 being “frequently (daily),” the average for each of the following activities ranged from 2.9 to 3.6. Mean scores have decreased slightly from 2004-05 to 2005-06. The differences were not found to be significant when statistically tested.

Exhibit 7		
In the 12 months before this child started kindergarten, how often did you or anyone else in this household...	First 5 Solano School Readiness Catchment Areas 05-06	First 5 Solano School Readiness Catchment Areas 04-05
Practice counting with this child	3.4	3.7
Practice daily routines of getting ready for school with this child (e.g. bedtime, morning schedule)	3.5	3.7
Practice kindergarten skills with this child (such as holding a pencil, cutting with scissors, counting, colors, shapes, letters)	3.4	3.6
Practice self-help skills with this child (such as zipping clothes, buttoning, tying shoes)	3.6	3.6
Read stories to this child	3.3	3.5
Play active games (e.g. toss a ball, skip, jump, climb)	3.5	3.5
Play games that describe how items are the same or different (e.g. matching games or card games like “Go Fish”)	3.0	3.1
Play games that order objects from smallest to largest (e.g. orders various circle sizes, nests cups, lines up from shortest to tallest)	2.9	3.0

In 2005-2006, most commonly (71.0%) parents received a letter or other written information from their child’s school prior to the start of kindergarten. The majority (63.8%) also toured the school or visited a classroom, and met with a kindergarten teacher (51.8%). Interactions with the schools prior to the start of kindergarten have increased slightly from one year to the next.

Exhibit 8		
In the 12 months prior to entry into Kindergarten, did you or anyone else in this child’s household...	First 5 Solano School Readiness Catchment Areas 05-06	First 5 Solano School Readiness Catchment Areas 04-05
Meet with a kindergarten	52%	49%
Meet the elementary school principal or other school staff	49%	51%
Participate in school-wide activities	49%	54%
Tour the school and/or visit a kindergarten classroom	64%	63%
Receive a letter or other written information from your child’s school on how to help get your child ready for kindergarten?	71%	68%
Receive a phone call or home visit	29%	20%
Have your child’s skills and development assessed	43%	35%

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

In 2005-2006, the majority of parents enrolled their child into kindergarten a few months before kindergarten (73.5%). Only a small percent of parents (9.8%) enrolled their child on the first day or after the first day of kindergarten.

Exhibit 9

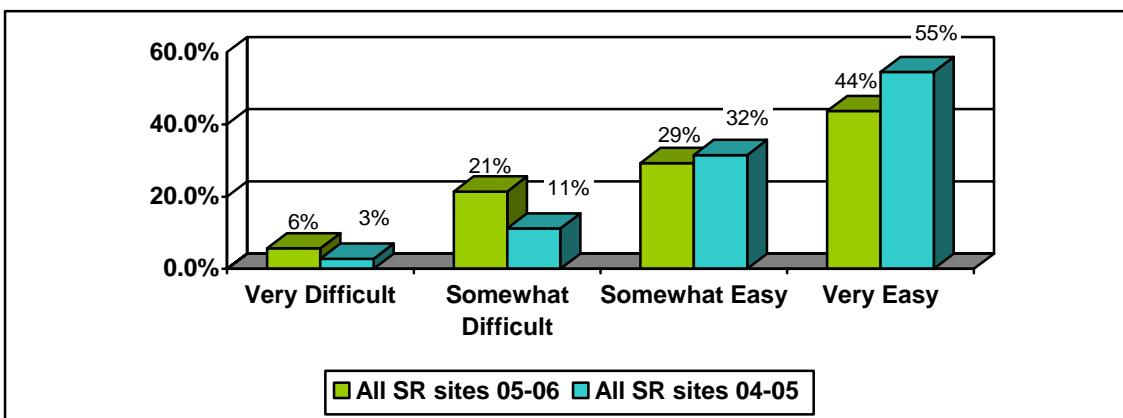
When Child Enrolled in Kindergarten (2005-2006 n = 229, 2004-2005 n=234)	First 5 Solano School Readiness Catchment Areas 05-06	First 5 Solano School Readiness Catchment Areas 04-05
During the few months before kindergarten	74%	72%
A few weeks before kindergarten began	17%	20%
On the first day of kindergarten	3%	4%
After school started	6%	4%

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

Just over one-quarter of parents in 2005-2006 (27%) reported that the first weeks of kindergarten were somewhat or very difficult for their child as compared to 14% in 2004-2005. The majority (73%) reported that it was somewhat easy or very easy for their child.

