

FY2006/07

EVALUATION REPORT



Children Are Our Bottom Line

PREPARED BY LFA GROUP



Acknowledgments

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FY2006/07 Funded Partners

Community-Based Organization Grantees

Solano County Health and Social Services
Black Infant Health
California Hispanic Commission
Children's Network of Solano County
Children's Nurturing Project
Child Start, Inc.
Everlasting Hope Ministries
FamiliesFirst, Inc.
North Bay Medical Center
Partnership Health Plan
Planned Parenthood
Solano Coalition for Better Health
Youth and Family Services

School District/School Grantees

Dixon USD: Silveyville Elementary
Fairfield-Suisun USD: Anna Kyle Elementary
Vacaville USD: Markham Elementary
Vallejo City USD: Loma Vista Elementary

Family Resource Center Grantees

City of Benicia/Police Department: Benicia FRC
Dixon Family Services: Dixon FRC
Fairfield-Suisun USD: Fairfield and Suisun FRCs
Fighting Back Partnership: N. Vallejo/Sereno Village FRCs
Rio Vista CARE, Inc.: Rio Vista FRC
City of Vacaville/Police Department: Vacaville FRC
Child Haven, Inc.
Interfaith Council of Solano County: Heather House

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Acknowledgements

Executive Summary

The First 5 Solano FY2007/08 Evaluation Report, covering the period July 2006 to June 2007, comprises an informational and analytic review of a year of continued focus on program improvement and alignment with the directions outlined in the 2004 First 5 Solano Children and Families Commission Strategic Plan.

FY2006/07, the second year of a two-year funding cycle, was also a year of evolution from a program-based orientation to an initiative-based orientation as the 2007 Strategic Plan update was developed. During FY2006/07, funded programs for school readiness, prenatal services, family support, quality child care, children's health and early childhood mental health all made progress in strengthening partnerships within and among their collaboratives, in some cases expanding membership in and across collaboratives to address service gaps.

During FY2006/07, First 5 Solano achieved many significant programmatic and system improvement outcomes:

- First 5 Solano's Leveraged Funds Report, issued in January 2008, documented an additional \$3,553,711 in additional, or leveraged, dollars accessed at least in part because of First 5 funding in the fiscal year.
- The number of teen preterm births in BabyFirst Solano (5%) was lower than the Healthy People 2010 goal (8%) and lower than California's current rate (12%).
- Children who received mental health services via the Early Childhood Mental Health Initiative were progressing in their development and functioning, and parents receiving specialized services were increasing their parenting skills and overall family functioning.
- Every child at the four First 5 Solano School Readiness sites had health insurance, and 100% of students at a total of 41 schools in Solano County were insured as a result of the Solano Kids Insurance Program.
- Entering Kindergarteners at the four School Readiness sites showed improvements in their competencies in the domains of emotional well-being, approaches to learning and communication skills.
- An additional 428 child care spaces in Solano County were either under potential development through, or being developed with the participation of, the Constructing Connections project.
- 98% of the children intensively served in the Integrated Family Support Initiative remained with their families and out of the foster care system.

Based on results from the 2007 survey of First 5 Solano grantee partners, First 5 Solano is seen as a key partner in improving and enhancing systems of care for children 0-5 and their families. This focus on systems, coupled with First 5 Solano's increasingly sophisticated use of evaluation as part of the day-to-day business of the Commission, is aligned with a possible future policy-focused path for the Commission, as suggested below following the evaluation team's recommendations.

In conducting the extensive synthesis of data for this report, the evaluation team identified two overarching recommendations for consideration and discussion with First 5 Solano Commissioners, staff, and grantees.

- 1. Evaluation for learning:** Work together to determine the optimum ways to achieve program effectiveness in an environment of community need that may exceed available resources. Conduct additional training on the difference and role of process measures and outcome/effectiveness measures in program design and goal-setting. Involve Commissioners as policy leaders in a larger, community-wide dialogue about addressing wider community needs.
- 2. Evaluation data accessibility and quality:** Within the constraints of the state reporting requirements, and in the context of California's current fiscal crisis and the critical need to adequately articulate the benefits and value of First 5 funding, seek ways to ensure that data is readily available, of high-quality and as easy as possible to collect, report and retrieve.

There have been significant changes in the Commission's status since FY2006/07. The 2007 Strategic Plan Update, approved in December 2006, moved the Commission forward in its evolution from *program-focused* to *initiative-focused* in its strategic direction.

FY2007/08 represents the first year of the Commission's sustainable funding level as outlined in the First 5 Solano Long-Term Financial Plan. The FY2007/2012 Program Investment Plan marks a new phase of long-term funding which indicates an increased commitment by the Commission to support the capacity and effectiveness of grantee partner organizations. This significant commitment is motivated by the Commission's dedication to high quality service provision, ongoing service integration, and improvements in collaborative efforts to promote the health and development of Solano County's youngest residents.

Chapter 1: Overview and Key Accomplishments

Commission Context

Strategic Plan Priorities

In FY2006/07, First 5 Solano was in the second year of a two-year funding cycle, based on its last Strategic Plan Update in 2004. The 2004 Strategic Plan was designed to promote system-level improvements for all children aged prenatal to 5 while addressing some of the most pressing and urgent family issues in Solano County:

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

The 2004 Strategic Plan was organized via a framework designed to incorporate these community needs into three **Priority** areas, each with its own set of **Goals** to be addressed through a variety of programs, services and activities. These programs were then clustered into six “initiative” areas. Funded programs then linked their individual program goals to the Strategic Plan by contributing to one or more specific **Results** areas within each Goal. The entire Strategic Plan Framework is supported within the overarching goal of strengthening the early childhood services **system**.

At its annual retreat in October 2005, the Commission reviewed the most current available data against its Strategic Plan to ensure that existing grants were aligned with its strategic plan priorities. Existing grants for FY2006/07 ranged across the First 5 Solano 2004 Strategic Plan Priorities and Goals as follows:

- **Priority 1: Health and Well-Being:**
 - Goal 1: *All Children are Born to their Optimal Health Potential*
 - Prenatal Services/BabyFirst Solano
 - Goal 2: *All Children have Access to Health Care*
 - Children’s Health Initiative
 - Goal 3: *All Children Maintain Optimal Health*
 - Early Childhood Mental Health Services
- **Priority 2: Early Childhood Learning and Development:**
 - Goal 5: *All Children Receive High Quality Child Care*
 - CARES; Child Start/Head Start; Constructing Connections
 - Goal 6: *All Children Enter Kindergarten Ready to Learn*
 - School Readiness
- **Priority 3: Parent Education and Family Support:**
 - Goals 7 and 8: *All families have Access to Support Systems and Community Services and All Parents Support their Children’s Development*
 - Integrated Family Support Initiative/Family Resource Center services

In addition to grant-funded programs and services, there were several Commission-run programs or activities that linked to the Priorities and Goals, including:

- Kit for New Parents Program;
- Co-Sponsorship of Training and Conferences/Grantwriting Fund;
- Preschool for All Advisory Group;
- Quarterly Grantee Training and Technical Assistance meetings;
- Annual scholarship for a local Executive Director to attend the Stanford University Executive Program for Nonprofit Leaders;
- Coordination of April Children's Month activities in Solano County.

The Commission's overarching goal of system change was addressed in a myriad of ways, including support of collaboratives (BabyFirst Collaborative, Countywide Preschool for All Collaborative, Family Resource Center and School Readiness Networks, Integrated Family Support Initiative Collaborative) and by participation in many local planning, advisory and governance entities (Solano Children's Alliance, Child Care Local Planning Council, Family Child Care Association and others).

2007 Strategic Plan Update

During FY2006/07, First 5 Solano undertook an extensive outreach and information-gathering process to update its strategic plan. Demographic data were combined with direct input from 29 community organizations and parent/caregiver groups¹ to form the basis for First 5 Solano's updated strategic priorities as well as its investment approach. This process culminated in the adoption of the 2007 Strategic Plan Update in December 2006 for implementation in July 2007.

Commission Structure

With the addition of the Community Engagement Committee in FY2006/07, the Commission's committee structure is currently comprised of three committees that assist with the implementation and execution of the Commission's strategic plan.

- **Internal System Committee** – Focuses on First 5 Solano's internal systems by providing guidance to the Executive Director, regularly reviewing budget and staffing updates, recommending operational and policy changes as needed, and participating in the evaluation of the Executive Director in conjunction with the CAO. Additionally, the committee authorizes awards from the Co-Sponsorship of Training & Events/Grantwriting Fund, reviews the Long-Term Financial Plan as needed, oversees the development of Financial Planning Workshops, and oversees the Strategic Planning and Strategic Plan Update process.
- **Program Committee** –Receives updates on First 5-funded programs and services and recommends changes to grant-funded services and other programmatic changes as appropriate; oversees evaluation activities and reports; tracks service and data trends, best practices and innovative programs. The Committee also keeps informed of major program, service and funding developments affecting the work of the Commission at the county, state and national levels and serves as a forum for program-related issues.

¹ Three themes emerged from the 15 parent/caregiver and 14 community organization focus groups conducted in 2006: integrated services (such as Family Resource Centers); transportation; and child well-being (access to medical care and affordability/availability of child care).

- **Community Engagement Committee** – Oversees the implementation and update of the First 5 Solano Communications Plan, as well as community engagement activities for the First 5 Solano Strategic Plan. The Community Engagement Committee works to increase Commissioner involvement in community, parent, and policy groups, as well as expand substantive community involvement in the Commission’s decision-making process.

Within its adopted priorities (Health and Well-Being, Early Childhood Learning and Development, and Family Support and Parent Education), the Commission set forth an investment approach based on the concepts of “*intentionality*” and “*fit*”².

First 5 Solano adopted a five-year program investment plan along with its 2007 Strategic Plan Update to fully implement its Long-Term Financial Plan (approved in 2004). This three-point system (Strategic Plan, Long-Term Financial Plan and Program Investment Plan) articulated the First 5 Solano overarching goal of system change by establishing funding linkages not only directly *to*, but also *across*, strategic plan priorities and goals. Principles for funding included an emphasis on collaboration and the ability to leverage Commission funds to expand and strengthen the early childhood system as a whole.

Accountability and System Support

The First 5 Solano Commission demonstrated its commitment to accountability and program/system improvement through a variety of activities in FY2006/07:

- Issuing the first annual (2007) First 5 Solano Evaluation Report, which analyzed programs, services, initiatives and grantees in much greater depth than previous Annual Reports;
- Presenting the 2007 Kindergarten Readiness Assessment Report, documenting the competencies of entering Kindergarteners in the 4 School Readiness sites and recommending program improvements for the School Readiness Initiative;
- Contributing funding for the 2007 Solano Children’s Report Card Update, to ensure current data for the community as well as for its own next strategic plan update;
- Hosting the first-ever “Results Fair” and publication of the Community Impact Report, utilizing compelling data to document each First 5-funded grantee organization’s contribution to improvements for Solano County’s young children, providers and families;
- Publishing the first-ever “Leveraged Funds Report”, documenting funds leveraged into Solano County for children 0-5 that were generated in whole or in part by First 5 Solano funding;
- Participating in the statewide First 5 Association/California Endowment Early Childhood Mental Health Strategic Planning Process;
- Participating as panelists and presenters at the 2007 First 5 California Conference (Commissioner Gossell, BabyFirst Solano, and the Children’s Network);
- Executive Director selected as a delegate to the national Summit on America’s Children;
- Co-hosting Solano Disparities Conference;

² “Intentionality” refers to an initiative-based strategy, whereby clusters of grants are supported both individually and as collaboratives to build system capacity and reduce duplication and service gaps. “Fit” refers to soliciting services that support and build on each other on three levels--in “clusters” or initiatives; across the Commission’s overall priorities in its strategic framework and portfolio of investments; and as part of the overall early childhood service system in Solano County.

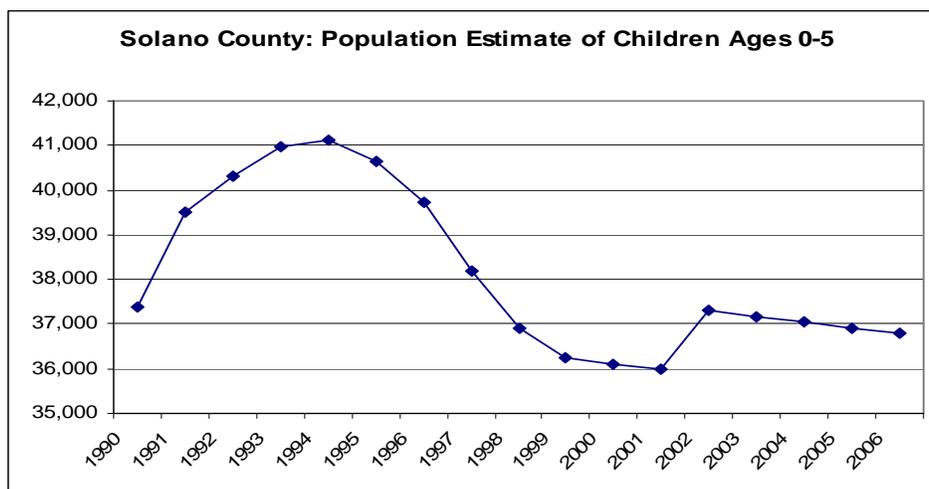
- First 5 Staff participating in professional development and regional/statewide system-change efforts (Christina Arrostuto--statewide Evaluation Work Group (which created new statewide Annual Report requirements implemented in FY2006/07); Chris Shipman--2-year Women's Health Leadership Program; Michele Harris—UC Berkeley Strategic Management of Public Organizations Executive Seminar, presenter at First 5 Staff Training Summit; Venis Jones Boyd—Leadership Vacaville; Lynn Guest-- Solano County Leadership Academy, UC Davis Child Abuse and Neglect Conference.

In addition, First 5 Solano's ad hoc Community Engagement Committee became a standing Committee in FY2006/07 to implement the Commission's Communications Plan. This plan, adopted in 2005, set forth the priorities of increased Commissioner involvement in the community as well as increased efforts to leverage the Commission's policy-level influence to address complex, intractable problems (such as transportation) that are beyond the purview of a single entity to resolve.

Community Context

A review of the demographics for FY2006/07 showed little change since the data gathered for the FY2005/06 Annual Report to First 5 California. Solano County continued to grow at a pace greater than that of most other San Francisco Bay Area Counties. Ethnic minorities continued to comprise 61% of Solano's children under age 5 compared to 52% of the overall population in the county. While median monthly rental costs exceeded statewide averages (\$997 compared to \$905, respectively), Solano's median annual incomes were almost one-third less than in the Greater San Francisco Bay Area (\$25,930 compared to \$35,946, respectively). A total of 18,985 children under age 5 had parents in the labor force (including 62% of mothers of children ages birth to 5). Solano continued to experience geographic challenges, with outlying, underserved populations and a lack of transportation to access services across the County. Exhibit 1-1 below depicts the 16-year trend in the population of children 0-5 in Solano County.¹

Exhibit 1-1



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.

More than one-quarter (29%) of the County's families speak a language other than English (primarily Spanish) 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 four 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 FY2005/06³.

Below is a summary of First 5 Solano's Strategic Plan Priorities, Goals, Results, and Community-Level Indicators for FY2006/07. Please refer to the Appendix for a review and synthesis of available data for First 5 Solano's community-level indicators and citations for data referenced in this Chapter.

³ 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: 2006/07

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

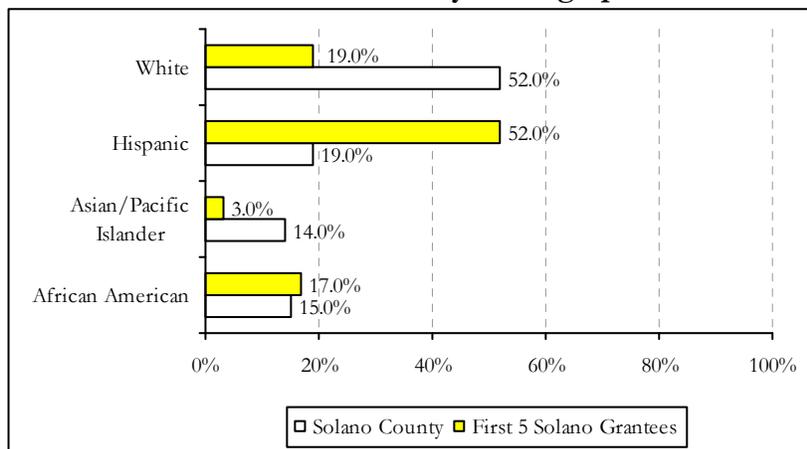
G8. All parents support their child's development

- 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 FY2006/07, First 5 Solano-funded programs served a total of **9,103 unduplicated parents/caregivers** with children ages 0-5 and **9,718 unduplicated children ages 0-5**.⁴ 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 FY2006/07 Parent/Caregivers Served By First 5 Solano to Overall Solano County Demographics



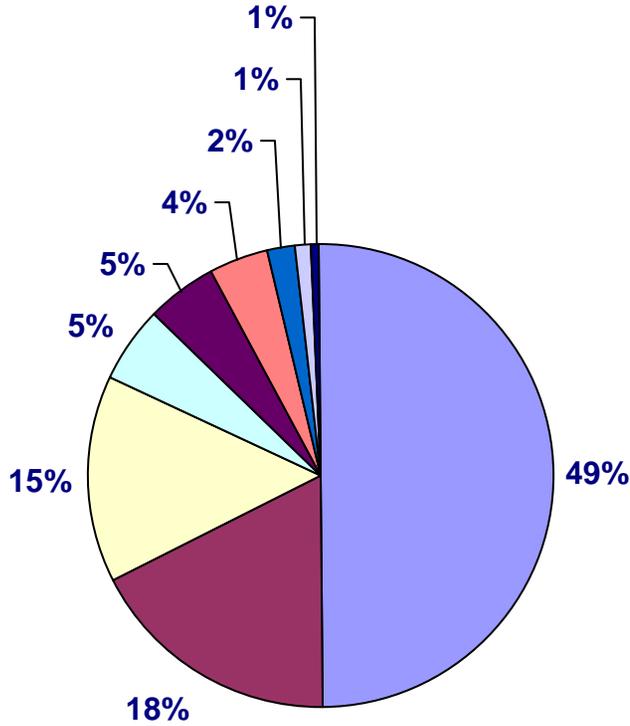
Sources: 1) Census 2000 SF1, SF3, DP1-DP4, American Community Survey 2002 Summary Tables, 2) Persimmony

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 parents/ caregivers 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.