Exhibit 10
How difficult or easy were the first weeks of kindergarten for this child?

(2005-2006 n=194, 2004-2005 n=229)



Participation in a Pre-Kindergarten Academy

Overall, 30% of the kindergarteners included in this study participated in a Pre-Kindergarten Academy at their school prior to entering Kindergarten. Parents whose children attended a Pre-K Academy were asked if participation helped them prepare for kindergarten in a variety of different ways. *Results show that parents do believe the Pre-K Academy had an impact on their children, with almost one-half reporting that it increased their social skills and 42% reporting that it increased their knowledge of colors and shapes.*

Exhibit 11	
Did your child's participation in the Pre-Kindergarten Academy help your child in any of the following ways...	First 5 Solano School Readiness Catchment Areas
Increased social skills (e.g. sitting in circle, raising hand to ask questions, sharing and taking turns) (n=101)	44%
Increased knowledge of colors and shapes (n=96)	42%
Increased knowledge of numbers and counting (n=90)	40%
Increased knowledge of letters of the alphabet (n=88)	39%
Increased knowledge of basic concepts of books/reading (n=79)	35%

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

In addition, attendance at the Pre-K Academy does seem to have an impact when children are enrolled in kindergarten. *The kindergarteners who attended the Pre-K Academy were more likely to enroll during the months before kindergarten started than those who did not attend (81% versus 69%).* Although the differences were not found to be significant when statistically tested, this information is helpful in thinking about the possible impacts of a Pre-K Academy on the behavior of parents.

Findings related to the relationship between parents' engagement in school readiness activities, participation in the Pre-K Academy and MDRDP results are discussed in the next section.

IV. Key Findings Related to Parent School Readiness Activities, Participation in a Pre-Kindergarten Academy and MDRDP Results

LFA looked at key school readiness activities engaged in by parents as well as the child's participation in a Pre-K Academy and conducted statistical analysis to determine whether either of those could be correlated to differences in MDRDP results.

In general, children whose parents engaged in school readiness activities were more likely to have fully or almost mastered all items within each dimension of the MDRDP.

Unfortunately, very few of these findings neither are statistically significant nor showed large differences between the two groups, so we are unable to say definitively that the results can be attributed to parents' activities. This is in contrast to the 2004-2005 cohort where many of the activities parents conducted (including meeting with the principal and teacher prior to the start of kindergarten) were highly correlated with higher MDRDP results.

When looking at MDRDP results of kindergarteners who participated in a Pre-K Academy versus those who did not, **those who did participate were more likely to have fully or almost mastered all items of the 4 dimensions of the MDRDP.** The findings from these statistical tests were significant and show that participation in the Pre-K Academy has a positive impact on MDRDP results of the children who participate.

Exhibit 12		
Percentage of Children Who Fully or Almost Mastered All Items	First 5 Solano Catchment Areas 2005-2006 <i>With Pre K Academy</i>	First 5 Solano Catchment Areas 2005-2006 <i>Without Pre K Academy</i>
Cognition and General Knowledge	33%	32%
Emotional Well-Being	49%	38%
Approaches to Learning	53%	41%
Communication Skills	48%	38%

V. Implications and Recommendations

The findings presented in this report have several important implications for First 5 Solano.

- **Competencies among children in First 5 Solano School Readiness catchment areas appear to be improving over time.** The available evidence indicates that children entering kindergarten in 2005-06 are better prepared for school than their 2004-05 counterparts. While it is early to make definitive conclusions, it is reasonable to hypothesize that the impact of First 5 Solano School Readiness activities are beginning to manifest in competency results as measured by the MDRDP. These results are very encouraging and strongly support the continuation of school readiness activities.
- **The Pre-Kindergarten Academy helps to prepare children for entry into school.** Among the array of school readiness activities First 5 Solano supports, we are able to isolate the positive effects of the Pre-K Academy in particular. It would be wise for First 5 Solano to consider expanding support of the development of Pre-K programs to make them available at more schools for more children.
- **School readiness programs should continue to strengthen programming for parents.** As the programs grow and services for kindergarteners are put in place, the sites should continue to develop strong relationships with parents and improve services to support parents in their job of preparing their children for school.
- **As the school readiness programs continue on their developmental paths, the MDRDP results will continue to change.** MDRDP results for First 5 Solano School Readiness sites have increased this year as the programs have matured and refined their programming. First 5 Solano should continue to support the sites as they experience developmental changes (including changes in staffing, programming or funding) and expect that MDRDP results will be closely tied to such developmental changes.