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

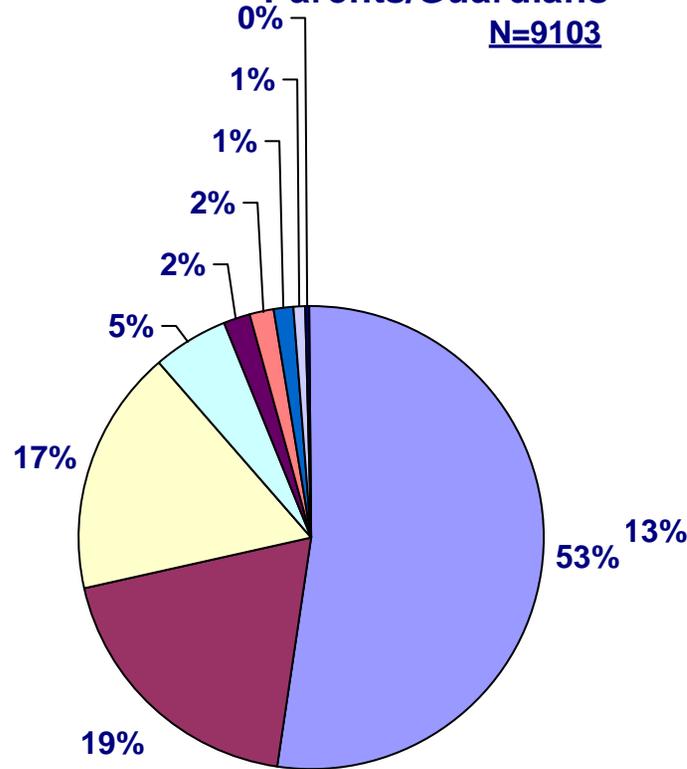
⁴ Totals based on unduplicated counts of families and children served within funded programs but duplicated across funded programs. In other words, one family could be served by multiple programs in the same fiscal year. In previous years, under guidance from First 5 California, First 5 Solano grantees reported **duplicated** service counts. Starting in FY2007/07, First 5 California changed their request for how counties track service data to count **unduplicated** numbers of individuals served. As a result, the total numbers of parents/caregivers and children served reported in this FY2006/07 report are significantly lower than the total numbers reported in the FY2005/06 evaluation report.

Children 0-5
N=9718



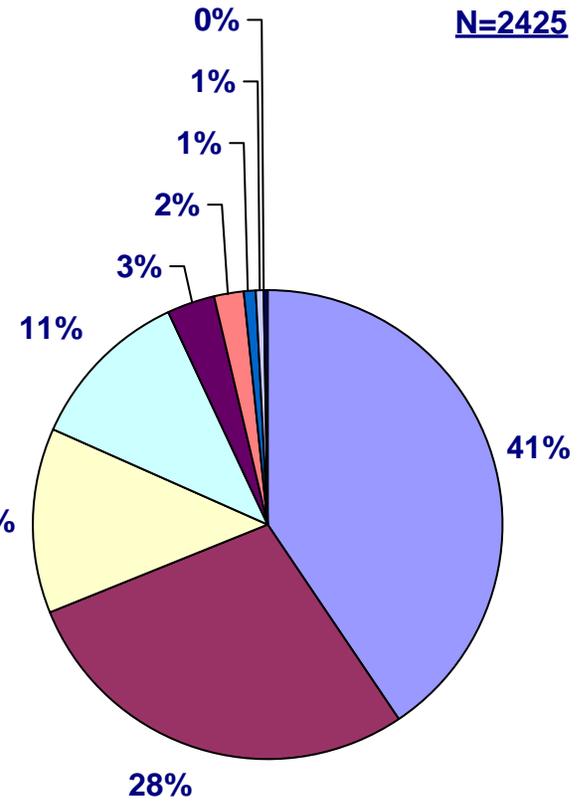
- Hispanic/Latino
- Black/African American
- White
- Unknown/not applicable
- Other

Parents/Guardians
N=9103

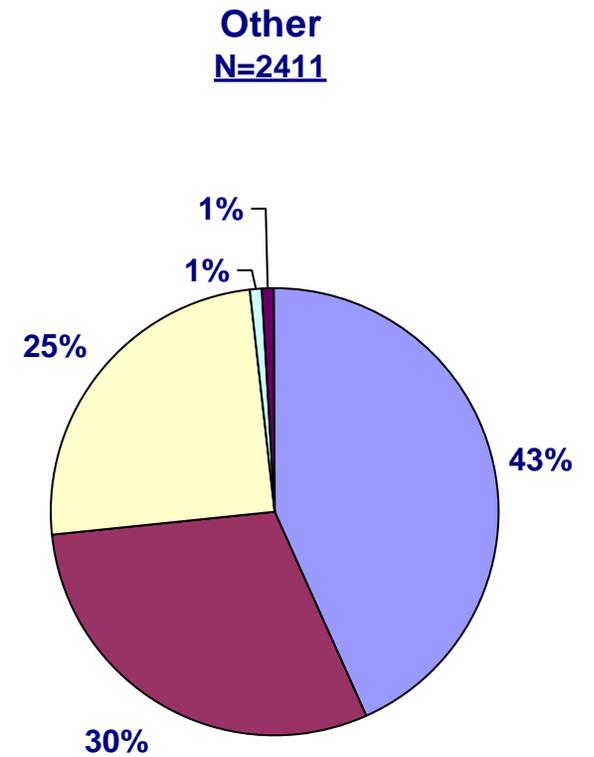
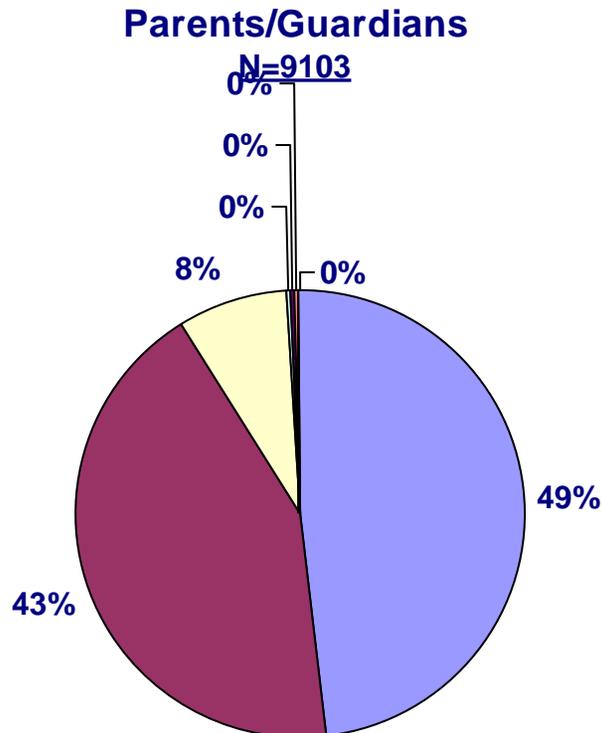
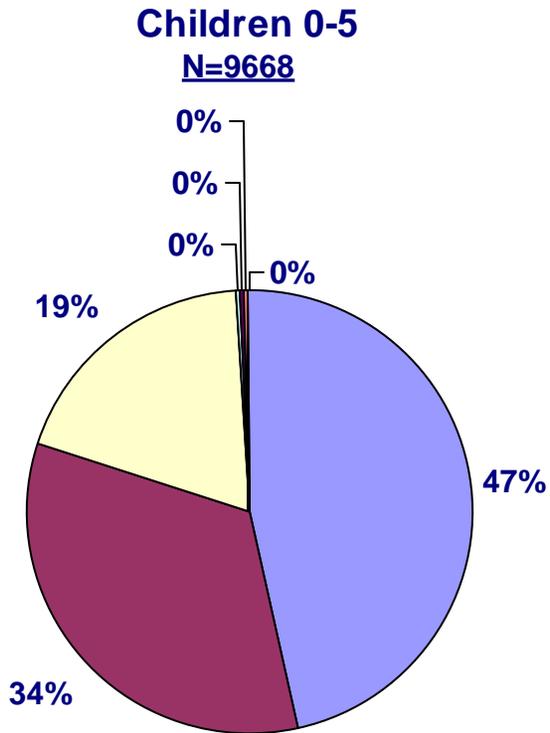


- Hispanic/Latino
- White
- Black/African American
- Unknown/not applicable
- Multiracial

Other
N=2425



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

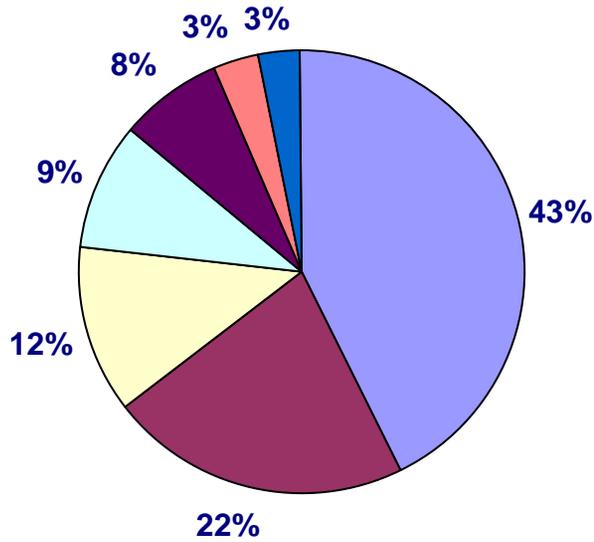


- English
- Spanish
- Unknown/not applicable
- Other
- Russian
- Korean
- Tagalog

- English
- Spanish
- Unknown/not applicable
- Russian
- Other
- Tagalog
- Korean

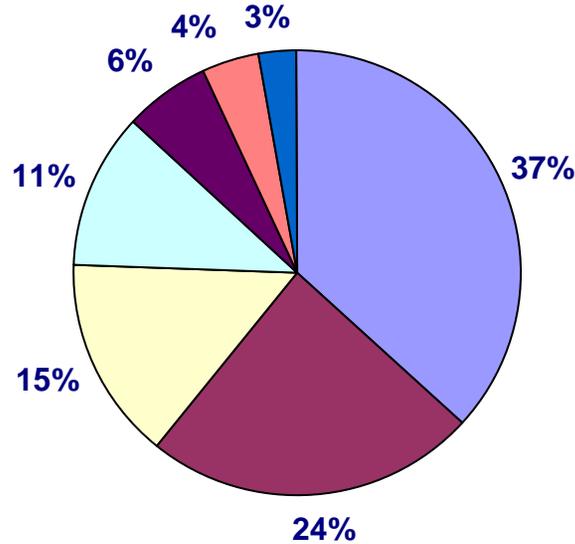
- Unknown/not applicable
- Spanish
- English
- Other
- Tagalog

Children 0-5
N=7315



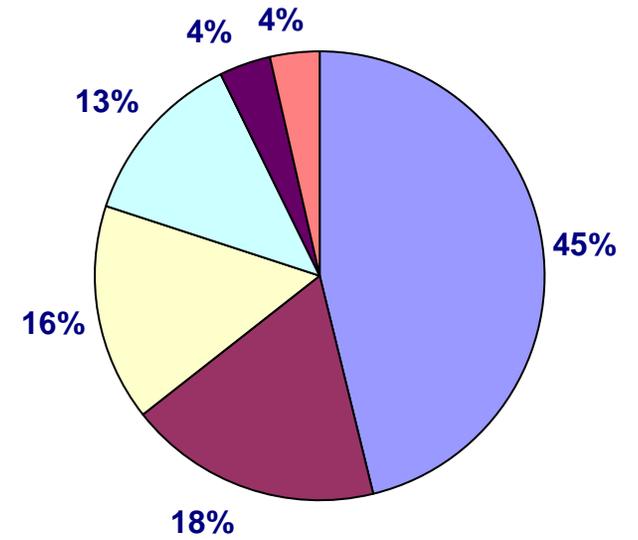
- Case Management
- Other
- Direct Services
- Home Visit
- In-person consultation/service
- Public/community event
- Class/workshop

Parents/Guardians
N=6505



- Case Management
- Other
- Direct Services
- Home Visit
- In-person consultation/service
- Class/workshop
- Public/community event

Other
N=2190



- Case Management
- Other
- Home Visit
- Direct Services
- Public/community event
- Class/workshop

Overview: First 5 Solano Key Funding Areas and Accomplishments in FY2006/07

In FY2006/07 First 5 Solano Children and Families Commission continued its funding in key priority areas, and achieved a number of important accomplishments in the areas of program and service outcomes, strategic and financial planning, evaluation and training. This impressive set of achievements demonstrates 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

- **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.
- **Regional Children's Health Initiative (CHI)** – CHI continued to pursue its goal of health insurance coverage and portability for all children in Solano, Napa, Sonoma and Yolo Counties.
- **Early Childhood Mental Health Services Initiative** – featured an expansion of EPSDT (Early Periodic Screening, Diagnosis, and Treatment), increased developmental screenings and assessments and other early development support such as substance-abuse related Parent Education.
- **Quality Child Care Initiative** – featured full-day, full-year augmentation to Head Start slots, CARES program quality workforce development support and expansion of preschool facilities system capacity efforts through the Constructing Connections program.
- **School Readiness Initiative** – continued its services and activities to families of young children in four school/community catchment areas representing some of the lowest-income families and lowest-performing schools in the county.
- **Integrated Family Support Initiative (IFSI)** – IFSI continued throughout FY2006/07, with support for services, 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 Substance Abuse Specialist).
- **Official Formation of the Community Engagement Committee** – the Community Engagement Committee formalized as a standing Committee in March 2006 to implement First 5 Solano's Communication Plan.
- **2007 Solano Children's Report Card Update** – First 5 Solano contributed funding for the 2007 Solano Children's Report Card Update, to ensure current data for the community as well as for its own next strategic plan update.
- **Early Childhood Mental Health Collaborative** – in Spring 2007, the First 5 Solano Commission approved support for a two-year, Countywide strategic planning and implementation process in the area of Early Childhood Mental Health. This historic undertaking was promoted to formalize the informal network that had developed to address system-level issues, and build on the substantive progress by a number of agencies and partners in the area over the past few years.

Strategic and Financial Planning

- **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.”
- **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 FY2005/06. A similar report for FY 2006/07, issued in December 2007, identifies that First 5 Solano-funded grantees reported \$3,553,711 in additional, or leveraged, dollars accessed at least in part because of First 5 funding in FY2006/07.
- **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.
- **FY2007-2012 Funding Cycle Implementation** – In early 2007 the First 5 Commission issued 5 solicitations for services (Requests for Proposals and Requests for Qualifications) to implement the five-year funding cycle supported by the 2007 Strategic Plan Update and FY2007/2012 Program Investment Plan. The solicitation process featured electronic forms and expansion of the Logic Model Scope of Work/Evaluation Plan to all applicants for services. Grants for services were awarded in April 2007 and Contracts for services were in place by June 2007 for July 1, 2007 Funding Cycle launch. In addition, several Contracts for existing services were renewed or extended as appropriate.

Evaluation

First 5 Solano and its local evaluator engaged in a wide variety of evaluation activities in FY 2006-07, including:

- **Results Fair.** In October 2006, First 5 Solano hosted its first-ever “Results Fair” to share and celebrate the accomplishments of Commission-funded programs and initiatives. Service providers, community members, Commissioners, staff, and the media attended the event, which was held in a local community center. Commissioners recognized grantees with certificates of appreciation and a copy of the book *Trying Hard Isn’t Good Enough* by Mark Friedman.
- **Community Impact Report.** Developed to document the outcomes presented at the Results Fair, this Report utilized data and a consistent format to provide a cogent and concise overview and progress report for each funded program and initiative.
- **Commission Retreat.** Also held in October 2006, the Commission met for its annual retreat during which it reviewed and discussed evaluation results for the prior fiscal year.

- **Evaluation Framework Review During Strategic Plan Update.** From September 2006 to January 2007, the Commission engaged in a significant Strategic Plan update process, during which it reviewed and updated the evaluation framework in alignment with the Strategic Plan revisions.
- **FY 2005-06 Comprehensive Evaluation Report.** In January 2007, the Commission received a comprehensive evaluation report for FY 2005-06, including process measures (characteristics of client served, challenges encountered, lessons learned, etc.) and outcomes data (change experienced among children families, providers, systems, etc.) for all funded programs and initiatives.
- **FY 2006-07 Interim Evaluation Report.** In February 2007, staff prepared a six-month interim evaluation report on progress towards target objectives for FY 2006-07 for all funded programs and initiatives.
- **FY 2005-06 Kindergarten Readiness Assessment (KRA).** In June 2006, the Commission received a report on the FY 2005-06 KRA which is conducted at all First 5 Solano School Readiness sites. The report includes trend data over time, as the KRA has been conducted each year in all 4 sites since FY 2003-04.
- **2006 Family Survey Report.** In April 2007, the Commission received its first-ever Family Survey Report, providing information on indicators related to child and family health, knowledge of child development, and connection to community resources.
- **Evaluation-Related Presentations at Grantee Meetings.** These included the July 2006 Evaluation Report presentation and a Results Accountability presentation by Applied Survey Research.
- **Expanded Evaluation Contract.** As First 5 Solano's contract with an independent countywide evaluator was slated to end in June 2007, the Commission and staff engaged in an in-depth planning process to assess the effectiveness of existing evaluation processes and identify future evaluation needs. The Commission released an RFP for evaluation services in March 2007, and through the competitive bid process chose to continue to work with LaFrance Associates, LLC (LFA) for the three-year period July 31, 2007 to June 30, 2010. The new Evaluation Contract featured more in-depth analyses of programs, initiatives and systems and specified design and production of more "user-friendly" versions of evaluation materials.
- **Ongoing Technical Assistance and Management of Evaluation Processes and Systems.** First 5 Solano staff and LFA evaluation team provided ongoing technical assistance to grantees and initiative partners to maintain and manage the evaluation processes in place to measure progress towards target objectives.

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: scholarship registrations to Rep. Ellen Tauscher's 2nd Congressional Grants Conference, Infant Massage training, Solano County Licensed Family Child Care Association NAFCC Accreditation Program, Putting the Pieces Together for Children and Families Conference and Disparities Conference/Partnership Health Plan; and Conference support for 20th Annual ECE Conference at Solano College, Healthy Kids Solano (SCBH), African American Breastfeeding Peer Counselors Training, African American Community Baby Shower, LIFT3 Support Group Community Leaders Training on Social Issues and Regional Children of Incarcerated Parents Conference.

- **Solano Preschool for All Plan.** First 5 Solano continued to support the implementation of the Preschool for All Plan by convening the Preschool for All Advisory Group. This group prioritized its activities and began work in three areas: supporting increased (quality) preschool slots; expanding awareness and understanding about the importance of quality early learning; and expanding the quality and size of the preschool workforce. Advisory Group members played a significant role in local success in a statewide, competitive process for expanded preschool funding. Vacaville Unified School District and Dixon Unified School District were awarded over \$596,820 representing over 100 new preschool slots. This represented the first time in recent memory that Solano County was awarded more than its allocation in this process.

Overview: Grantee Partner Key Accomplishments

First 5 Solano's grantee partners accomplished measurable improvements across 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. First 5 Solano's FY2006/07 vignettes follow the grantee partner key accomplishments summary table.