IV. Appendix

- **Kindergartener and Parent Characteristics**
- **MDRDP Findings for Each First 5 Solano School Readiness Site**
- **MDRDP Child Survey**
- **Parent Survey**

Kindergartener and Parent Characteristics

Characteristics of Kindergarteners

Characteristic		First 5 Solano School Readiness Catchment Areas 05-06	First 5 Solano School Readiness Catchment Areas 04-05
Gender	Male	49.8%	43.6%
	Female	50.2%	56.4%
Ethnicity*	Mexican/Chicano/Hispanic Latino/South Amer./Central Amer.	73.1%	60.8%
	White or Caucasian	17.6%	18.2%
	Black or African American	11.8%	16.0%
	Filipino	2.9%	4.4%
	American Indian or Alaskan Native	2.0%	2.2%
	Other	1.6%	1.7%
	Native Hawaiian	1.2%	0.6%
	Japanese	0.8%	0.0%
	Vietnamese	0.8%	0.0%
	Chinese	0.4%	0.6%
	Korean	0.4%	0.0%
	Laotian	0.4%	NA
	Samoan	0.4%	0.0%
	Thai	0.4%	NA
Primary Language (or home language?)	Asian Indian	0.0%	0.0%
	Hmong	0.0%	0.0%
	English	52.7%	48.1%
	Spanish	65.7%	47.0%

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

Characteristics of Parents and Families

Characteristic		First 5 Solano School Readiness Catchment Areas 05-06	First 5 Solano School Readiness Catchment Areas 04-05
Level of Education (n=231)	Less than High School	26.0%	27.5%
	Finished High School	35.1%	27.5%
	More than High School	27.3%	31.1%
	Finished College	9.5%	11.4%
	More than College	2.2%	2.4%
Within the last 12 months, did you or anyone else in this child's household attend adult education classes, like ESL (English as a Second Language), GED, computer classes, or other classes offered to adults? (n=232)	Yes	20.3%	25.8%
	No	79.7%	74.2%
Do you have a library card? (n=232)	Yes	59.5%	64.1%
	No	40.5%	35.9%

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

Modified Desired Results Developmental Profile (MDRDP) Results: Anna Kyle Elementary

Anna Kyle			
Cognition and General Knowledge	Percent Fully Mastered or Almost Mastered		
	04-05	05-06	Statewide 04-05
Orders objects from smallest to largest (e.g., orders various circle sizes, nests cups, lines up from shortest to tallest)	47%	61%	56%
Understands that numbers represent quantity (e.g., can get three apples out of the box, asks for two more crackers, can put out one napkin for each child)	35%	61%	59%
Understands numbers and simple operations, and uses math manipulatives, games, toys, coins in daily activities (e.g., adding, subtracting)	17%	32%	40%
Understands that letters make up words (i.e., knows some of the letters in his or her name)	35%	54%	60%
Recognizes print in the environment (e.g., recognizes signs around the room as labels for "Puzzles," "Toys," or "Books")	35%	49%	54%
Makes three or more letter-sound correspondences (e.g., knows the letter "b" makes the "buhh" sound)	19%	51%	53%
Pretends to read books	41%	72%	64%
Engages in discussion about books (e.g., predicts events in a story, retells main events from a story in order)	28%	47%	49%
Draws a picture related to a story and talks about his or her drawing	43%	61%	56%
Uses pretend writing during play activities (e.g., scribbles lines and shapes)	38%	61%	54%
Writes three or more letters or numbers	57%	63%	69%
Uses pictures and letters to express thoughts and ideas	48%	57%	56%
Percentage of Children Who Fully or Almost Mastered All Items	9%	27%	25%