Grantee/Initiative	Accomplishment Highlights
PRIORITY 1: Health and Well-Being	
<p>Prenatal Care Collaborative Initiative – “BabyFirst Solano” <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 implemented Prenatal II, the Substance Abuse Initiative and expanding its reach throughout the county via partnerships with clinics, hospitals and other ✓ 94% of pregnant African American women began prenatal care in the first or second trimester ✓ 96% of pregnant teens began prenatal care in the first or second trimester ✓ The African-American Initiative and Teen Initiatives combined provided services to 358 individual parents with children 0-5.
<p>California Hispanic Commission – It’s About My Baby: <i>Prenatal support services for teens located in northern Solano County.</i></p>	<ul style="list-style-type: none"> ✓ 133 (Target 30) clients increased their knowledge of healthy pregnancies and their own bodies and health as well as infant care ✓ 53 (Target 30) babies born to mothers in the program have a medical home ✓ 125 (Target 30) clients receiving case management attended at least 75% of their prenatal appointments
<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"> ✓ 78 (Target 30) clients increased their knowledge of healthy pregnancies ✓ 53 (Target 30) women demonstrated increased knowledge of infant care ✓ 71 (Target 30) clients receiving case management attended at least 75% of their prenatal appointments
<p>African American Prenatal Initiative- Solano County Health and Social Services and Black Infant Health: <i>Provide prenatal support services countywide for high-risk pregnant African-American women.</i></p>	<ul style="list-style-type: none"> ✓ 88% of babies were born at or after 37 weeks gestation; 83% of infants born weighed more than 2500g ✓ 77% of 59 women who exited case management attended 60% of their prenatal care appointments ✓ Role of Men program fully implemented with increasing attendance
<p>Teen Prenatal Initiative Solano County Health and Social Services – Adolescent Family Life Program Solano County Health and Social Services – Prenatal Care Guidance-Teens Youth and Family Services <i>Provide prenatal support services countywide for high-risk pregnant teens.</i></p>	<ul style="list-style-type: none"> ✓ Overall 75% of teen clients entered prenatal care in the first trimester ✓ 100% of YFS teen clients, 96% of AFLP II clients, and 66% of PCG-Teens clients entered prenatal care in the first or second trimesters ✓ 27 teen parents served by AFLP-II, PCG-Teens, and YFS graduated from high school or attained their GED in FY2006-2007 ✓ 88% (55 of 63) of clients attended at least 60% of prenatal care appointments ✓ 96% (43 of 45) infants were born at 37 weeks gestation or more ✓ 100% of 45 infants were born at 2500 grams or more ✓ 100% of 45 babies of participants have a medical home

Grantee/Initiative	Accomplishment Highlights
Prenatal Substance Abuse Initiative <i>Coordination of a collaborative effort to identify and address prenatal substance use.</i>	<ul style="list-style-type: none"> ✓ 651 expectant mothers were screened for alcohol, tobacco and other substances in participating clinic sites, ER and other partnering agencies. ✓ 78% (25) of program participants entered case management/substance abuse services and attended at least 60% of their prenatal care appointments ✓ 69% of 32 women who were referred for Substance Abuse services had babies born substance free
Early Childhood Mental Health Initiative	
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>	<ul style="list-style-type: none"> ✓ 73% of 59 families served increased their parenting skills and bonding with their children ✓ 77% of 60 children treated improved their social and emotional behavior ✓ 86% of 59 families served accessed needed community resources
Children’s Nurturing Project – Welcome Baby: <i>Provision of family-friendly, home-based early and sequential screening and linkage to services for mental health, developmental, behavioral, and health concerns to newborns, infants, and toddlers.</i>	<ul style="list-style-type: none"> ✓ 99% of 366 children served were linked with a primary care provider for ongoing care ✓ 94% of 512 parents served verbalized/demonstrated knowledge and awareness of age-appropriate developmental milestones
Children’s Nurturing Project – Nurturing Parenting Program: <i>Provision of quarterly Nurturing Parenting Program 12-week sessions.</i>	<ul style="list-style-type: none"> ✓ 98% of 50 families demonstrated improved parenting skills, attitudes, and beliefs after completing the 12-week parenting session ✓ 100% of 62 families have increased awareness of community resources
Child Start – Early Mental Health Services: <i>Behavioral and mental health services to Head Start students located in each school readiness catchment area.</i>	<ul style="list-style-type: none"> ✓ 81% of 404 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>	<ul style="list-style-type: none"> ✓ 87% of 131 clients receiving on-going therapy and support services showed improvement in at least one treatment goal
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>	<ul style="list-style-type: none"> ✓ 817 children ages 0-5 were enrolled in health insurance ✓ 97% of all Solano children are insured countywide ✓ SKIP’s 100% school strategy continues to be replicated, the latest site being the State of New Hampshire ✓ 41 schools in Solano County (including all school readiness sites and Rio Vista) have 100% of children insured
PRIORITY 2: Early Childhood Learning and Development	
School Readiness Initiative	<ul style="list-style-type: none"> ✓ 19% - 41% of children fully or almost mastered all items in all four MDRDP dimensions in 2006/07 (n=300 +/-1). In general, these results are on par with statewide results in three of the four areas.

Grantee/Initiative	Accomplishment Highlights
	<ul style="list-style-type: none"> ✓ 74% of parents of entering Kindergartners either toured the school or visited a classroom prior to their child's entry into Kindergarten ✓ 80% of Kindergartners were enrolled during the few months before school started, up from 74% in 2005/06
<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"> ✓ 40 (Target 40) children entering Kindergarten at Silveyville participated in a summer Pre-K Academy ✓ Conducted parent education events on topics ranging from prenatal health to nutrition ✓ 193 parents and 181 Kindergartners attended the Health and Literacy Fair ✓ 146 (Target 30) children received dental services throughout the year, including both screenings and treatment
<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 over 100 families with children ages 0-5 through distribution of parent kits and other resources and referrals ✓ 148 (Target 40) children received dental services through visits from the Toothmobile ✓ Provided multiple 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"> ✓ 91 (Target 40) parents participated in parenting classes focused on supporting child physical, cognitive and socio-economic development ✓ 50 (Target 24) children entering Kindergarten at Loma Vista participated in a Summer Pre-K Academy ✓ Linked Spanish-only speaking parents to parent education programs in Spanish and provided 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"> ✓ 128 (Target 100) parents received literacy packets and 94 (Target 68) children received School Readiness backpacks ✓ 86 (Target 24) children entering Kindergarten participated in a summer Pre-K Academy ✓ Provided the Nurturing Parenting Program for 3 months to 14 parents in Spanish and 5 parents in English

Grantee/Initiative	Accomplishment Highlights
<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"> ✓ 16 large employers indicated interest in further exploring development of new child care resources to meet employee needs ✓ Expanded Collaborative to include City of Fairfield and Travis Credit Union representatives ✓ 38 providers were interested in expanding their services received technical assistance
<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"> ✓ 8 (Target 2) trainings were held with a focus on the Early Childhood Environmental Rating Scale (ECERS) ✓ 95 (Target 10) license-exempt providers participated in trainings ✓ 178 (Target 50) CARES participants completed training ✓ 67% of 178 training participants showed an increased level of knowledge in the ECERS Assessment Tool
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 7 Family Resource Centers at 9 sites, serving 2,841 unduplicated families and 2,980 children aged 0-5 years ✓ The Parenting Database received 108,417 hits, representing 7,040 unique users
<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"> ✓ 73% of 15 families report increased awareness of the effects of exposure to violence on children ✓ 89% of 19 families report sufficient knowledge and skills to improve family functioning ✓ 86% of 51 families reported an increased knowledge of and access to community resources
<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"> ✓ 80 (Target 50) 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% of 19 families increased their knowledge of parenting skills ✓ 28% of families reported an increased knowledge of and access to community resources
<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"> ✓ 62% of 16 families reported an increased knowledge of and access to community resources ✓ 14 (Target 14) families report an ability to better meet their basic needs ✓ 9 (Target 7) families reported an increased knowledge of parenting skills

Grantee/Initiative	Accomplishment Highlights
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>	<ul style="list-style-type: none"> ✓ 66% of 217 families achieved a score of 3 or higher on the Family Development Matrix’s Social and Emotional Health category
Fighting Back Partnership – North Vallejo & Sereno Village FRCs: <i>Provide school readiness preparedness information and referral, home visitation, with staff supervision to families with children 0-5 in Vallejo.</i>	<ul style="list-style-type: none"> ✓ 44% (77) of 174 families reported an increase in stability on at least one scale of the Family Development Matrix. ✓ 36% (77) of 215 families increased their ability to access community resources ✓ 46% (11) of 24 families served with case conferencing showed a movement toward family stability.
Child Haven (IFSI home visitation): <i>Home visits and parent support groups to Spanish-speaking families in Rio Vista and Benicia.</i>	<ul style="list-style-type: none"> ✓ 100% of 98 parents reported an increased knowledge of and access to community resources ✓ 100% of 36 parents reported an increase in knowledge of child abuse prevention strategies
Public Health Nurse and Child Protective Services Social Worker Home Visitor: <i>Create access to integrated support systems provided by He&SS and Family Resource Centers that address child abuse and neglect, and the need for early health assessments for children ages 0-5.</i>	<ul style="list-style-type: none"> ✓ 74% of 150 children received attention for their health concerns by receiving health services ✓ 98% of 133 children referred to IFSI remained in their home with family/care providers
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>	<ul style="list-style-type: none"> ✓ 36% of 36 families served remained in permanent housing for 90 days ✓ 36% of 36 families served moved to stable on the Social/Emotional Health and Competence Component of the Family Development Matrix ✓ 45% of 53 children increased socialization and interaction skills and made progress on developmental milestones
Substance Abuse Specialist Services	
California Hispanic Commission <i>Provide case management, interim interventions, referrals, follow-up and wrap around services to substance-using parents in collaboration with the Integrated Family Support Initiative (IFSI).</i>	<ul style="list-style-type: none"> ✓ Staff are bilingual and bicultural ✓ 32% of 38 case managed clients, entered treatment ✓ 90% of 40 clients moved in a positive direction on the Family Functioning Tool
Youth and Family Services <i>Provide case management, interim interventions, referrals, follow-up and wrap around services to substance-using parents in collaboration with the Integrated Family Support Initiative (IFSI).</i>	<ul style="list-style-type: none"> ✓ 65% of 110 FRC and MDT team members reported increased knowledge of alcohol/drug recovery process, treatment models, and the ability to recognize the signs of familial alcohol and drug abuse ✓ 83% of 46 families moved in a positive direction on the Family Development Matrix

Telling the First 5 Solano Story: Service Snapshots

Dixon Family Services/Family Resource Center

The boy was a year and a half old when he came to the agency with his mother who was looking for counseling for herself and her children. The family had a long history of dealing with drugs, alcohol, domestic violence and sexual assault. We involved the entire family in family-counseling and also worked individually with the young boy and his mother to help her develop a safe and loving relationship with her son. At the time this family first came to us the boy could say just a few words and he would hide behind his mother. Within a year of working with him he became very friendly with the staff when he came in looking for his favorite game to play “Abacus”.

With my encouragement the boy was enrolled in the Head Start program and became a model pre-school student. He began to talk clearly and learned his colors.

Now, at the age of 5, he has graduated this summer from the Kindergarten Academy and he will begin Kindergarten in the fall. This case is an excellent example of how early intervention can be effective for a child 0 – 5. A family of four was able to develop a safe and loving relationship beginning with a two year old and involving the entire family with his healing and learning process. This family is now much more healthy and functioning and the boy has a bright future ahead.



Telling the First 5 Solano Story: Service Snapshots

BabyFirst Solano: Black Infant Health Program

Cheri had recently moved to Solano County from a southern state with her 5 yr old little girl when she entered the Black Infant Health (BIH) Program. When Cheri found out she was pregnant, she felt she did not have support and moved here to be closer to her family (her mother and grandmother), even though it meant uprooting her life and leaving a rewarding job as a security guard.

When Cheri entered the BIH program, she was rather scared, but felt supported by the program and her family. She thrived in the BIH program. She attended all of her visits with case managers as well as her prenatal appointments. She overcame some health issues by addressing them with her provider. With the health education from the public health nurse and health assistant, she also began taking better care of herself. When her baby was born, the BIH staff helped Cheri and her daughter learn how to breastfeed, and she continued breastfeeding for several months.

When her baby was a few months old, Cheri wanted to go back to work as a security guard. Cheri asked her grandma and mother if they would help watch the children so she could go back to work. Her family was very supportive and happy to help in raising the children.

After hearing of her occupational goal, her case manager asked a Solano County security guard to orient her on the job market for security guards in Solano County. The security guard actually knew of a job opening at another facility and told her where to go to apply. Cheri applied and interviewed... and got the job!



Cheri is now working as a guard in the community and has moved up in ranks to become a supervisor. In addition to being back at a job that she loves, she knows her kids are safe, secure and well loved while she is at work. Above all, Cheri has peace of mind that she can take care of herself and her family. Recently, Cheri stopped by the BIH office to visit. The BIH staff inquired about how she and the baby are doing with their health needs. Cheri has been following up on pediatric visits, is current on baby's immunization shots, and is maintaining her good health. In fact, the entire family is thriving, and BIH is looking forward to hearing about Cheri's future successes!

Telling the First 5 Solano Story: Service Snapshots

Welcome Baby (Children's Nurturing Project)

Helen, a retired grandmother of 4, was referred to CNP from the Vacaville Family Resource Center in December 2006. Helen and her husband had recently been granted temporary custody of their three grand-daughters from another county in California. The children had been removed from their mother as they were living on the streets and mom had a history of domestic violence and drug use. When the referral came to CNP, Helen's husband had just been diagnosed with throat cancer and they were grappling with that news as well as the other stressful issues with their daughter and grandchildren.

Home visitor Lynne called to set up a time for the home visit, and in the short time since the referral had been received, Helen's husband had passed away. She was a woman in crisis. Lynne met with Helen and 2 of the grandchildren in January 2007. Developmental assessments on the girls (ages 1 and 3) showed the baby to be borderline delayed in communication and social/emotional domains, but not at a highly concerning level. Consideration was given that these children had suffered quite a bit of trauma over a 2-3 week period of time and were still adjusting. The older child was very bright and scored well in all areas. The oldest of the 3 was in school at the time of this visit.

Because the girls' records and Medi-Cal were housed in another county, Lynne referred Helen to Health and Social Services for assistance in making the transfer, and also to Solano County CPS to see about moving the case to Solano County. Helen was also referred by Lynne to a support group for grandparents raising their grandchildren, and encouraged to seek mental health services for herself due to the stress she was under and the loss of her husband.

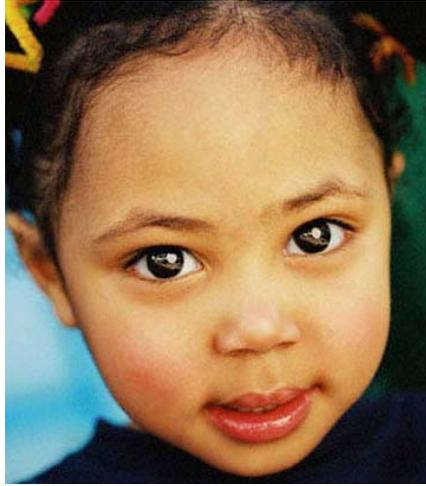


A case management conference was held with Seneca, who was providing intensive services for the oldest child, CNP, County Mental Health and CPS to see how to best meet the needs of this family. A joint home visit was done in March by 3 agencies, and Lynne from CNP assessed the girls again at this visit. Because of the services this family was now accessing, the girls scored very high on the developmental assessments and were well adjusted little girls. Grandma was receiving grief counseling and attending the Grandparent support group, and all agencies continue to communicate on the family's progress. CNP will continue to monitor the children's developmental progress to be sure that they are meeting appropriate milestones and continue to get the services they need. We are pleased with the outcomes for this family.

Telling the First 5 Solano Story: Service Snapshots

BabyFirst Solano: Prenatal Care Guidance Program

Patricia, a 24 year old woman, moved here from another state late in her pregnancy. When she moved, she lost her health insurance and had not yet been seen in Solano County for prenatal care. Patricia was referred to Prenatal Care Guidance (PCG) staff by her Medi-Cal worker to get assistance with scheduling a prenatal care appointment. Patricia also needed Presumptive Eligibility Medi-Cal until her full Medi-Cal application was processed.



The PCG worker helped Patricia schedule her first prenatal care appointment in Solano, which was difficult since it was late in her pregnancy. In addition, the PCG worker helped her complete the application for Presumptive Eligibility.

During her prenatal care appointment, it was discovered that Patricia had additional health problems. The PCG worker helped her understand the next steps to treating these health issues. The PCG worker also continued to help her obtain the necessary documents to complete her Medi-Cal application.

During the course of discussion with the PCG worker, Patricia revealed she was feeling overwhelmed and needed to talk to someone. The PCG worker referred her to a social worker familiar with maternal depression.

Patricia gave birth to a full term, normal birth weight infant. After Patricia had her baby, she had difficulty with breastfeeding and the baby had jaundice. The PCG worker referred her to a Public Health Nurse and a lactation consultant for consultation and assistance.

Patricia still has a lot of challenges in her life. She continues to see the social worker for depression and is working on improving her overall health. However, despite the difficulties she is facing, she knows that help and support are just a phone call away.

Telling the First 5 Solano Story: Service Snapshots

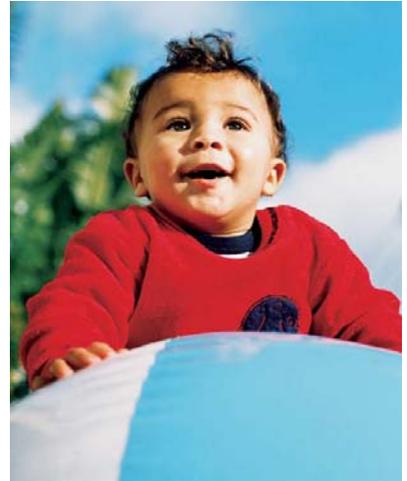
Rio Vista CARE/Family Resource Center

Rio Vista CARE/Family Resource Center received a referral from a family friend requesting services for a new mother who had arrived from Mexico a few months back. Client had a miscarriage 4 months ago and was newly pregnant, isolated, depressed, and with no health insurance.

Client was very excited to learn that she could receive home visiting services from Rio Vista CARE outreach worker and a family support specialist to help transition into her new environment. We helped her apply for Medi-cal and referred her out to “Growing Together Pre-natal Program” in Fairfield. The program would provide her with transportation and help her to keep scheduled pre-natal appointments. RVC/FRC also referred client to WIC to seek educational information about healthy and nutritional eating for herself and her unborn child.

Client soon made friends at the new clinic and felt hopeful for the future. Slowly, we noticed client becoming self-sufficient and doing things on her own without asking for help such as calling for her appointments, talking to her eligibility worker, etc. The client delivered a healthy baby boy who receives regular developmental assessments and health check-ins from family support worker and the public health nurse assigned to the IFSI program.