Anna Kyle			
Approaches to Learning	Percent Fully Mastered or Almost Mastered		
	04-05	05-06	Statewide 04-05
Observes and examines natural phenomena through senses (e.g., notices different types of bugs, asks why it rains.)	33%	49%	46%
Shows willingness to take risks in learning new skills (e.g., climbs jungle gym, tries to play a new musical instrument, tries out a new game)	57%	76%	59%
Stays with or repeats a task (e.g., finishes a puzzle, asks that block structure be left to work on after snack, makes a really long Play-Doh snake out of many pieces)	36%	61%	59%
Percentage of Children who Fully or Almost Mastered All Items	28%	45%	39%

Anna Kyle			
Emotional Well-Being	Percent Fully Mastered or Almost Mastered		
	04-05	05-06	Statewide 04-05
Seeks adult help when appropriate (e.g., asks adult for assistance to open bottle of paint)	60%	72%	66%
Seeks adult help after trying to resolve conflict or problem on his or her own (e.g., “Miss Lu, I asked Frederica not to play with the ball around our sand castle but she won’t stop.”)	47%	61%	55%
Negotiates with peers to resolve social conflicts with adult guidance (e.g., agrees to alternatives like sharing or taking turns)	41%	58%	53%
Expresses empathy or caring for others (e.g., consoles or comforts a friend who is crying)	47%	62%	58%
Participates in cooperative group efforts (e.g., group project or game, dramatic play, taking turns; organized play and games with specified or invented rules)	55%	72%	63%
Exhibits impulse control and self-regulating (e.g., uses appropriate words or sign language to show anger when a toy is taken by another child, waits for turn on playground equipment, shows some patience)	43%	70%	60%
Follows rules when participating in routine activities (e.g.; handles toys with care, joins group for snack or circle time, tolerates transitions)	57%	69%	67%
Comforts self and controls the expression of emotion with adult guidance (e.g.; can express anger or sadness without tantrums, fights, or physical conflicts)	55%	72%	66%
Understands and follows rules in different settings (e.g.; transitions between classroom, after-school program, and playgroup; lowers voice when enters library)	48%	70%	66%
Percentage of Children who Fully or Almost Mastered All Items	26%	49%	37%

Anna Kyle			
Communication Skills	Percent Fully Mastered or Almost Mastered		
	04-05	05-06	Statewide 04-05
Follows two-step requests that are sequential, but not necessarily related (e.g., “Please pick up the ball and then get your coat.”)	57%	71%	67%
Understands increasing number of specialized words (e.g., different types of dinosaurs, various ingredients in recipe)	35%	45%	48%
Understands complex, multi-step requests (e.g. “Put your jacket away, get any materials you need to finish what you started yesterday, and let me know if you need any help”)	38%	49%	51%
Engages in conversations that develop a thought or idea (e.g., tells about a past event, asks how something works)	35%	46%	49%
Participates in songs, rhymes, games, and stories that play with sounds of language (e.g., claps out sounds or rhythms of language; creates own rhyming words through songs, finger plays, chants)	36%	56%	57%
Tells about own experiences in a logical sequence (e.g., “After I get picked up, it’s usually dinner time. Then, I play, brush my teeth, and go to bed.”)	28%	44%	48%
Percentage of Children who Fully or Almost Mastered All Items	26%	39%	33%

Modified Desired Results Developmental Profile (MDRDP) Results: Markham Elementary

Markham			
Cognition and General Knowledge	Percent Fully Mastered or Almost Mastered		
	04-05	05-06	Statewide 04-05
Orders objects from smallest to largest (e.g., orders various circle sizes, nests cups, lines up from shortest to tallest)	56%	69%	56%
Understands that numbers represent quantity (e.g., can get three apples out of the box, asks for two more crackers, can put out one napkin for each child)	43%	68%	59%
Understands numbers and simple operations, and uses math manipulatives, games, toys, coins in daily activities (e.g., adding, subtracting)	33%	46%	40%
Understands that letters make up words (i.e., knows some of the letters in his or her name)	45%	61%	60%
Recognizes print in the environment (e.g., recognizes signs around the room as labels for "Puzzles," "Toys, " or "Books")	38%	55%	54%
Makes three or more letter-sound correspondences (e.g., knows the letter "b" makes the "buhh" sound)	46%	60%	53%
Pretends to read books	58%	65%	64%
Engages in discussion about books (e.g., predicts events in a story, retells main events from a story in order)	36%	59%	49%
Draws a picture related to a story and talks about his or her drawing	37%	69%	56%
Uses pretend writing during play activities (e.g., scribbles lines and shapes)	41%	56%	54%
Writes three or more letters or numbers	65%	74%	69%
Uses pictures and letters to express thoughts and ideas	47%	60%	56%
Percentage of Children Who Fully or Almost Mastered All Items	18%	24%	25%

Markham			
Approaches to Learning	Percent Fully Mastered or Almost Mastered		
	04-05	05-06	Statewide 04-05
Observes and examines natural phenomena through senses (e.g., notices different types of bugs, asks why it rains.)	34%	63%	46%
Shows willingness to take risks in learning new skills (e.g., climbs jungle gym, tries to play a new musical instrument, tries out a new game)	42%	62%	59%
Stays with or repeats a task (e.g., finishes a puzzle, asks that block structure be left to work on after snack, makes a really long Play-Doh snake out of many pieces)	51%	66%	59%
Percentage of Children who Fully or Almost Mastered All Items	22%	53%	39%

Markham			
Emotional Well-Being	Percent Fully Mastered or Almost Mastered		
	04-05	05-06	Statewide 04-05
Seeks adult help when appropriate (e.g., asks adult for assistance to open bottle of paint)	57%	69%	66%
Seeks adult help after trying to resolve conflict or problem on his or her own (e.g., "Miss Lu, I asked Frederica not to play with the ball around our sand castle but she won't stop.")	48%	62%	55%
Negotiates with peers to resolve social conflicts with adult guidance (e.g., agrees to alternatives like sharing or taking turns)	42%	55%	53%
Expresses empathy or caring for others (e.g., consoles or comforts a friend who is crying)	53%	63%	58%
Participates in cooperative group efforts (e.g., group project or game, dramatic play, taking turns; organized play and games with specified or invented rules)	59%	64%	63%
Exhibits impulse control and self-regulating (e.g., uses appropriate words or sign language to show anger when a toy is taken by another child, waits for turn on playground equipment, shows some patience)	63%	65%	60%
Follows rules when participating in routine activities (e.g.; handles toys with care, joins group for snack or circle time, tolerates transitions)	71%	67%	67%
Comforts self and controls the expression of emotion with adult guidance (e.g.; can express anger or sadness without tantrums, fights, or physical conflicts)	72%	74%	66%
Understands and follows rules in different settings (e.g.; transitions between classroom, after-school program, and playgroup; lowers voice when enters library)	68%	74%	66%
Percentage of Children who Fully or Almost Mastered All Items	24%	43%	37%

Communication Skills	Markham		
	Percent Fully Mastered or Almost Mastered		
	04-05	05-06	Statewide 04-05
Follows two-step requests that are sequential, but not necessarily related (e.g., "Please pick up the ball and then get your coat.")	63%	75%	67%
Understands increasing number of specialized words (e.g., different types of dinosaurs, various ingredients in recipe)	37%	55%	48%
Understands complex, multi-step requests (e.g. "Put your jacket away, get any materials you need to finish what you started yesterday, and let me know if you need any help")	36%	60%	51%
Engages in conversations that develop a thought or idea (e.g., tells about a past event, asks how something works)	38%	56%	49%
Participates in songs, rhymes, games, and stories that play with sounds of language (e.g., claps out sounds or rhythms of language; creates own rhyming words through songs, finger plays, chants)	47%	55%	57%
Tells about own experiences in a logical sequence (e.g., "After I get picked up, it's usually dinner time. Then, I play, brush my teeth, and go to bed.")	42%	54%	48%
Percentage of Children who Fully or Almost Mastered All Items	24%	41%	33%

Modified Desired Results Developmental Profile (MDRDP) Results: Loma Vista Elementary