Client and child are doing very well. Client started to attend ESL classes at our local library and is now learning how to drive to get back and forth to doctor’s appointments and classes.



Telling the First 5 Solano Story: Service Snapshots

BabyFirst Solano: Adolescent Family Life Program

Nicole entered Planned Parenthood: Shasta-Diablo's Adolescent Family Life Program as a sixteen year old teen in her second trimester of pregnancy.

Nicole presented as a sullen young woman who was not particularly interested in much of anything. She was not attending school and was often difficult to locate. On various occasions, her case manager found her sleeping in the late afternoon. During these contacts, Nicole was slightly hostile.

A lot was going on in Nicole's life, including dealing with a drug addicted parent. In addition, her partner who was the father of the baby, was incarcerated.

Nicole was referred to a public health nurse and health assistant for medical issues and assistance on the case. At one point, Nicole relocated from Vallejo to Vacaville and the case manager lost contact, but the others working on the case were able to help track her down and put her back in touch her case manager.

Nicole's emotional state seemed to improve gradually and she warmed up to everyone that was providing her with services. After repeated contacts and home visits, Nicole agreed to return to school and her case manager helped her enroll.



Nicole gave birth to a healthy baby girl. With the help and guidance of her case manager and other providers, her daughter is thriving under her care. Nicole takes her daughter to all of her pediatric well-child visits and is up to date on her daughter's immunizations.

In addition, Nicole has achieved many accomplishments. She attended Children's Nurturing Project's Nurturing Parenting classes, which have helped her create a deep bond with her daughter and become a more confident parent. She also became emancipated, lives in her own apartment with her daughter, and continues to attend high school. On her last two report cards, she received A's and B's. She will graduate next year!

Nicole was a challenging client to connect with in the beginning, but over time the connection was made. Her case manager was inspired by this young woman who overcame hardships and barriers—she lifted herself up and has come a long way.

Chapter 2: Improving the System of Care in Solano County

First 5 Solano’s overarching goal is to invest in and promote a comprehensive system of care for children 0-5 and their families. A **system of care** is a *coordinated network of community-based services and supports that are organized to best meet the needs of its target population.*⁵ First 5 Solano supports the development of a comprehensive, integrated, culturally competent system of care and at the same time seeks to generate new knowledge about the most effective ways to meet the needs of children 0-5 and their families. To this end, 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 investment of First 5 funds.

A high-quality system of care requires authentic partnerships. These multi-agency collaborative efforts must include service provider partners that subscribe to mutual goals, shared principles, interrelated strategies and/or activities, processes for information sharing and joint problem solving, and common practices such as shared intake and referral processes and/or integrated data collection efforts.

In order to better understand the cumulative effect of First 5 Solano’s funding and support on the overall system of care for children and families in Solano County, evaluators asked grantees to complete the First 5 Solano Systems Change Survey for Funded Programs. This chapter provides a summary of the survey results, detailing the strategies that FY2006/07 grantees implemented to enhance the system of care.

Methods of Survey Analysis

The First 5 Solano Systems Change Survey for Funded Programs captures grantees’ self-reported data on their strategies to **improve service access** and **collaborate** via **communication** and coordinated **internal structures, operations, management and supports**. Grantees also share information on the resources they have leveraged through First 5 Solano funding.

Interpreting the Survey Results

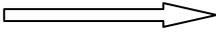
To measure and understand change created in the First 5 Solano system of care, grantees were asked to rate their level of agreement with several statements about different aspects of their operations, thinking about the time *before* they received funding from First 5 Solano. Grantees were again asked to rate their level of agreement on the same set of statements thinking about the time *since* they received First 5 funding. Responses could fall into one of five levels on an agreement scale: strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree.

To analyze the survey responses, evaluators translate the response for each statement into a numerical score (i.e. 1 for “strongly disagree” or 5 for “strongly agree”). Thus, each set of “before First 5” and “since First 5” statements have two numerical scores which allow evaluators to measure change over time. For each statement evaluators use a simple “means difference test” to see whether the average score since First 5 funding across *all grantees* has a statistically significant difference from

⁵ Adapted from SAMHSA Systems of Care at www.systemsofcare.samhsa.gov.

the average score before First 5 funding. An example of an actual survey result is given in the exhibit below, followed by an interpretation of the finding.

Sample Exhibit
Sample Survey Result
Change in the Average Level of Agreement across All Grantees

We are able to serve nearly everyone who requests our services or is referred to us...	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5
<i>before</i> First 5 Solano funding. (n=25)			☼ (3.0)		
<i>since</i> First 5 Solano funding. (n=25)				☼ (4.3)	
			 Change +1.3***		

* = p<.1, ** = p<.05, *** = p<.01

The difference in average scores (+1.3) means that since grantees received funding from First 5 Solano, there is a significant positive change in the grantees' reported ability to serve nearly everyone who requests services or is referred. In this report, all statistically significant survey findings are displayed with the average pre and post scores as well as the difference between the two scores.

How has the System of Care for Children 0-5 and their Families Changed Since First 5 Solano Funding?

Improving Service Access (Exhibit 2-1)

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 those who need it. First 5 Solano grantees have made concerted efforts to address these barriers and ensure that services are delivered in the least restrictive, most natural environment that is appropriate for children's needs.

There are a few areas where the greatest reported change has occurred since First 5 Solano funding:

- “Grantees’ ability to serve nearly everyone who requests or is referred to services”;
- “Grantees and their services being well-known in the community”; and
- “Grantees offering services that meet their clients’ needs”.

The grantees’ average level of agreement with these aspects of their program rose from “neither agree nor disagree” to between “agree” and “strongly agree,” indicating that First 5 Solano has contributed to these aspects of improved service access, in most cases, over the past three years.

Exhibit 2-1 displays grantees’ average levels of agreement on various aspects of service accessibility. In all aspects, grantees report higher levels of agreement since receiving funding from First 5 Solano.

Exhibit 2-1
First 5 Solano FY2006/07 Grantees' Aspects of Service Accessibility
Before and Since First 5 Solano Funding

Aspect of Service Accessibility	Sample Size	Level of Agreement [†] <i>Before</i> First 5 Solano Funding	Level of Agreement [†] <i>Since</i> First 5 Solano Funding	<i>Change</i> in Average Level of Agreement
We are able to serve nearly everyone who requests our services or is referred to us.	n=25	3.0	4.3	+1.3***
We are well-known in the community.	n=25	3.3	4.4	+1.1***
Our services are well-known in the community.	n=24	3.3	4.4	+1.1***
We offer services that meet our clients' needs.	n=25	3.5	4.5	+1.0***
Our staff reflect our clients' cultures and languages.	n=25	3.8	4.6	+0.8***
We provide services in families homes as often as our clients needed us to.	n=25	2.9	3.7	+0.8**
Our hours of operation match our clients' availability.	n=23	3.6	4.3	+0.7***
We are able to serve children with special needs.	n=25	2.9	3.6	+0.7***
Our location is easy to find and reach.	n=24	3.8	4.2	+0.4**

†Agreement Scale: 1=Strongly disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Strongly Agree

* = p<.1, ** = p<.05, *** = p<.01

Increasing Collaboration within the System of Care

Since receiving First 5 Solano funding, grantees have implemented strategies that foster a more collaborative and integrated continuum of care for children 0-5 and their families. As the following results show, successful collaboration stems from increased communication among grantees as well as better coordinated program structures, operations, management and supports.

Communication (Exhibit 2-2)

Inter-agency communication is critical to enhance the system of care. Communication increases awareness of the full spectrum of community based organizations and available services. Increased communication among grantee staff members can also help to identify families' barriers to care and support services, ensure that the full range of services are delivered, and help the children and families move through the system as their needs change.

“The support of First 5 Solano has facilitated the development of what I consider to be a true collaborative. I have been in this community for over 20 years and it is within these last 3 years that I have seen the organizations come together to serve the same clients in the most efficient and effective way. Silos are gone - collaboration is in.”
–First 5 Solano grantee

As seen in Exhibit 2-2 below, grantees increased their level of agreement at least one point on all aspects of communication since First 5 funding. Most notably, grantees strongly agreed that they communicated more regularly with other agencies since receiving First 5 Solano funds. In addition, they more often shared best practices, effective models, and lessons from evaluations with other organizations in the system of care since becoming First 5 grantees.

Exhibit 2-2

First 5 Solano FY2006/07 Grantees' Aspects of Communication with Other Organizations Before and Since First 5 Solano Funding

Aspect of Communication	Sample Size	Level of Agreement [†] <i>Before</i> First 5 Solano Funding	Level of Agreement [†] <i>Since</i> First 5 Solano Funding	<i>Change</i> in Average Level of Agreement
We communicate regularly with other organizations in our system of care.	n=24	2.9	4.5	+1.6***
We share best practices, effective models, and lessons from evaluations with other organizations in our system of care.	n=25	2.8	4.4	+1.6***
We have positive working relationships with other organizations in our system of care.	n=25	3.2	4.6	+1.4***
We are aware of the other organizations in our system of care.	n=25	3.4	4.6	+1.2***

[†]Agreement Scale: 1=Strongly disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Strongly Agree
 * = p<.1, ** = p<.05, *** = p<.01

Internal Structure (Exhibit 2-3)

During FY2006/07, the First 5 Solano Commission continued to invest in coalition-building activities such as workshops, trainings, and initiative-specific meetings for its grantees. Several grantees report that these activities created opportunities to discuss their service strategies, goals, and visions. One grantee explains that since First 5 funding, the organizations “understand each other better” and have “revealed similarities across our goals and visions.” Another grantee reports, “We have always had shared goals; however these funds have allowed us to deepen our collective goals and visions.”

“Through multiple agency collaboration our system of care has developed and adopted some of the same goals for families that we have in common.”
–First 5 Solano grantee

Since First 5 funding all grantees more strongly agreed, on average, that they shared similar aspects of their internal structures. While survey analysis reveals that grantees were neutral on the question of shared mutual goals, values, and principles of practice within the system of care *prior* to partnership with First 5 Solano, they more strongly agreed they do share these goals and values *since* First 5 funding (see Exhibit 2-3 below).

In particular, grantees expressed the view that they hadn’t agreed upon and documented responsibilities or a shared referral and intake process *prior* to First 5 funding, but all grantees agreed that they had developed these processes in the past three years. For example, a grantee in the Prenatal Care Collaborative reported that it created a MOU with another First 5-funded organization, which “has insured a stronger referral and follow-up system.” And, as a School Readiness Initiative grantee elaborated, “Before First 5 funding we had no internal structure. Since First 5 funding we have the staff to find we are interrelated with other departments in the [school district]. We have now partnered with the speech therapist, occupational therapist and behavior specialist to better serve our children 0-5. We all have the same goals and we have developed a referral and intake process.”

Exhibit 2-3
First 5 Solano FY2006/07 Grantees' Aspects of Internal Structure
Before and Since First 5 Solano Funding

Aspect of Internal Structure	Sample Size	Level of Agreement [†] <i>Before</i> First 5 Solano Funding	Level of Agreement [†] <i>Since</i> First 5 Solano Funding	<i>Change</i> in Average Level of Agreement
We have agreed upon and documented responsibilities within our organizations.	n=24	2.6	4.2	+1.6***
Organizations within our system of care have an internal shared referral and intake process.	n=25	2.6	4.0	+1.4***
We have mutual goals and expectations within our system of care.	n=25	3.1	4.3	+1.2***
Organizations within our system of care have shared values and principles of practice.	n=25	2.9	4.1	+1.2***
Our strategies and/or activities are interrelated.	n=25	3.1	4.2	+1.1***

[†]Agreement Scale: 1=Strongly disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Strongly Agree
 * = p<.1, ** = p<.05, *** = p<.01

Operations, Management and Supports (Exhibit 2-4)

Across almost all aspects of operations, management and supports, First 5 grantees expressed that they hadn't fully employed these "systems change" strategies *prior* to First 5. However, *since* First 5 Solano funding they agreed that they more often followed common protocols and policies, engaged in joint decision-making and problem-solving, collected common data elements, and shared relevant information and resources.

When asked how their operations, management and supports within the system of care had changed since First 5 funding, grantees most commonly described improvements in data elements and tools and streamlining of data collection processes. "What has been most helpful," a Prenatal Care Collaborative grantee describes, "is the unification of referral tools. These tools are recognizable by all collaborative partners and those outside of the collaborative." Another grantee reported that prior to First 5 funding there was no way to manage or document how families were being served but that the First 5 database has served their documentation purposes well. A grantee in the Quality Child Care Initiative added, "As the result of closer communication amongst participants in our system of care we have come to realize that there are similarities in the data elements collected on program participants. We are able to share information that is consistent with our contractual confidentiality agreement."

"Before First 5 funding other organizations didn't have the time or place to meet and talk about the families they were serving. Now with First 5 School Readiness we hold articulation meetings were child care providers as well as other community agencies get together to talk about their resources and the families they are serving. This is a great way to find out what other organizations are doing to help the community."
 –First 5 Solano grantee

Exhibit 2-4 below shows the strategies First 5 Solano grantees implemented to better coordinate their programs' operations, management and supports.

Exhibit 2-4
First 5 Solano FY2006/07 Grantees' Aspects of Operations, Management and Supports
Before and Since First 5 Solano Funding

Aspect of Operations, Management and Supports	Sample Size	Level of Agreement† <i>Before</i> First 5 Solano Funding	Level of Agreement† <i>Since</i> First 5 Solano Funding	<i>Change</i> in Average Level of Agreement
We follow common protocols and policies across organizations in our system of care (e.g., for referrals and outreach).	n=25	2.4	4.1	+1.7***
There is joint decision making and problem solving across organizations in our system of care.	n=25	2.4	4.0	+1.6***
Common data elements are collected across organizations in our system of care.	n=25	2.4	4.0	+1.6***
Similar tools are used across organizations in our system of care.	n=24	2.3	3.9	+1.6***
Staff frequently shares relevant information about children and families with other organizations within our system of care	n=24	2.8	4.3	+1.5***
We share resources including financial, personnel, training information, and/or space with other organizations in our system of care.	n=25	2.6	4.0	+1.4***
We have additional resources allocated to the management and integration of programs and systems (e.g. such as dedicated funding and/or staff time).	n=25	2.2	3.6	+1.4***
Data management and evaluation efforts are integrated across organizations and the system of care.	n=25	2.4	3.7	+1.3***

†Agreement Scale: 1=Strongly disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Strongly Agree
 * = p<.1, ** = p<.05, *** = p<.01

Leveraging Resources

The First 5 Solano Children and Families Commission has identified “leveraging”, or the use of First 5 dollars to attract matching funds, as a funding priority in its Strategic Plan, Long-Term Financial Plan and FY 2007-2012 Funding Cycle Program Investment Plan.

In Fiscal Year 2006/07, Solano County’s First 5-funded grantees reported \$3,553,711 in additional, or leveraged, dollars accessed at least in part because of First 5 funding⁶.

First 5’s relatively flexible funds have been found to be an ideal source of matching funds for some federal and state program funding streams as well as to for local investment commitments that attract public/private foundation and other grant opportunities. As a result, additional dollars have become available for critical services for young children and their families in Solano County.

First 5 Solano-funded grantees may use First 5 funding as a direct or “hard” match to other funds, or match First 5 funds with in-kind or other “soft match” resources. First 5 funds may also be used to attract other grant or foundation funding as representative of larger collaborative efforts. The various sources and amounts of funding available to expand services are directly dependant upon the types of services that each program provides and the populations served.

⁶ A detailed description and table of funds leveraged, by grantee and by initiative, is attached as Appendix 2.

The level of leveraged funds serves as a proxy for progress toward system integration and sustainability through collaboration. First 5 funds alone are insufficient to fully address any one of the myriad of needs that face children and families today; moreover, First 5's diminishing source of funds cannot sustain services in the long term. Leveraged funds (which support collaboratives and streamlined services) help to address the chronic shortage of funds and lack of infrastructure in the early childhood service system.

The First 5 Solano Commission's strategy of emphasis on investments that generate matching funds proved to be a strong support for its overarching goal of system change in FY2006/07; however, the Commission seeks through its leveraging strategy to expand the *quality* as well as the *capacity* of the system, resulting in measurable improvements in the health, safety and well-being of young children, their families and communities over time. Leveraged funds have proven to be a catalyst for Solano grantees to achieve tangible results for children and families, such as:

- 41 schools in Solano County achieved 100% health insurance enrollment of students (with 97% of all Solano children insured countywide);
- Pregnant teens served by BabyFirst Solano delivered at term at rates better than county, state, and national averages. Just 4.4% of BFS teens delivered their babies preterm. This easily surpasses the Healthy People 2010 goal of 7.6% preterm deliveries for teen mothers;
- 13 Solano County families moved from homelessness to stable housing for 90 days or more as a result of the work of Heather House Homeless Shelter, an IFSI collaborative partner; and
- 389 families across Solano County reported increased knowledge and access to community resources as a result of the work of the Family Resource Centers in the IFSI collaborative.

Conclusion

Solano County has a long-standing history of collaboration among its community of practice in the service of health and well-being for its residents. The findings in this report demonstrate that the portfolio of First 5 Solano FY 2006/07 grantees serve as an exemplar of the collaborative spirit the County endeavors to expand and sustain. While this collaborative spirit and many of the collaborative groups currently operating predate First 5, it seems clear that the Commission's support of collaboration, along with its initiative-based funding approach, have brought collaborative efforts across the County to a new level of quality and substance. This approach represents the intentionality with which First 5 Solano aims to change and enhance the early childhood system of care.

ⁱ The estimations were calculated using the following methods:

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

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

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

- To estimate population for 2000-2002: Assuming constant birth rates for each year, evaluators added 25% to the Census estimates for the population of children 0-4.
- An average population increment was calculated using data from 1990-1999. This increment was +2869 children.
- To estimate population for 2003: The average yearly change was added to the 2002 population.
- To estimate population for 2004: The average yearly change was added to the 2003 population.
- To estimate population for 2005: The average yearly change was added to the 2004 population.
- To estimate population for 2006: The average yearly change was added to the 2005 population.

Chapter 3: BabyFirst Solano Collaborative Initiative

Collaborative Partners	Funded Amount
Prenatal Collaborative	
Health and Social Services	\$555,203
Partnership Health Plan	
Teen Prenatal Initiative	
Adolescent Family Life Program, Planned Parenthood	\$245,988
Youth and Family Services	
Prenatal Care Guidance – Teens, Health and Social Services	\$150,069
It’s About My Baby, California Hispanic Commission	
African-American Prenatal Initiative	
Black Infant Health, Health and Social Services	\$350,000
Youth and Family Services	
Nubian Mentoring Program, Everlasting Hope Ministries*	\$67,484
Prenatal Substance Abuse Initiative	\$660,243
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	
California Hispanic Commission on Alcohol and Drug Abuse	
TOTAL Funded Amount	\$1,432,999

* 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, African-American women, and women who are using or at risk of using substances during pregnancy.

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

Data Source	Available for This Chapter
BabyFirst Solano Evaluation Report	<input checked="" type="checkbox"/>
First 5 Solano CBO Survey	<input checked="" type="checkbox"/>
Persimmony Data	<input checked="" type="checkbox"/>
Quarterly Progress Reports	<input checked="" type="checkbox"/>

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 recovery from substance use within the prenatal care setting, and promote positive birth outcomes for Solano infants. The comprehensive

services include 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.

Successes and Challenges to Service Provision

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

Successes

- *Challenge Award*

BabyFirst Solano, managed by Health and Social Services, received a Challenge Award from the California State Association of Counties (CSAC) for its innovative way of improving prenatal care in three high-risk populations through a public and private partnership.

- *Integration of the Substance Abuse Initiative*

Over the past 18 months, BabyFirst Solano has made significant inroads in increasing awareness of the importance and prevalence of substance abuse and its impact on healthy babies. Additionally, through partnership with the Children's Research Triangle, BFS has been successful in modifying and fielding the 4 P's Plus which is a screening and assessment tool currently being used by ABC Prenatal Program. Through training and support, additional providers intend to use this tool in the next fiscal year.

Challenges

- *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 ongoing need for translation and adaptation as new information and materials are developed and distributed.

- *Recruitment, Retention and Training of Staff*

The right staffing is a core component of BabyFirst Solano. Staff must be skilled and trained in access to care issues for high-risk populations as well as able to connect with clients on a personal level in order to build trust. Balancing on-going training and professional development is a challenge

Priority 1: Health and Well-Being

given program demands, which include more clients than the program can comfortably serve and a long recruitment process for County job positions.

▪ *Solano Provider System*

The number, type, and geographic distribution of prenatal care providers remain a challenge in Solano County. Over the three years of this project, some prenatal care providers shut their doors and one changed ownership. Currently, thirteen offices provide prenatal care to low-income women in Solano (including Kaiser Permanente): two provider offices in Dixon, three in Vacaville, two in Vallejo, and six in Fairfield. In addition, more than half of Comprehensive Perinatal Service Providers have closed in the past four years. The lack of providers means that women see providers for prenatal care beginning in the second trimester or later. Some pregnant women may receive no prenatal care.

▪ *Transportation & Housing Assistance*

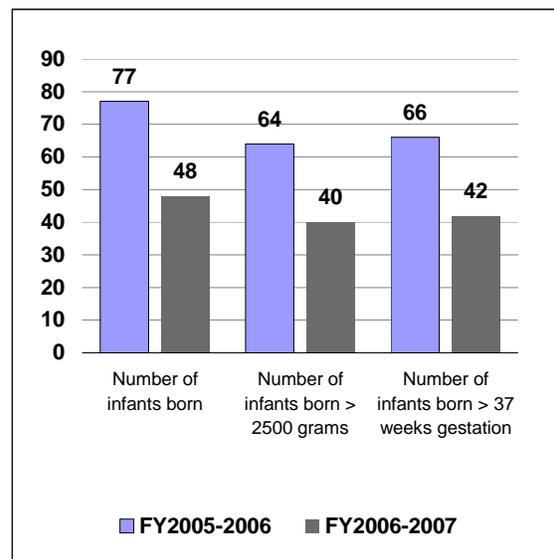
The lack of accessible prenatal care providers in Solano County that accept Medi-Cal and their geographic distribution remains a challenge. In Rio Vista in particular, there are no providers who accept Medi-Cal insurance. Providers are available in Fairfield, but transportation between the two cities is limited, but improving in the last year. 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.

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 FY2006/07, the rate of African-American Initiative clients entering early prenatal care was 67% up from 54%, in the previous 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 FY2006/07, more than nine out of ten pregnant women in the African-American Initiative entered prenatal care in the first or second trimester (94%) slightly up from the previous year which was 93%.

Exhibit 3-2
FY2005-2007 African-American Prenatal Initiative Infant Birth Weight and Gestation



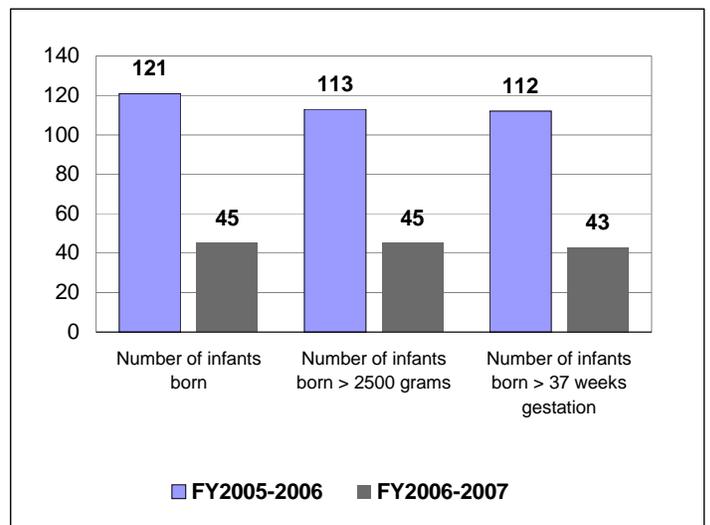
Priority 1: Health and Well-Being

- Of the 59 African-American women who exited case management, 45 (84%) attended 60% of their prenatal care appointments exceeding the goal of 75% of women attending their prenatal care appointments.
- The rate of full term births for infants in the African-American Prenatal Initiative was 88% for FY2006/07 an increase from 83% in FY2005-2006. This exceeds the target of 60% of births.
- The rate (17%) of low birth weight infants born to this Initiative is higher than the California 2001-2003 average for African-Americans (12%), and consistent with the rate of 17% of the previous year.
- 90% of the infants in the African-American Prenatal Initiative were connected with a primary healthcare provider.

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.
- The Teen Prenatal Initiative served significantly fewer teens who delivered in the fiscal year as compared to FY2005/06: 45 infants were born to clients in the current fiscal year as compared to 121 infants born in the previous fiscal year as illustrated in Exhibit 3-3. The Initiative exceeded all of its performance measures.
- 75% of teen clients in the Initiative entered early prenatal care during this fiscal year, up from 58% the previous year and 20% higher than teens overall in Solano County in 2005 which was 55%.
- Nine out of ten (96%) pregnant teens in the Initiative entered first or second trimester care.
- 96% of infants born to teens in the program were full term (5% preterm) which is better than state and national averages. In California, the rate of preterm births for teens under the age of 18 is 12%. The national average is 14%. Further, the rate of preterm birth weight for teens in the Initiative is lower than the Healthy People 2010 objective of 8%.
- 100% of infants born to teens in the program were normal birth weight.

Exhibit 3-3
FY2005-2007 Teen Prenatal Initiative
Infant Birth Weight and Gestation



Priority 1: Health and Well-Being

- 52 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 45 infants delivered in FY2006/07 fiscal year, 100% were connected to a primary care provider compared to 95% the previous year.

Prenatal Substance Abuse Initiative

The BabyFirst Solano Prenatal Substance Abuse Initiative is modeled after Kaiser Permanente's successful 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. 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.

Exhibit 3-4
Clients Screened for Alcohol, Tobacco and Other Drugs (ATOD)

	Number of Clients
Total number of women screened for ATOD	651
Total number of women assessed using the field assessment	359
Total number of women using ATOD	81
Number of women linked to substance abuse services	57
Number of women in case management	57

- Women who are screened for ATOD and found at risk will be assessed using the field assessment. The field assessment may be administered multiple times to the same women as the assessment itself is part of the intervention as is the services which may be recommended due to the findings.
- Of the 651 unduplicated women screened for ATOD, 12% (81 women) were found to be using ATOD.
- 78% (25 of 32) of women identified as using substances who exited case management attended 60% or more of their prenatal care appointments. This exceeded the goal of 60%.
- 70% (57) of the 81 women identified as using substances have received substance abuse services.
- Of the 32 women who delivered during FY2006/07, 69% (22) had babies born substance free, exceeding the goal of 60%.

How has BabyFirst Solano’s System of Care Changed since First 5 Solano Funding?

Improving Service Access

Grantees in BabyFirst Solano report that since First 5 Solano funding they have become much more recognized in the community. They strongly agree that their programs and services are well-known. Grantees disagree that before First 5 Solano funding they were able to serve nearly everyone who requested their services or was referred to them, but they strongly agree they have been able to serve these families since their partnership with First 5 Solano.

**Exhibit 3-5
First 5 Solano FY2006/07 Prenatal Collaborative’s Service Accessibility
Before and Since First 5 Solano Funding**

Aspect of Service Accessibility	Sample Size	Level of Agreement† <i>Before</i> First 5 Solano Funding	Level of Agreement† <i>Since</i> First 5 Solano Funding	<i>Change</i> in Average Level of Agreement
We are able to serve nearly everyone who requests our services or is referred to us.	n=6	2.8	4.8	+2.0**
Our services are well-known in the community.	n=6	4.0	5.0	+1.0**
We are well-known in the community.	n=6	3.8	4.8	+1.0*
Our hours of operation match our clients’ availability.	n=5	4.0	4.6	+0.6*

†Agreement Scale: 1=Strongly disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Strongly Agree

* = p<.1, ** = p<.05, *** = p<.01

One grantee in BabyFirst Solano reports via an open-ended response that s/he believes the collaboration has helped to increase service access by identifying and addressing the barriers to prenatal care and support services in the county. This grantee notes that over the past three years, the organization has “increased [our] ability to provide sustainable services to Solano County and has increased [our] ability to be a referral source for other organizations that serve similar clientele.” Through the collaborative effort, they have coordinated caseloads, avoided waitlists, and identified and eliminated duplication of services. “All clients,” reports the grantee, “can receive some type of services at this point. Together we are meeting the needs of our pregnant teens.”

Increasing Collaboration within the System of Care

Communication

Grantee communication is essential to ensure a high quality prenatal system of care. As mentioned above, increased communication among grantee staff members has helped to identify families’ barriers to care and support services. As seen in the following exhibit, there are significant increases in grantees’ reported communication with each other— their level of agreement rises at least two points on all aspects of communication since First 5 Solano funding. Most notably, Prenatal grantees disagree that they communicated regularly with each other or that they shared best practices, effective models, and lessons from evaluations prior to becoming First 5 Solano grantees. However, since partnering with First 5 Solano, they strongly agree they communicate regularly, and they more often share best practices, effective models, and lessons from evaluations with other organizations in the system of care.

Exhibit 3-6
First 5 Solano FY2006/07 Prenatal Collaborative’s Communication
Before and Since First 5 Solano Funding

Aspect of Communication	Sample Size	Level of Agreement† <i>Before</i> First 5 Solano Funding	Level of Agreement† <i>Since</i> First 5 Solano Funding	<i>Change</i> in Average Level of Agreement
We share best practices, effective models, and lessons from evaluations with other organizations in our system of care.	n=6	2.2	4.8	+2.6***
We communicate regularly with other organizations in our system of care.	n=5	2.2	4.8	+2.6**
We have positive working relationships with other organizations in our system of care.	n=6	2.7	5.0	+2.3***
We are aware of the other organizations in our system of care.	n=6	2.8	4.8	+2.0**

†Agreement Scale: 1=Strongly disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Strongly Agree
 * = p<.1, ** = p<.05, *** = p<.01

The Prenatal Initiative grantees report they have more knowledge of the community collaborative participants because of the training and resources provided by First 5 Solano. Grantees strongly agree they have positive working relationships within their system of care.

Internal Structure

Since First 5 Solano funding all grantees in the initiative more strongly agree, on average, that they share similar aspects of their internal structures. While survey analysis reveals grantees disagree they shared values and principles of practice within the system of care prior to partnership with First 5 Solano, they strongly agree they do share these values and principles now (see Exhibit 3-7 below). In addition, grantees disagree they had agreed upon and documented responsibilities prior to First 5 Solano funding but all more strongly agree they have developed these processes in the past three years.

Exhibit 3-7
First 5 Solano FY2006/07 Prenatal Collaborative’s Internal Structure
Before and Since First 5 Solano Funding

Aspect of Internal Structure	Sample Size	Level of Agreement† <i>Before</i> First 5 Solano Funding	Level of Agreement† <i>Since</i> First 5 Solano Funding	<i>Change</i> in Average Level of Agreement
We have agreed upon and documented responsibilities within our organizations.	n=5	2.0	4.6	+2.6**
Organizations within our system of care have shared values and principles of practice.	n=6	2.2	4.5	+2.3**
Organizations within our system of care have an internal shared referral and intake process.	n=6	2.5	4.7	+2.2**
Our strategies and/or activities are interrelated.	n=6	2.5	4.7	+2.2**
We have mutual goals and expectations within our system of care.	n=6	2.8	4.7	+1.9*

†Agreement Scale: 1=Strongly disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Strongly Agree
 * = p<.1, ** = p<.05, *** = p<.01

Priority 1: Health and Well-Being

A Prenatal grantee reports that the shared goal of the collaborative has been and continues to be healthy birth outcomes. The grantee adds, “Our system of care has broadened that vision to include mental health services for parents and children 0-5. This early detection will allow for earlier intervention services which can be directly linked to teenage pregnancy prevention efforts.” Another grantee believes the collaborative structure, specifically the subcommittees and working group, has allowed the initiative to further develop and articulate shared goals for BabyFirst Solano. The grantee reports, “I believe that being part of a collaborative has assisted in getting better care for our teens.”

“Our shared goals and vision reflect that we all want access to prenatal care for all women and the ability for women to have a healthy pregnancy and deliver a healthy baby. That is what we all are about.”
–Prenatal Collaborative grantee

Operations, Management and Supports

Exhibit 3-8 below shows the strategies First 5 Solano Prenatal grantees implemented to better coordinate their programs’ operations, management and supports.

**Exhibit 3-8
 First 5 Solano FY2006/07 Prenatal Collaborative’s
 Operations, Management and Supports Before and Since First 5 Solano Funding**

Aspect of Operations, Management and Supports	Sample Size	Level of Agreement [†] <i>Before</i> First 5 Solano Funding	Level of Agreement [†] <i>Since</i> First 5 Solano Funding	<i>Change</i> in Average Level of Agreement
Similar tools are used across organizations in our system of care.	n=5	1.8	4.6	+2.8**
We follow common protocols and policies across organizations in our system of care (e.g., for referrals and outreach).	n=6	2.0	4.5	+2.5**
Common data elements are collected across organizations in our system of care.	n=6	2.0	4.5	+2.5**
There is joint decision making and problem solving across organizations in our system of care.	n=6	2.2	4.5	+2.3**
We share resources including financial, personnel, training information, and/or space with other organizations in our system of care.	n=6	2.0	4.2	+2.2**
Staff frequently shares relevant information about children and families with other organizations within our system of care	n=5	2.4	4.4	+2.0**
We have additional resources allocated to the management and integration of programs and systems (e.g. such as dedicated funding and/or staff time).	n=6	2.0	3.8	+1.8*
Data management and evaluation efforts are integrated across organizations and the system of care.	n=6	2.2	4.0	+1.8*

[†]Agreement Scale: 1=Strongly disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Strongly Agree
 * = p<.1, ** = p<.05, *** = p<.01

Priority 1: Health and Well-Being

Across all aspects of operations, management and supports, the collaborative grantees disagree they employed these strategies prior to First 5 Solano. However, since First 5 Solano funding they more strongly agree they follow common protocols and policies, collect common data elements, engage in joint decision making and problem solving, and share relevant information and resources. Grantees strongly disagree they used similar tools within the system of care prior to partnering with First 5 Solano but agree they now use similar tools across their organizations. A Prenatal grantee highlights, “We are partners at the table and have an equal voice in how we plan and implement services for the women and children in our community. We meet regularly to insure that the client is benefiting from all available services.”

“Over the past three years a system of care has emerged amongst those serving pregnant and parenting teens. First 5 Solano grantee trainings, standardized policies and procedures as well as evaluation tools have played a large role in providing the support needed to establish an almost seamless system by which pregnant and parenting teens can be assisted.”
–Prenatal Collaborative grantee

Leveraged Funds

With \$1,194,299 in expended First 5 Solano funding, the Prenatal Initiative grantees leveraged \$352,006 in additional dollars. This represents 29% of First 5 Solano spending for FY2006/07 (for every \$1.00 of First 5 dollars, and additional 29 cents were brought into the County). One Prenatal grantee reports, “Prior to being funded by First 5 Solano, the pregnant and parenting teen program was plagued with long wait lists for services. The funds we’ve received from First 5 Solano not only have allowed us to increase the number of clients we work with but also have given us a vehicle through which matching funds can be acquired.”

Furthermore, under the leadership and organization of Solano County Health & Social Services Department, BabyFirst Solano has leveraged state and federal funding from Maternal, Child Adolescent Health funding avenues.

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	\$350,000 07/01/2006-06/30/2007
Everlasting Hope Ministries Nubian Prenatal Mentoring Program	\$67,484 07/01/2006-06/30/2007
Total	\$417,484

Program Overview

The African-American Prenatal 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 pregnant 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.

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

Data Source	Available for This Chapter
BabyFirst Solano Evaluation Report	<input checked="" type="checkbox"/>
Community Impact Report	<input checked="" type="checkbox"/>
Persimmony Data	<input checked="" type="checkbox"/>
Quarterly Progress Reports	<input checked="" type="checkbox"/>

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. 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 health disparities, such as 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 support 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
- ✓ Successfully parenting infants and young children.

Youth and Family Services (YFS) 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.

Priority 1: Health and Well-Being

The **Nubian Prenatal Mentoring Program** provides mentoring services and information and referral to pregnant African-American women between the ages of 18-35.

Performance Measures

The following provides a summary of the African-American Prenatal Care Initiative’s performance measures for FY2006/07. These data are available for BIH and YFS.

Performance Measures: Black Infant Health	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Approximately 60% (33) women will have babies at > 37 weeks gestation and at 2500 grams	✓				42 (88%) babies were born at or more than 37 weeks gestation 40 (83%) babies born weighed more that 2500 grams
75% (25) of women will attend at least 60% (4) of their scheduled prenatal visits	✓				45 of 59 (77%) women who completed the program attended at least 60% of their scheduled prenatal visits.
50% (25) of participant partners will attend all six Role of Men classes	✓				54 participant partners attended classes

- 48 infants were born to women in the African-American Prenatal Initiative in the fiscal year.
- BIH continues to provide additional supports to clients in the areas of transportation, housing and education.
- More than 100 high-risk pregnant African American women were case managed by BIH in this fiscal year.
- BIH convened a series workshops and educational opportunities for clients and/or their partners including:
 - Social Support and Empowerment classes for African American women
 - Role of Men Fatherhood Celebration at which 120 people attended.
 - Dare to Dream Workshop which was a collaborative effort with Nubian Mentoring Program and Youth and Family Services which 16 clients attended.