Loma Vista			
Cognition and General Knowledge	Percent Fully Mastered or Almost Mastered		
	04-05	05-06	Statewide 04-05
Orders objects from smallest to largest (e.g., orders various circle sizes, nests cups, lines up from shortest to tallest)	45%	42%	56%
Understands that numbers represent quantity (e.g., can get three apples out of the box, asks for two more crackers, can put out one napkin for each child)	38%	40%	59%
Understands numbers and simple operations, and uses math manipulatives, games, toys, coins in daily activities (e.g., adding, subtracting)	40%	38%	40%
Understands that letters make up words (i.e., knows some of the letters in his or her name)	36%	44%	60%
Recognizes print in the environment (e.g., recognizes signs around the room as labels for "Puzzles," "Toys," or "Books")	40%	44%	54%
Makes three or more letter-sound correspondences (e.g., knows the letter "b" makes the "buhh" sound)	34%	46%	53%
Pretends to read books	49%	50%	64%
Engages in discussion about books (e.g., predicts events in a story, retells main events from a story in order)	62%	48%	49%
Draws a picture related to a story and talks about his or her drawing	53%	50%	56%
Uses pretend writing during play activities (e.g., scribbles lines and shapes)	51%	52%	54%
Writes three or more letters or numbers	49%	58%	69%
Uses pictures and letters to express thoughts and ideas	49%	52%	56%
Percentage of Children Who Fully or Almost Mastered All Items	26%	33%	25%

Loma Vista			
Approaches to Learning	Percent Fully Mastered or Almost Mastered		
	04-05	05-06	Statewide 04-05
Observes and examines natural phenomena through senses (e.g., notices different types of bugs, asks why it rains.)	53%	52%	46%
Shows willingness to take risks in learning new skills (e.g., climbs jungle gym, tries to play a new musical instrument, tries out a new game)	53%	54%	59%
Stays with or repeats a task (e.g., finishes a puzzle, asks that block structure be left to work on after snack, makes a really long Play-Doh snake out of many pieces)	57%	50%	59%
Percentage of Children who Fully or Almost Mastered All Items	49%	46%	39%

Loma Vista			
Emotional Well-Being	Percent Fully Mastered or Almost Mastered		
	04-05	05-06	Statewide 04-05
Seeks adult help when appropriate (e.g., asks adult for assistance to open bottle of paint)	49%	52%	66%
Seeks adult help after trying to resolve conflict or problem on his or her own (e.g., “Miss Lu, I asked Frederica not to play with the ball around our sand castle but she won’t stop.”)	45%	54%	55%
Negotiates with peers to resolve social conflicts with adult guidance (e.g., agrees to alternatives like sharing or taking turns)	34%	48%	53%
Expresses empathy or caring for others (e.g., consoles or comforts a friend who is crying)	43%	56%	58%
Participates in cooperative group efforts (e.g., group project or game, dramatic play, taking turns; organized play and games with specified or invented rules)	51%	56%	63%
Exhibits impulse control and self-regulating (e.g., uses appropriate words or sign language to show anger when a toy is taken by another child, waits for turn on playground equipment, shows some patience)	51%	54%	60%
Follows rules when participating in routine activities (e.g.; handles toys with care, joins group for snack or circle time, tolerates transitions)	62%	54%	67%
Comforts self and controls the expression of emotion with adult guidance (e.g.; can express anger or sadness without tantrums, fights, or physical conflicts)	60%	54%	66%
Understands and follows rules in different settings (e.g.; transitions between classroom, after-school program, and playgroup; lowers voice when enters library)	60%	54%	66%
Percentage of Children who Fully or Almost Mastered All Items	32%	43%	37%

Loma Vista			
Communication Skills	Percent Fully Mastered or Almost Mastered		
	04-05	05-06	Statewide 04-05
Follows two-step requests that are sequential, but not necessarily related (e.g., “Please pick up the ball and then get your coat.”)	66%	67%	67%
Understands increasing number of specialized words (e.g., different types of dinosaurs, various ingredients in recipe)	55%	58%	48%
Understands complex, multi-step requests (e.g. “Put your jacket away, get any materials you need to finish what you started yesterday, and let me know if you need any help”)	60%	60%	51%
Engages in conversations that develop a thought or idea (e.g., tells about a past event, asks how something works)	49%	58%	49%
Participates in songs, rhymes, games, and stories that play with sounds of language (e.g., claps out sounds or rhythms of language; creates own rhyming words through songs, finger plays, chants)	62%	60%	57%
Tells about own experiences in a logical sequence (e.g., “After I get picked up, it’s usually dinner time. Then, I play, brush my teeth, and go to bed.”)	51%	56%	48%
Percentage of Children who Fully or Almost Mastered All Items	43%	52%	33%