Priority 1: Health and Well-Being

The following provides a summary of the Nubian Prenatal Mentoring Program's performance measures for FY2006/07.

Performance Measures: Nubian Prenatal Mentoring Program	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
30 participants attend 75% of scheduled prenatal appointments.	✓				71 participants attended 75% of prenatal appointments
30 participants received prenatal and parenting education.	✓				78 clients increased their knowledge of healthy pregnancies
30 participants will increase knowledge of infant care	✓				53 participants increased their knowledge of infant care

Challenges to Effective Service Provision

Black Infant Health

- A continuing challenge is the lack of prenatal care providers in Solano County. There are only 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. In Vallejo, there are only two providers, including Kaiser Permanente.
- The geographic distribution of the existing prenatal care providers in Solano compounded by limited public transportation options still presents an access barrier for clients. 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

- Transportation issues, including gas prices, continue to affect clients and Mentors alike.
- Although increasing, there is still a general lack of culturally appropriate materials for African-Americans which makes it difficult to increase knowledge about prenatal care and awareness of services and supports for pregnant women.

What are the Characteristics of Clients Served?

- In FY2006/07, the African-American Initiative and Teen Initiatives combined provided services to 358 individual parents with children 0-5. The ethnic breakdown of parents is: 67% African-American; 16% Hispanic/Latino; 11% White; 1% Pacific Islander; and 4% Unknown/Multiracial. 4,547 service contacts were made.
- The combined initiatives served 93 individual children 0-5. The ethnic breakdown of children is: 78% African-American; 7% Hispanic/Latino; 1% White; and 7% Unknown/Multiracial. 962 service contacts were made.
- In FY2006/07, the Nubian Prenatal Mentoring Program served 205 individual parents.
 - 100% of clients were African American.
 - 127 children 0-5 were served; 100% of which were African-American.

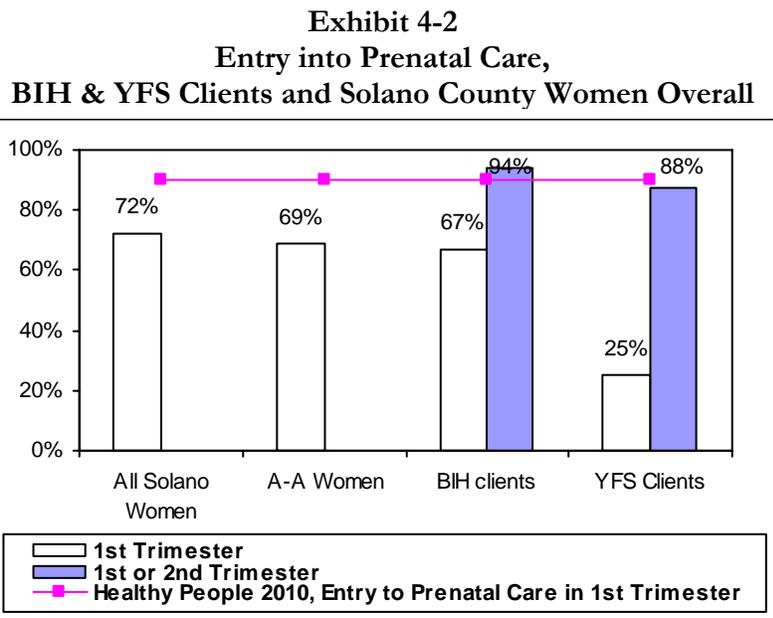
How are Children and/or Families Better Off as a Result of this Program?

Black Infant Health

Black Infant Health tracked outcomes for program participants through monthly Persimmony reports, the Black Infant Health “Green Book” and data system, and client files. The following results are for the period from July 1, 2006 to June 30, 2007.

As shown in the chart at right, nearly three out of four (72%) 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%).¹ The number of Comprehensive Perinatal Service Providers (CPSP) in Solano County was reduced by half in 2005.

- In the BIH program, 67% (87) of African American women began prenatal care in the first trimester and **94% (123) began prenatal care in the first or second trimester.**
- 90% percent of infants (43) born to African American women were connected to a primary care provider.
- YFS served 7 clients in the fiscal year. 25% entered prenatal care in the first trimester. All but one (88%) clients entered prenatal care in the first or second trimester.



¹ Entry to Early Prenatal Care in Solano County Data Snapshot, Solano County Health and Human Services, May 2006

Nubian Prenatal Mentoring Program

Nubian Prenatal Mentoring Program exceeded all targets with regard to its outcomes indicators in the areas of both client and mentors. Its intensive one-on-one approach, resulting from structured Mentor training and to connections with Black Infant Health is an important element of their programmatic strategies.

Awareness of the Nubian Prenatal Mentoring Project continues to increase among the provider and client community. It 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.
- Continue to monitor the 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 Initiative can continue to 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.
- Improve data collection and reporting to allow funders and evaluators to easily access service numbers, thus ensuring that measurement of performance effectiveness is possible.

**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 ¹ Teen Prenatal Initiative	\$245,988 07/01/2006-06/30/2007
California Hispanic Commission It's About My Baby	\$150,069 07/01/2006 to 06/30/2007
Total for Teen Initiative	\$396,057

Program Overview

The Adolescent Family Life Program (AFLP) through Planned Parenthood: Shasta-Diablo, Prenatal Care Guidance-Teens (PCG-Teens), Youth and Family Services (YFS), and It's About My Baby through the California Hispanic Commission 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 PGC-Teen 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

Exhibit 5-1

Data Sources Available for This Chapter

Data Source	Available for This Chapter
BabyFirst Solano Evaluation Report	<input checked="" type="checkbox"/>
Community Impact Report	<input checked="" type="checkbox"/>
Persimmony Data	<input checked="" type="checkbox"/>
Quarterly Progress Reports	<input checked="" type="checkbox"/>

¹ The Teen Initiative is not broken out from the contract First 5 Solano has with Health and Human Services in terms of funding amount.

Priority 1: Health and Well-Being

consultation and assessment services to the other teen programs, and may co-case manage a client that is experiencing psychosocial issues. PCG-Teens assists teens with linking to necessary mental health services and preventing repeat pregnancies by creating a family plan. 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.

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, 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 2006-07 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
40% of teens will enter prenatal care in the first trimester.	✓				75% (87) teens entered care in the first trimester
50% of prenatal teen clients will attend 60% of prenatal appointments scheduled according to the normal regimen of care according to client's stage of pregnancy.	✓				88% (55 of 63) of clients attended at least 60% of appointments
Approximately 50% of women will have babies at >37 weeks gestation and/or at 2500 grams.	✓				96% (43 of 45) infants born at 37 weeks or more 100% of 45 infants born at 2500 grams or more
75% (41) of participants babies will have a medical home	✓				100% of 45 babies of participants have a medical home

Priority 1: Health and Well-Being

Additional details and accomplishments include the following:

- The Teen Prenatal Initiative served significantly fewer teens who delivered in the fiscal year as compared to FY2005/06: 45 infants were born to clients in the current fiscal year as compared to 121 infants born in the previous fiscal year. Even so, the Initiative exceeded all performance measures.
- PCG-Teens provided intensive case management and care coordination to 101 pregnant or early postpartum teens.
- YFS provided support to 9 pregnant/postpartum teens.
- AFLP through Planned Parenthood: Shasta Diablo provided case management services to 105 clients.

It's About My Baby

The following provides a summary of It's About My Baby's performance measures for FY2006-2007.

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.	✓				125 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.	✓				133 clients report an increase in knowledge.
30 participant babies will have a medical home	✓				53 participant babies have a medical home

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

Priority 1: Health and Well-Being

body and baby. Continued education and support are needed to address the issues which face this population.

- Since 2005, the number of Comprehensive Perinatal Service Providers² (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?

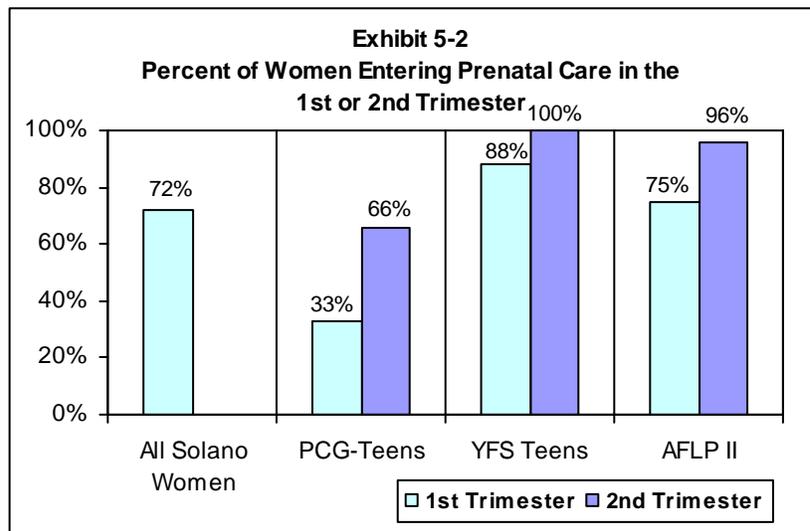
- In FY2006-2007, the African-American Initiative and Teen Initiatives combined provided services to 358 individual parents with children 0-5. The ethnic breakdown of parents is: 67% African-American; 16% Hispanic/Latino; 11% White; 1% Pacific Islander; and 4% Unknown/Multiracial. 4547 service contacts were made.
- The combined initiatives served 93 individual children 0-5. The ethnic breakdown of children is: 78% African-American; 7% Hispanic/Latino; 1% White; and 7% Unknown/Multiracial. 962 service contacts were made.
- In the same time period, **It's About My Baby** has made 1521 direct service contacts with parents. The ethnic breakdown of service contacts to parents is: 62% Hispanic/Latino; 13% Asian; 10% Multiracial; 8% White and 1% each African American or Alaska Native/American Indian.
- The program has made 234 direct service contacts with children 0-5. The ethnic breakdown of service contacts to parents is: 63% Hispanic/Latino; 17% Asian; 7% Multiracial; 6% White; and 4% each of Black/African American and Pacific Islander.

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 Persimmony Data system for program participants and found the following results for the period from July 1, 2006 to June 30, 2007.

The PCG Teen Program serves the highest risk teens.

Consequently, teens in this program have a lower rate of early entry to prenatal care than the lower



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

risk teens in the Adolescent Family Life Program. Less than three out of four (72%) pregnant women in Solano County enter prenatal care in the first trimester, compared with 75% of AFLP clients, 88% of YFS clients, and 33% of PCG-Teens clients. **100% of YFS teen clients, 96% of AFLP II clients, and 66% of PCG-Teens clients enter prenatal care in the first or second trimesters.** 27 teen parents served by **AFLP-II, PCG-Teens, and YFS** graduated from high school or attained their GED in FY2006-2007.

It's About My Baby

125 clients regularly attended at least 75% of their scheduled prenatal care appointments. The target for this outcome indicator was 30 participants (75% of the 40 estimated to be served in total). The provision of regular transportation to and from appointments contributed to the high success rate.

53 (target 30) participant babies now have a medical home. Similarly, 133 (target of 30) 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 continue to 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.
- Improve data collection and reporting to allow funders and evaluators to easily access service numbers, thus ensuring that measurement of performance effectiveness is possible.

Chapter 6: Prenatal Substance Use/Abuse Initiative

Project Name	Funded Amount
Prenatal Substance Use/Abuse Initiative	\$660,243 07/01/2006 – 06/30/2007

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 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
BabyFirst Solano Evaluation Report	<input checked="" type="checkbox"/>
Community Impact Report	<input checked="" type="checkbox"/>
Persimmony Data	<input checked="" type="checkbox"/>
Quarterly Progress Reports	<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 FY2006/07.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
1,000 expectant mothers seen in participating clinic sites, ERs or community OB provider offices will be screened for ATOD use.			✓		651 women screened; 81 found to be using ATOD. One of the two program sites had a change in ownership and was unable to participate in the initiative which reduced the total number served.

Priority 1: Health and Well-Being

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
22 women (60%) of program participants will attend 60% of prenatal care appointments.	✓				78% (25 of 32) women identified as using substances who exited case management attended 60% or more of their prenatal care appointments.
70% of clients assessed (70) for using or at risk of using will agree to undertake counseling, substance abuse treatment or tobacco cessation.			✓		70% (57 of 81) women assessed engaged in counseling and/or treatment services. One of the two program sites had a change in ownership and was unable to participate in the initiative which reduced the total number served.
60% (22) of clients referred to substance abuse services will be substance free at birth of baby.	✓				69% (22 of 32) babies born were substance free.

- The program served fewer women than anticipated due to a change in ownership at a program site. It is anticipated that the program will serve the anticipated number of women in FY2007/08.
- The program exceeded two of four performance measures, and partially met two of four measures. In FY2007/08, the program appears likely to meet or exceed all performance measures if the target number of women screened is met.
- ABC Prenatal Program successfully implemented 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.
- 1,138 screens of women using 4Ps Plus were administered during the FY2006/07. Women are screened as many as three times depending on the results of the screening.
- Prenatal Substance Abuse expended 56% of the First 5 Solano funded amount in the fiscal year.

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 was delayed. La Clinica—Great Beginnings will begin screening in FY2007/08.

What are the Characteristics of Clients Served?

The ethnic breakdown of those screened is as follows: 63% Hispanic; 19% Caucasian; 9% African American; 5% Asian/Pacific Islander; 2% other and 2% unreported.

The primary language of clients served was Spanish.

62% of participants had State only Medi-Cal insurance; 33% had Partnership HealthPlan.

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

The Substance Abuse Initiative exceeded its performance targets, ensuring attendance at prenatal care appointments and persuading substance using pregnant women to enter treatment. Babies born to women participating in the initiative were born at term and at normal weight. In addition, at risk behavior among clients decreased after awareness of pregnancy and support of the Substance Abuse Initiative partners.

Substance Use ¹	Alcohol	Tobacco	Marijuana	Other Drugs
During First Trimester of Pregnancy	26%	17%	4%	1%
After Becoming Aware of Pregnancy	2%	5%	0.7%	0.4%

Lessons Learned for Program Improvement

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

- Continue to train partners on the issue of substance use among pregnant women. 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.

¹ Rates are based on number of screens, not unduplicated number of women.

Chapter 7: Early Childhood Mental Health Initiative

Initiative Component	Funded Amount
Early Childhood Mental Health Initiative	\$635,447
FamiliesFirst: Early Childhood Mental Health Program	\$272,702 07/01/2006 to 06/30/2007
Children’s Nurturing Project: Newborn and 0-5 Special Needs Screening and Support	\$99,564 07/01/2006 to 06/30/2007
Children’s Nurturing Project: Nurturing Parenting Program	\$42,524 07/01/2006 to 06/30/2007
Child Start, Inc: Early Mental Health Services (and Full Day Quality Care ¹)	\$165,657 07/01/2006 to 06/30/2007
Solano County Health & Social Services: Early Periodic Screening, Diagnosis and Treatment	\$55,000 07/01/2006 to 06/30/2007

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:

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

The First 5 Solano 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 for 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.

¹ 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.

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

Data Source	Available for This Chapter
Progress Reports	<input checked="" type="checkbox"/>
Persimmony Data	<input checked="" type="checkbox"/>
First 5 Solano CBO Survey Data	<input checked="" type="checkbox"/>

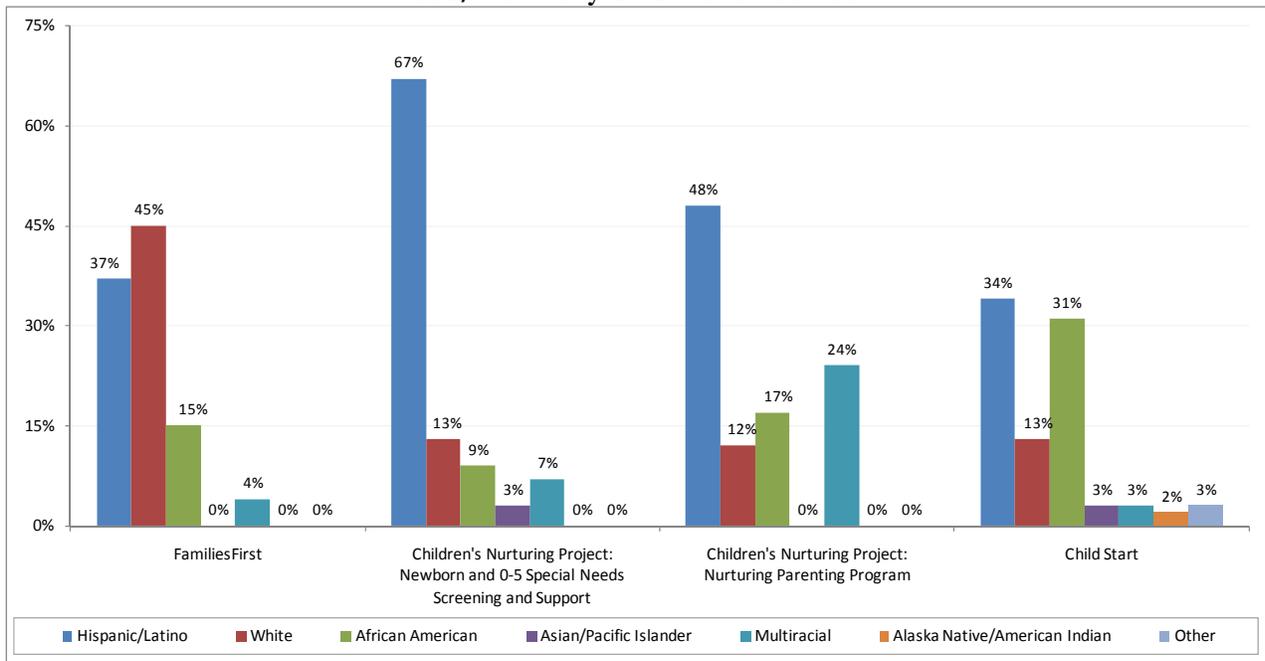
Priority 1: Health and Well-Being

Evaluators present information on the Health & Social Services program in a following grantee 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 FY2006/07, FamiliesFirst made 614 direct service contacts with children; the Children's Nurturing Project Newborn and 0-5 Special Needs Screening and Support served 366 children; the Children's Nurturing Project Nurturing Parenting Program served 42 children and 62 parents/family members; and Child Start served 953 children through its Early Mental Health and Full Day Quality Care program. The racial/ethnic breakdown for all service contacts to children ages 0-5 in FY2006/07 is given in the chart below.

Exhibit 7-2
Race/Ethnicity of Children Served



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?

Priority 1: Health and Well-Being

The following table presents results by grantee organization for each Initiative outcome indicator.

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 ²	35% of screened children were identified with social and emotional issues. (n=366)	13% of children in Head Start classrooms were identified with social and emotional issues. (n=404) ³
Number and percentage of children with social and emotional issues who progress in their development and functioning	77% of children who completed treatment progressed in their development and functioning. (n=60)	99% of children screened and identified with special needs were linked with a primary care provider. (n=366)	81% of children progressed in their development and functioning. (n=404) ⁴
Number and percentage of families who increase their level of functioning	86% of families who completed the program increased their level of functioning (parenting skills and bonding) with their children as determined by the North Carolina Family Assessment. (n=14)	100% of parents/family members participating in the program have increased awareness of community resources. (n=62) – Nurturing Parenting Program.	N/A ⁵
Number and percentage of parents who increase their parenting skills	73% of parents receiving parenting education increased their parenting skills and bonding. (n=59)	98% of parents completing the 12-week parenting program improved their parenting skills. (n=50) – Nurturing Parenting Program. 94% of parents/caregivers demonstrate knowledge and awareness of age-appropriate development milestones. (n=512)	N/A

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

² 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.

³ The reported percentage comes from the average number of children (51) identified with social emotional issues. Mental health trainees do not make diagnoses.

⁴ Three times per year Child Start administers a checklist by Pearson Learning as a part of its ongoing Head Start assessment and the first 9 items on the checklist focus on the social/emotional domain.

⁵ 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.

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.

How has the Early Childhood Mental Health Initiative’s System of Care Changed since First 5 Solano Funding?

Improving Service Access and Increasing Collaboration

The grantees in the Early Childhood Mental Health Initiative implemented a broad variety of strategies to improve access to services and increase collaboration within the initiative. They all have participated in grantee meetings and have been “actively involved” and “at the table for many discussions, including working on protocols, planning, and decision making.” One grantee reports that Solano County has just begun to move heavily into offering mental health services for children 0-5 and is doing so in conjunction with the contractors in Early Childhood Mental Health Initiative. The following exhibit displays those strategies for which they more strongly agree they have implemented since receiving First 5 Solano funding.

Exhibit 7-3
First 5 Solano FY2006/07 Early Childhood Mental Health Initiative’s
Strategies within the System of Care Before and Since First 5 Solano Funding

Aspects of Service Access, Communication, Operations, Management and Supports	Sample Size	Level of Agreement† <i>Before</i> First 5 Solano Funding	Level of Agreement† <i>Since</i> First 5 Solano Funding	<i>Change</i> in Average Level of Agreement
There is joint decision making and problem solving across organizations in our system of care.	n=3	2.0	3.7	+1.7**
We offer services that meet our clients’ needs.	n=3	3.0	4.3	+1.3*
We share best practices, effective models, and lessons from evaluations with other organizations in our system of care.	n=3	3.0	4.3	+1.3*
We communicate regularly with other organizations in our system of care.	n=3	3.0	4.3	+1.3*
We follow common protocols and policies across organizations in our system of care (e.g., for referrals and outreach).	n=3	2.0	3.3	+1.3*

†Agreement Scale: 1=Strongly disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Strongly Agree
 * = p<.1, ** = p<.05, *** = p<.01

Within the Early Childhood Mental Health Initiative, grantees disagree they engaged in joint decision making and problem solving prior to First 5 Solano funding. However, since First 5 Solano funding, they more strongly agree that they work together to make decisions and solve problems. In addition, grantees within this initiative more strongly agree they communicate regularly, share best practices and lessons from evaluations, and follow common protocols and policies since receiving First 5 Solano funding.

Leveraged Funds

The Early Childhood Mental Health grantees have leveraged smaller grants as matching funds, and they have also used First 5 Solano funds to “draw down” federal and state funds such as Medi-Cal Early Periodic Screening Diagnosis and Treatment (EPSDT) for targeted case management of their clients. One Early Childhood Mental Health grantee reports, “There have been limited resources to leverage for in the field of mental health, but through the First 5 [Solano] grant we have been able to collaborate with our partners to receive in-kind support for supervision and organization.”

With \$610,180 in expended First 5 Solano funding, the Early Childhood Developmental Health grantees leveraged \$732,599 in additional dollars associated with the Initiative. This represents 120% of the overall First 5 Solano spending for FY2006/07 (for every \$1.00 of First 5 dollars, an additional \$1.20 was brought into the County).

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	\$27,702 07/01/2006 to 06/30/2007

Program Overview

FamiliesFirst’s Early Childhood Mental Health program provides mental health services to children ages 0-5 who have some form 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.

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

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

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. The family advocates help to connect families with additional services or resources they need.

Priority 1: Health and Well-Being

Performance Measures

The following provides a summary of FamiliesFirst’s performance measures for the FY2006/07.

Performance Measure	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
70% of children treated will increase their level of social and emotional behavior	✓				Sixty children with social and emotional issues completed treatment in the time period from July 1, 2006 to June 30, 2007. Of these 60 children, 46 (77%) progressed in their level of social and emotional behavior.
70% of families served will increase their parenting skills and bonding with their children	✓				73% (n=59) of families receiving parenting education increased their parenting skills and bonding
70% of families served will access at least one additional community resource	✓				86% (n=59) of families accessed one or more community resources.

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.

Challenges to Effective Service Provision

- A primary challenge was recruitment and retention of highly skilled and qualified staff, including bilingual staff.
- The program had a significant number of cancellation and no shows by parents and caregivers for appointments and parenting classes.
- There is a great necessity for extensive case management services to support families with a wide range of social, emotional and safety needs.

What are the Characteristics of Clients Served?

- Through the Early Childhood Mental Health program, FamiliesFirst served a total of **60 children** ages 0-5 years in the FY2006/07.
- In FY2006/07 the Early Childhood Mental Health program made 311 direct service contacts with parents. The ethnic breakdown of service contacts to parents is: 44% White; 35% Hispanic/Latino; 17% African-American; and 3% Multiracial.
- The Early Childhood Mental Health program has made 252 direct service contacts with children 0-5. The ethnic breakdown of service contacts to children is: 45% White; 37% Hispanic/Latino; 15% African-American; and 4% Multiracial.

Leveraged Funds

FamiliesFirst's Early Childhood Mental Health program leveraged \$12,224 in additional dollars. This represents 5% of expended funding from First 5 Solano for FY2006/07.

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, education and mental health.
- Continue to meet regularly with other community providers to ensure continuity of care.

**Chapter 9: Children’s Nurturing Project: Welcome Baby
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 07/01/2006 to 06/30/2007

Program Overview

Children’s Nurturing Project (CNP) provides developmental and mental health screenings to children ages 0-5 to identify developmental delays and/or social-emotional concerns. 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, resource information and referrals to any needed community resource. If a family needs services as determined by the screening, they are referred to early mental health and/or developmental intervention service providers. CNP follows up with the family for up to two years by conducting sequential home visits and developmental screenings as desired by the family.

The program also provides each family with a Resource Binder full of local community resource information, and a tote bag with various items such as clothes, early literacy books, and baby care items. The First 5 New Parent Kit is also provided to parents who have not previously received one.

Performance Measures

The following provides a summary of CNP’s performance measures for the FY2006/07.

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

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

Performance Measure	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
90% of infants/children enrolled will be linked with a primary care provider (PCP) for ongoing care	✓				99% (n=366) of children screened were linked with a primary care provider.
90% of parents will verbalize/demonstrate knowledge and awareness of age appropriate developmental milestones	✓				94% (n=512) of a total of parents/caregivers served verbalized/demonstrated knowledge and awareness of age-appropriate development milestones at home visits.

Priority 1: Health and Well-Being

Performance Measure	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
10% of children screened will be identified as having special needs significant to require follow up services	✓				35% (n=366) of children screened were identified with special needs and linked to follow up services immediately.

Challenges to Effective Service Provision

- The primary challenge the program encountered was securing additional funding to serve all families referred to the program. Currently, CNP is serving twice the targeted number of children, and the need is far greater than the available service provision. The agency continues to seek the matched, blended, and leveraged funding necessary to expand services to all infants and young children referred for the program.
- An estimated 3,000 or more children ages 0-5 in Solano County (at least 10% of 30,000 total) have a developmental or social emotional concern significant enough to warrant treatment/intervention. This program, while highly effective with the population served, is reaching only 12% (366) of the 3,000+ children who should be identified and treated prior to reaching Kindergarten. A systemwide approach to early identification is needed to truly affect positive change, at all levels from County and public funding to private funding, health plans, and state and federal programs.

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 **366 children** ages 0-5 years in the time period from July 1, 2006 to June 30, 2007.

- In FY2006/07 the Newborn and 0-5 Special Needs Screening and Support program made 837 direct service contacts with families (an average of 2.3 contacts per child). The ethnic breakdown of service contacts to parents is: 67% Hispanic/Latino; 15% White; 10% African-American; 4% Asian/Pacific Islander; 3% Multiracial; and 1% Other.
- The ethnic breakdown of service contacts to children 0-5 is: 67% Hispanic/Latino; 13% White; 9% African-American; 3% Asian/Pacific Islander; and 7% Multiracial.

Leveraged Funds

Children’s Nurturing Project’s Newborn and 0-5 Special Needs Screening and Support program leveraged \$32,500 in additional dollars. This represents 33% of expended funding from First 5 Solano for FY2006/07.

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 to providers at FRCs and other partner agencies in the Integrated Family Support Initiative (IFSI), school readiness programs, BabyFirst Solano collaborative agencies, and the partner agencies in the newly formed Early Childhood Developmental Health Collaborative, in order to improve coordination and continuity of service between the agencies and collaborate while eliminating any duplicative efforts.
- Continue to conduct outreach to families directly through health fairs, community outreach events, and distribution of flyers in targeted neighborhoods in order to improve access and increase the number of families who self refer.
- Continue to provide outreach and training to providers who come in contact with children 0-5 and their parents. Provide basic education to providers regarding typical developmental milestones, where to refer if a concern is identified, and information around the rights of children and parents under the State of California Department of Developmental Services (DDS), IDEA and other applicable laws and statutes for children who have special needs.

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 more families who are referred throughout Solano County. Leverage publicly funded sources such as EPSDT for Medi-Cal eligible children and North Bay Regional Center Early Start for children birth to age 3. Seek grant, foundation and other funding for children who are not Medi-Cal eligible, or those who are un- or under- insured for social emotional/behavioral health.
- Long term strategy: Train child care providers and other service providers for 0-5 children in basic developmental screening, typical milestones, and who to contact if concerns are identified. Work toward leveraging other programs and funding, such as MHSA PEI (Prevention and Early Intervention) funds to develop outreach, training, and widely expand screening and early identification efforts.

Chapter 10: Children’s Nurturing Project: Nurturing Parenting Program

Project Name	Funded Amount
Children’s Nurturing Project: Nurturing Parenting Program	\$42,524 07/01/2006 to 06/30/2007

Program Overview

Children’s Nurturing Project’s Nurturing Parenting Program provides parenting education and support to specifically address family-related substance abuse issues, targeting the Anna Kyle, Loma Vista, Markham, and Silveyville School Readiness catchment areas.

Exhibit 10-1
Data Sources Available for This Chapter

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

The program helps empower parents to engage in positive parenting practices and learn how family substance abuse can negatively impact their child’s development. The program also engages participants’ children ages 0-5 into the Nurturing Parenting Program (NPP) substance abuse groups, through play based activities and peer socialization, and screens children in groups through observation and activities to identify potential special needs. Further assessment, through ASQ and ASQ-SE assessment tools is done for children who appear to have behavioral, physical or social emotional delays and/or concerns needing further assessment.

Performance Measures

The following provides a summary of CNP’s Parent Education Program performance measures for FY2006/07.

Performance Measure	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
80% of families completing the 12-week session will demonstrate improved parenting skills, attitudes and believes	✓				98% (n=50) of the parents who completed the 12-week session improved their parenting skills.
90% of families will have an increased awareness of community resources	✓				100% (n=62) of parents/family members participating have increased awareness of community resources.

Challenges to Effective Service Provision

- The primary challenge the program has encountered is securing an adequate location for group sessions that has space for both the parents and children's groups.
- Parent recruitment for the substance abuse parenting groups is challenging due to the negative "stigma" attached to substance abuse and recovery.

What are the Characteristics of Clients Served?

- Through the Nurturing Parenting Program, Children's Nurturing Project served a total of **42 children** ages 0-5 in the time period from July 1, 2006 to June 30, 2007. The ethnic breakdown of service contacts to children is: 48% Hispanic/Latino; 17% African-American; 12% White; and 24% Multiracial.
- In FY2006/07 the Nurturing Parenting Program served 62 parents/family members. The ethnic breakdown of service contacts to parents is: 53% Hispanic/Latino; 28% African-American; 18% White; and 2% Multiracial.

Leveraged Funds

Children's Nurturing Project's Nurturing Parenting Program leveraged \$5,000 in additional dollars. This represents 11% of expended funding from First 5 Solano for FY2006/07.

Lessons Learned for Program Improvement

- Subsequent programs could be marketed in a different way, rather than attaching "substance abuse" to the description. This would engage more families while staying away from the "stigma" concern, yet still target families with young children affected by substance use and abuse.
- Prior classes highlighted that improving a child's development is dependent upon each parent's behavior. Parents/caregivers seem to respond better to shifting the focus to learning about ways they can help enhance their child's health and development. Future classes will focus on increasing each parent's knowledge of milestones and the needs of a child as he/she develops.

**Chapter 11: 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 07/01/2006 to 06/30/2007

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.

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

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

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.

Children are enrolled in Head Start Monday through Friday for a minimum of 30-hours per week to meet the needs of working families, however, contracted days and hours of service are based upon each parent or guardian’s work or school schedule. Each school year, families are asked to participate in two educational home visits, two parent conferences with the Head Start classroom staff, and one family service home visit with site staff. Visits allow families and staff an opportunity to get to know one another and discuss some of the opportunities available to them while in Head Start.

Priority 1: Health and Well-Being

Performance Measures

The following provides a summary of Child Start’s performance measures for FY2006/07.

Performance Measure	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
90% of 4 year olds will be able to identify 10 letters of the alphabet. 90% of 4 year olds who were enrolled the entire school year will be proficient in each indicator of this domain.			✓		13% (4) of children participating in Head Start’s Full Day / Full Year Programs had not yet gained proficiency in identifying at least 10 letters of the alphabet, 48% (15) were in process, and 39% (12) were proficient.
75% (300) of children enrolled will show growth in the social/emotional component of Head Start Assessment Tool	✓				81% (n=404) 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.
90% (19) children identified will have action plans completed and show increased competency in their social/emotional development	✓				95% (n=21) of the children have shown growth in their social/emotional development measured by the social/emotional component of the Work Sampling System.

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 constantly relying 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 to Child Start staff at a much later time.

What are the Characteristics of Clients Served?

- Through the Early Mental Health and Full Day Quality Care program, Child Start served a total of **953 children** ages 0-5 years in the time period from July 1, 2006 to June 30, 2007.
- 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 FY2006/07 the Early Mental Health and Full Day Quality Care program made 953 direct service contacts with children 0-5. The ethnic breakdown of service contacts to children is: 34% Hispanic/Latino; 31% African-American; 13% White; 3% Multiracial; 3% Asian/Pacific Islander; 2% Alaska Native/American Indian; 3% Other; and 11% Unknown/Not Applicable.

Leveraged Funds

Child Start's Early Mental Health and Full Day Quality Care program leveraged \$533,321 in additional dollars. This represents 323% of expended funding from First 5 Solano for FY2006/07 (for every \$1.00 of First 5 dollars, an additional \$3.23 was brought into the county).

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:

- 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.
- Continue providing on-going training to supervisors and teachers to refresh their observation and reporting skills.
- Continue conducting on site quality assurance visits by Education and Program Managers to provide teaching staff with on-going feedback as well as in the moment correction of mistakes.

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

Priority 1: Health and Well-Being

- 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.
- Place permanent Site Supervisors in each classroom to assure on site monitoring is occurring daily.

**Chapter 12: 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)	\$55,000 07/01/2006 to 06/30/2007

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

Exhibit 12-1

Data Sources Available for This Chapter

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

Performance Measures

The following provides a summary of the EPSDT program's performance measures for FY2006/07.

Performance Measure	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
80% of children being reassessed at 6-months will demonstrate improvement on the CBLS, PSI, or GAS assessment tools.	✓				88% of children demonstrate improvement on the CBLS, PSI, or GAS assessment tools (n=105).
80% or 120 of 150 families meeting MediCal guidelines for medical necessity for treatment will receive on-going mental health therapies and support services.	✓				503 families meeting the MediCal guidelines for medical necessity for treatment received on-going mental-health therapies and support services.
80% or 96 clients receiving on-going therapy and support services will demonstrate measurable improvement in a minimum of one treatment goal.	✓				87% clients receiving on-going therapy and support services showed improvement in at least one treatment goal (n=131).

Priority 1: Health and Well-Being

Performance Measure	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
100% or 42 families terminating services receive social support linkages.		✓			42 families received social support linkages.

- Solano County Health & Social Services’ EPSDT program expended 73% of the First 5 Solano funded amount in the fiscal year.

Challenges to Effective Service Provision

- The primary challenge faced in FY2006/07 was the recruitment and retention of program staff, especially bilingual staff.
- Changes in MediCal billing codes resulted in a reduction of opportunities for billable service, specifically, plan development activities.

What are the Characteristics of Clients Served?

- Through the EPSDT program, Solano County Health & Social Services served a total of **1,102 children and their families** in the time period from July 1, 2006 to June 30, 2007.
- In FY2006/07 the EPSDT program made 1,058 direct service contacts with children 0-5. The ethnic breakdown of service contacts to children is: 25% Hispanic/Latino; 17%White; 14% African-American; 3% Asian; 2% Pacific Islander; and 34% other.

Leveraged Funds

Solano County Health & Social Services’ EPSDT program leveraged \$759,734 in additional dollars for mental health services to children 0-5 and their families. This represents 1900% of expended funding from First 5 Solano for FY2006/07 (for every \$1.00 of First 5 dollars, an additional \$19.00 was brought into the County).

Through Solano County Health & Social Services, the EPSDT program draws down a 95% match in Federal mental health funding for Medi-Cal eligible children.

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 services if a relapse occurs.

Priority 1: Health and Well-Being

- Continue weekly staff meetings and regular case management meetings to ensure families are provided a wide range of services and support in areas that have a direct effect on the possible outcomes of therapy.
- Continue to provide therapy, advocacy and skills training services by bi-cultural, bilingual staff who respect and understand the cultural differences which may have a significant impact on the increase in parenting skills and bonding of parents/caregivers with their children.

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

- Review intended program outcomes to determine any necessary modifications for FY2007/08.
- Improve data collection and reporting to allow funders and evaluators to easily access service numbers, thus ensuring that measurement of performance effectiveness is possible.

**Chapter 13: Solano Coalition for Better Health:
Solano Kids Insurance Program (SKIP)**

Project Name	Funded Amount
Solano Coalition for Better Health Solano Kids Insurance Program	\$352,980 07/01/2006 to 06/30/2007

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 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 FY2006/07.