Modified Desired Results Developmental Profile (MDRDP) Results: Silveyville Primary

Cognition and General Knowledge	Silveyville		
	Percent Fully Mastered or Almost Mastered		
	04-05	05-06	Statewide 04-05
Orders objects from smallest to largest (e.g., orders various circle sizes, nests cups, lines up from shortest to tallest)	58%	51%	56%
Understands that numbers represent quantity (e.g., can get three apples out of the box, asks for two more crackers, can put out one napkin for each child)	52%	58%	59%
Understands numbers and simple operations, and uses math manipulatives, games, toys, coins in daily activities (e.g., adding, subtracting)	40%	50%	40%
Understands that letters make up words (i.e., knows some of the letters in his or her name)	83%	73%	60%
Recognizes print in the environment (e.g., recognizes signs around the room as labels for "Puzzles," "Toys," or "Books")	72%	70%	54%
Makes three or more letter-sound correspondences (e.g., knows the letter "b" makes the "buhh" sound)	67%	67%	53%
Pretends to read books	73%	74%	64%
Engages in discussion about books (e.g., predicts events in a story, retells main events from a story in order)	65%	60%	49%
Draws a picture related to a story and talks about his or her drawing	73%	68%	56%
Uses pretend writing during play activities (e.g., scribbles lines and shapes)	86%	74%	54%
Writes three or more letters or numbers	90%	70%	69%
Uses pictures and letters to express thoughts and ideas	86%	69%	56%
Percentage of Children Who Fully or Almost Mastered All Items	30%	43%	25%

Approaches to Learning	Silveyville		
	Percent Fully Mastered or Almost Mastered		
	04-05	05-06	Statewide 04-05
Observes and examines natural phenomena through senses (e.g., notices different types of bugs, asks why it rains.)	63%	50%	46%
Shows willingness to take risks in learning new skills (e.g., climbs jungle gym, tries to play a new musical instrument, tries out a new game)	60%	55%	59%
Stays with or repeats a task (e.g., finishes a puzzle, asks that block structure be left to work on after snack, makes a really long Play-Doh snake out of many pieces)	72%	64%	59%
Percentage of Children who Fully or Almost Mastered All Items	45%	42%	39%

Silveyville			
Emotional Well-Being	Percent Fully Mastered or Almost Mastered		
	04-05	05-06	Statewide 04-05
Seeks adult help when appropriate (e.g., asks adult for assistance to open bottle of paint)	63%	68%	66%
Seeks adult help after trying to resolve conflict or problem on his or her own (e.g., “Miss Lu, I asked Frederica not to play with the ball around our sand castle but she won’t stop.”)	54%	60%	55%
Negotiates with peers to resolve social conflicts with adult guidance (e.g., agrees to alternatives like sharing or taking turns)	54%	50%	53%
Expresses empathy or caring for others (e.g., consoles or comforts a friend who is crying)	80%	58%	58%
Participates in cooperative group efforts (e.g., group project or game, dramatic play, taking turns; organized play and games with specified or invented rules)	67%	60%	63%
Exhibits impulse control and self-regulating (e.g., uses appropriate words or sign language to show anger when a toy is taken by another child, waits for turn on playground equipment, shows some patience)	61%	64%	60%
Follows rules when participating in routine activities (e.g.; handles toys with care, joins group for snack or circle time, tolerates transitions)	78%	72%	67%
Comforts self and controls the expression of emotion with adult guidance (e.g.; can express anger or sadness without tantrums, fights, or physical conflicts)	87%	62%	66%
Understands and follows rules in different settings (e.g.; transitions between classroom, after-school program, and playgroup; lowers voice when enters library)	74%	69%	66%
Percentage of Children who Fully or Almost Mastered All Items	44%	38%	37%

Communication Skills	Silveyville		
	Percent Fully Mastered or Almost Mastered		
	04-05	05-06	Statewide 04-05
Follows two-step requests that are sequential, but not necessarily related (e.g., “Please pick up the ball and then get your coat.”)	67%	66%	67%
Understands increasing number of specialized words (e.g., different types of dinosaurs, various ingredients in recipe)	41%	51%	48%
Understands complex, multi-step requests (e.g. “Put your jacket away, get any materials you need to finish what you started yesterday, and let me know if you need any help”)	41%	49%	51%
Engages in conversations that develop a thought or idea (e.g., tells about a past event, asks how something works)	71%	55%	49%
Participates in songs, rhymes, games, and stories that play with sounds of language (e.g., claps out sounds or rhythms of language; creates own rhyming words through songs, finger plays, chants)	61%	50%	57%
Tells about own experiences in a logical sequence (e.g., “After I get picked up, it’s usually dinner time. Then, I play, brush my teeth, and go to bed.”)	51%	46%	48%
Percentage of Children who Fully or Almost Mastered All Items	32%	41%	33%

Appendix C:
Data Sources for this Report

Data Sources for this Report

The LFA team integrated information from the following data sources for this report:

- **First 5 Solano Annual Reports to First 5 California.** We reviewed and used information First 5 Solano submitted in the fiscal year 2005-06 Annual Report to First 5 California.
- **First 5 Solano “CBO Survey”.** LFA administered a survey to all First 5 Solano grantees funded in the 2005-06 fiscal year. Grantees completed the survey at the end of the funding cycle and provided information about who they served and changes in their service delivery to improve the system of care in Solano County.
- **Grantee Progress Reports.** We reviewed progress reports submitted by grantees to First 5 Solano for information on key accomplishments and challenges grantees experienced. This information largely informed the preparation of the grantee chapters.
- **Custom Grantee Outcome Reports.** LFA worked with grantees to develop a few (one to three) custom outcomes for their funded programs. Grantees provided LFA with results for these outcomes, which are included here.
- **Persimmon Data.** We referenced Persimmon reports and data to summarize grantees' accomplishment of objectives related to service targets.
- **Provider Key Informant Interviews.** We conducted key informant interviews with service providers involved in the Prenatal Care Collaborative Initiative, School Readiness Initiative, Integrated Family Support Initiative, Early Childhood Mental Health Initiative, and Health Access/Children's Health Initiative.
- **Service Participant Focus Groups.** LFA convened focus groups with participants in the Prenatal Care Collaborative Initiative to hear directly from participants the benefits of participating in these funded programs.
- **Secondary Data Sources.** Our analysis of lead indicators draws on secondary data sources such as the Children's Health Information Survey (CHIS) and the California County Data Book.

Acknowledgments: FY 05-06 Evaluation Report

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Commissioners

Stephan Betz	Sheryl Fairchild
Debbee Gossell	Barbara Kondylis
Jan Maguire	Elaine Norinsky, Ed.D.
Norma Thigpen	Maureen McSweeney
	Sharon Tucker, Ph.D.

Grantee Partners (FY 05-06)

Community-Based Organizations/Agencies

Solano Health and Social Services
California Hispanic Commission/Latino Family Services
Children's Network of Solano County
Children's Nurturing Project
Child Start, Inc.
Everlasting Hope Ministries
Families First, Inc.
North Bay Medical Center
Partnership Health Plan
Planned Parenthood: Shasta-Diablo
Solano Coalition for Better Health
Youth and Family Services

School Districts/Schools

Dixon USD: Silveyville Elementary School
Fairfield-Suisun USD: Anna Kyle Elementary
Vacaville USD: Markham Elementary
Vallejo City USD: Loma Vista Elementary

Family Resource Centers

City of Benicia/Police Department--Benicia FRC
Dixon Family Services/Dixon FRC
Fairfield-Suisun USD: Fairfield and Suisun FRCs
Fighting Back Partnership: Loma Vista & Sereno Village FRCs
Rio Vista Care: Rio Vista FRC
City of Vacaville/Police Department—Vacaville FRC
Child Haven, Inc.
Interfaith Council of Solano County/Heather House

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Vision

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

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 teamwork 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.



CHILDREN ARE OUR BOTTOM LINE