Performance Measure	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
The percentage of uninsured children will continue to decline from the current level of just under 5%, according to CHIS Survey.		✓			The current rate of uninsured children in the County is estimated at 4%, according to 2005 CHIS data.
500 more children will have health insurance and access to health care services by the end of the 2006-07 program year (June 30, 2007).	✓				817 health insurance applications were submitted for children ages 0-5.

Priority 1: Health and Well-Being

Performance Measure	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
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)		✓			100% of students at the four school readiness sites have health insurance; 41 schools total in Solano County are 100% insured.

- SKIP expended 67% of the First 5 Solano funded amount in the fiscal year.

Challenges to Effective Service Provision

- During FY2006/07 enrollment into the Healthy Families program approached its maximum limitations for funding. The program is partially funded through a Federal block grant and it is up for renewal. Currently, California is using 137% of its allotment and the reauthorization needs to include more dollars (\$60 billion nationally over 5 years). Without the reauthorization, it is quite possible that children could lose their coverage.
- Assuring sufficient funding for Healthy Kids premiums for the 1,200 children of all ages in the target group. In the absence of health care reform in California, the program will be evaluating how to continue to provide health coverage for children who do not qualify for the public programs given funding limitations through a contingency planning process
- Hiring and training of new staff and replacing an additional staff person impacted program enrollment results.
- SKIP received a grant from the State (via the county) to expand outreach, enrollment, retention and utilization strategies (OERU). Within months of starting the grant, it was cut from the State budget causing a shift in some strategies; however, SKIP was able to retain the two staff hired through this grant, at least temporarily.

What are the Characteristics of Clients Served?

In FY2006/07, SKIP enrolled a total of 817 children ages 0-5 in some type of health insurance. The racial/ethnic breakdown for these children is as follows:

- 79% Latino,
- 9% White,
- 5% African-American,
- 3% Asian/Pacific Islander, and
- 2% Biracial/Multiracial/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.

In FY2006/07, 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 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/Del Norte Counties, and the latest site is the State of New Hampshire. Healthy Kids enrollment is steady with a very low disenrollment rate (approximately 1%).

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. In addition to schools, Family Resource Centers, WIC, Latino Family Services and Black Infant Health are programs that refer their clients to SKIP quite often. In FY2006/07, 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.

Service Access

SKIP helps to improve service access, by gravitating from focusing primarily on completing applications to assisting families with staying enrolled and getting needed preventive and other health care 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 as well as retaining their health care coverage.

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.

How has the Health Access Initiative's System of Care Changed since First 5 Solano Funding?

Increased Collaboration within the System of Care

The Solano Coalition for Better Health's Solano Kids Insurance Program (SKIP) first received funding from First 5 Solano prior to FY2004/05. The grantee reports that in the years since partnering with First 5 Solano, the program has added more sustainable partners and collaborations to its system of care, and the knowledge and awareness of the services they provide to insure kids is more well-known in the community.

“Our partnership with First 5 Solano has strengthened our effort considerably as we have worked on getting health insurance for all kids and moving towards statewide coverage.”
–**Health Access Initiative grantee**

The Health Access Initiative grantee is involved in more collaborative groups than it was prior to First 5 Solano funding. Because of this increased collaboration, the program is better able to discuss key issues and disseminate information to more stakeholders. The grantee adds, “Over the past three years our involvement with First 5 Solano has strengthened the vision that all kids should have health insurance”—a vision the grantee claims wasn't as strong three years ago.

Leveraged Funds

Over the past three years, SKIP has been able to leverage First 5 California state matching funds for the Healthy Kids premium. The grantee reports the program has used its First 5 Solano grants to claim funds through the Medi-Cal Administrative (MAA) Program.

SKIP leveraged \$499,000 in additional dollars in FY2006/07. This represents 253% of expended funding from First 5 Solano for FY2006/07 (for every \$1.00 of First 5 dollars, an additional \$2.53 was brought into the County). A portion of these funds were leveraged by First 5 Solano on behalf for Solano Coalition for Better Health, through the First 5 California Health Initiative matching program.

Additionally, during FY2006/07, SKIP applied for and received approval for the California OERU Grant in the amount of approximately \$200,000 per year for 3 years. This grant allows SKIP to hire additional staff, improve program technology and ability to report on program outcomes.

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.

Chapter 14: School Readiness Initiative

Initiative Component	Funded Amount
School Readiness Initiative	\$868,594¹
Fairfield-Suisun Unified School District: Anna Kyle Elementary	\$223,144
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, ready to learn and 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 strengthen and improve the transition from early care settings to elementary school and increase the parents', schools' and communities' capacity to support 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 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 Interviews	<input checked="" type="checkbox"/>

Services Provided

Each school readiness site is funded separately through First 5 Solano and has annual contracted outcome measures and activities. 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 shared activities, develop increasingly intentional services, provide support and share resources.

¹ School Readiness funded amounts include budgeted amounts from First 5 Solano and First 5 California. Expended funds will exclude First 5 California funds, as presented in the Leveraged Funds section.

Priority 2: Early Childhood Learning and Development

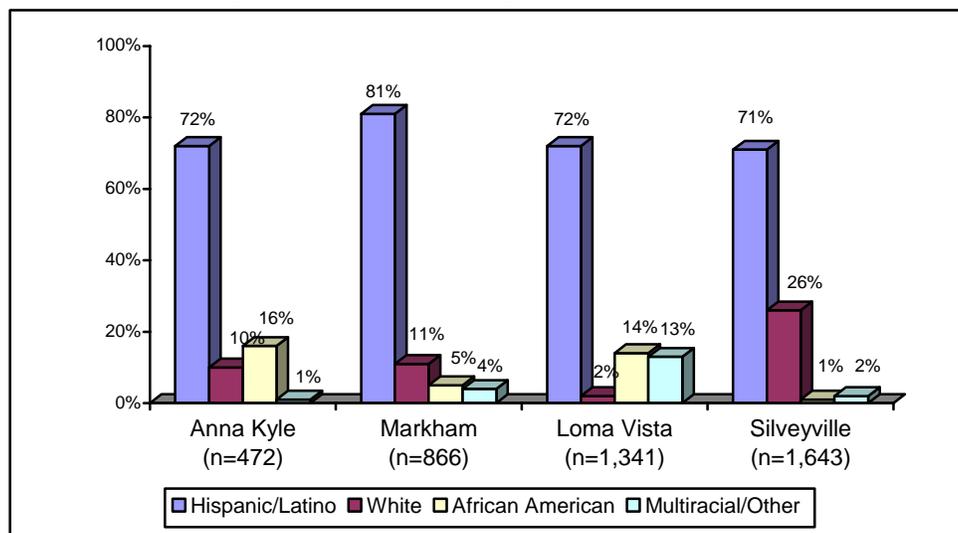
Activities conducted at all four First 5 Solano school readiness sites:

- Provide materials and enrollment information to parents with children entering kindergarten
- Provide child care referrals
- Provide parent education workshops and support (information about child care, child development, and child abuse prevention)
- Provide a pre-kindergarten academy for children entering kindergarten
- Hold community health and informational fairs
- Facilitate parent leadership groups
- Hold articulation meetings between staff, administration, teachers, caregivers, and community partners
- Conduct home visits
- Hold joint planning sessions with community partners to build system capacity and reduce duplicative services

What are the Characteristics of Clients Served?

In FY2006/07, the School Readiness Initiative provided services to over 1,800 children and 2,200 parents. The racial/ethnic breakdown for clients served by the School Readiness Initiative in FY2006/07 is given in the chart below. All data was reported by grantees into Persimmony—the electronic client management database.

Exhibit 14-2
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 2006, evaluators conducted a Kindergarten Entry Profile (KEP) study² at each School Readiness site funded through First 5 Solano: Silveyville, Anna Kyle, Markham, and Loma Vista Elementary

² The complete 2006-2007 Kindergarten Readiness Assessment is included in the appendix of this report.

Priority 2: Early Childhood Learning and Development

Schools.³ The study consists of assessments of individual children by kindergarten teachers (using the Modified Desired Results Developmental Profile Child Survey) and a survey of kindergarteners' parents. The data from the study provide a profile of kindergarteners' readiness to begin school in those regions targeted by First 5 Solano. The MDRDP is a cohort study, providing a "snapshot" of school readiness among a group of kindergarteners among the first few weeks of kindergarten. 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.

Except for the Cognition and General Knowledge dimension, about a third or more of students in 2006-2007 were able to fully or almost master all items in the MDRDP dimensions upon entry into kindergarten, as seen in Exhibit 14-3 below. The percentage of children in 2006-2007 who fully or almost mastered all items in each dimension on the MDRDP is lower than for the 2005-2006 school year (the percent change in mastery ranges from -2% to -12%). Despite the drop in mastery level from the 2005-2006 school year to the 2006-2007 school year, the percentage of children in 2006-2007 who fully or almost mastered all items in each dimension has still increased from the 2004-2005 school year, except in the area of Cognition and General Knowledge.

Exhibit 14-3
Percentage of Children Who Fully or Almost Mastered All Items on the MDRDP by Domain

MDRDP Domain	Percent Change from 04-05 to 06-07	First 5 Solano Catchment Areas 2004-2005 (n=324)	First 5 Solano Catchment Areas 2005-2006 (n=311 +/-3)	First 5 Solano Catchment Areas 2006-2007 (n=300 +/-1)	Statewide 2006-2007 (n=7,199)
Cognition and General Knowledge	-2%	21%	33%	19%	28%
Emotional Well-Being	+9%	32%	43%	41%	38%
Approaches to Learning	+2%	35%	47%	37%	40%
Communication Skills	+3%	30%	42%	33%	33%

Factors Influencing MDRDP Results

To explore factors influencing MDRDP results, a number of characteristics of entering kindergarteners were examined—including race/ethnicity, key school readiness activities engaged in by parents, attendance at preschool, and the child's participation in a Pre-K Academy—and statistical analysis was conducted to determine whether any of the characteristics were correlated with higher MDRDP scores. A summary of these factors is discussed below.

Preschool Experience: The majority (73%) of entering kindergarteners in the 2006-2007 school year attended preschool and over one-third (37%) attended family day care.⁴ Teachers in focus groups

³ Silveyville Elementary participates in the state's School Readiness evaluation and therefore was not included in the data collection conducted by local evaluators. The state did provide raw data for Silveyville and it is incorporated into this report with the other school data.

⁴ Kindergarteners could have been enrolled in family day care and attended preschool at separate times prior to entry into kindergarten.

overwhelmingly praised preschool experience as an important factor in the success of entering kindergarteners: teachers explain that preschool prepares children for what is expected of them in kindergarten, particularly how to adhere to appropriate classroom behavior such as sitting still, getting in line, and interacting with other children. Although anecdotally teachers believe that children with preschool experience enter kindergarten more prepared, **analysis of preschool experience related to all four MDRDP competencies does not show a difference between those who attended preschool versus those who did not.**

Readiness Activities of Parents: **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.** However, very few of these findings neither are statistically significant nor showed large differences between the two groups; thus, it cannot be concluded with confidence that the results are attributable to parents' activities. This was the case with the 2005-2006 cohort, but is in contrast to the 2004-2005 cohort where many of the activities parents engaged in (including meeting with the principal and teacher prior to the start of kindergarten) were highly correlated with higher MDRDP results.

Participation in a Pre-K Academy: When looking at MDRDP results of kindergarteners who participated in a Pre-K Academy in 2006-2007 versus those who did not, **those who did not participate were more likely to have fully or almost mastered all items of the four dimensions of the MDRDP.** This finding is in opposition to the finding from the 2005-2006 school year, when kindergarteners who participated in a Pre-K Academy were more likely to have scored higher on the MDRDP than those who did not. This change in findings may be the result of children entering the Pre-K Academies further behind than previous years' students. Pre-K Academies target children who have not had any preschool experience and are assumed to have lower competencies than children with preschool experience. In addition, the majority of the children (82%) who participated in a Pre-K Academy prior to the 2006-2007 school year spoke Spanish (and little or no English) as their primary language, most likely contributing to lower competencies in Cognition and General Knowledge and Communication Skills.

Race/Ethnicity: **Race/ethnicity does appear to have a significant impact on the mastery level of entering kindergarteners.** When comparing competencies of white and non-white students, white students are more than twice as likely to fully or almost master all items within the four dimensions of the MDRDP. Latino students, in particular, are less likely to have mastered items upon entry into kindergarten, as seen in Exhibit 14-4 on the following page. No differences were found when comparing scores of African American or Asian students to all other students.

Exhibit 14-4
MDRDP Scores by Race/Ethnicity

Percentage of Children Who Fully or Almost Mastered All Items	White Students (n=43)	Non-White Students (n=229)	Latino Students (n=147)	Non-Latino Students (n=125)
Cognition and General Knowledge	33%	13%	13%	17%
Emotional Well-Being	57%	37%	30%	50%
Approaches to Learning	64%	31%	28%	45%
Communication Skills	68%	27%	22%	46%

Parent Survey Results

Findings from the 2006-2007 parent survey are positive and demonstrate the many activities parents are engaging in to prepare their child for kindergarten. At the same time, there are also areas where parents could use additional support. The textbox below provides an overview of the findings related to the types of school readiness activities that parents are engaging in. Detailed parent survey results can be found in each of the four School Readiness site chapters.

KEY FINDINGS FROM PARENTS:

- The percentage of parents in 2006-2007 who toured the school or visited a classroom prior to the start of kindergarten and who received a letter or other written information from their child’s school rose from previous years.
- Parents in 2006-2007 enrolled their children in school earlier than in past years.
- Parents continue to engage in developmental activities with their child leading up to entry into kindergarten.
- Parents continue to report having high knowledge in child development.

In 2006-2007, the percentage of parents who toured the school or visited a classroom prior to the start of kindergarten rose from previous years (74% in 2006-2007, 64% in 2005-2006, and 63% in 2004-2005). The percentage of parents who received a letter or other written information from their child’s school also rose from previous years (77% in 2006-2007, 71% in 2005-2006, and 68% in 2004-2005). Although few parents received a phone call or home visit, overall parents are increasingly interacting with their child’s school before the start of kindergarten. Parents in 2006-2007 enrolled their children in school earlier than in past years. In 2006-2007, the majority of parents enrolled their child into kindergarten a few months before kindergarten (80%).

Very few parents had participated in other activities to support their child’s development. About one in five parents have ever gone to a parenting class (19%) or had a home visit from someone trained to talk about raising children (21%).

How has the School Readiness Initiative’s System of Care Changed since First 5 Solano Funding?

The School Readiness programs did not exist in their current capacity until First 5 Solano funding. Many of the partners, such as Family Resource Centers and schools, existed before, but there was not a formalized system of collaboration and communication in place. With its funding, First 5 Solana organized a system of care around School Readiness. This section explores the effect on the partnerships and programs of First 5 Solano funding.

Improving Service Access

The grantees in the School Readiness Initiative report they have increased outreach efforts in the catchment area to heighten community awareness and to establish themselves as resources to children and families in need. One School Readiness grantee notes, “Rather than referring families to other agencies, we are increasing our capacity to offer services directly (e.g., preschool, case management, dental screenings, parent education classes).” This grantee adds, “In addition to collaborating and offering joint resources to families on an ongoing basis, we frequently communicate with the district regarding School Readiness activities and goals.” Another grantee reports the program has established a workspace and office within the Healthy Start Facility located next to the state preschool and elementary school. As seen in the exhibit below, School Readiness grantees do not think that their services were well-known in the community before First 5 Solano funding brought them more formally together, but agree that their services have become well-known in the past three years since First 5 Solano funding began.

Exhibit 14-5
First 5 Solano FY2006/07 School Readiness Initiative’s Service Accessibility
Before and Since First 5 Solano Funding

Aspect of Service Accessibility	Sample Size	Level of Agreement† <i>Before</i> First 5 Solano Funding	Level of Agreement† <i>Since</i> First 5 Solano Funding	<i>Change</i> in Average Level of Agreement
Our services are well-known in the community.	n=4	2.0	3.8	+1.8*

†Agreement Scale: 1=Strongly disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Strongly Agree

* = p<.1, ** = p<.05, *** = p<.01

Increasing Collaboration within the System of Care

Communication

Most notably, grantees report significant increases in various aspects of communication within the system of care over the past three years.

Exhibit 14-6
First 5 Solano FY2006/07 School Readiness Initiative’s Communication
Before and Since First 5 Solano Funding

Aspect of Communication	Sample Size	Level of Agreement† <i>Before</i> First 5 Solano Funding	Level of Agreement† <i>Since</i> First 5 Solano Funding	<i>Change in Average Level of Agreement</i>
We communicate regularly with other organizations in our system of care.	n=4	2.3	5.0	+2.7**
We have positive working relationships with other organizations in our system of care.	n=4	2.3	5.0	+2.7**
We share best practices, effective models, and lessons from evaluations with other organizations in our system of care.	n=4	2.3	4.8	+2.5**

†Agreement Scale: 1=Strongly disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Strongly Agree
 * = p<.1, ** = p<.05, *** = p<.01

Before First 5 Solano helped to organize the School Readiness system of care, grantees say they did not communicate regularly or have positive working relationships with other organizations. They also disagree that they shared best practices and lessons from evaluations with other organizations. However, they strongly agree that since receiving First 5 Solano funding in 2004, they communicate regularly with each other and have built positive working relationships within the initiative. This increased collaboration, grantees note, helps them understand the continuum of care available to families and enables the grantees to “give families more accurate information to help and better serve them.”

Internal Structure

Since First 5 Solano began its funding, all School Readiness grantees believe that they share similar aspects of their internal structures. While survey analysis reveals that grantees do not feel they shared goals, expectations, strategies or activities prior to partnership with First 5 Solano, they more strongly agree they do share these goals and strategies now (see Exhibit 14-7 below). In addition, say they had not agreed upon and documented responsibilities or a shared referral and intake process prior to First 5 Solano funding, but grantees do strongly agree they have developed these processes over the past three years.

“Because we hold articulation meetings with other professionals that work with families of children 0-5 we are able to seek out their services. Over the last three years, we have learned about various relevant resources and how to best access them for our families.”
–School Readiness Initiative grantee

One School Readiness grantee explains that increased collaboration has led to “a better understanding of each organization’s goals.” This First 5 Solano funded agency reports that all collaborative partners have mutually contributed to a shared vision and simultaneously reduced duplication in services.

Exhibit 14-7
First 5 Solano FY2006/07 School Readiness Initiative’s Internal Structure
Before and Since First 5 Solano Funding

Aspect of Internal Structure	Sample Size	Level of Agreement† <i>Before</i> First 5 Solano Funding	Level of Agreement† <i>Since</i> First 5 Solano Funding	<i>Change</i> in Average Level of Agreement
We have agreed upon and documented responsibilities within our organizations.	n=4	2.5	4.5	+2.0*
Our strategies and/or activities are interrelated.	n=4	2.5	4.5	+2.0*
We have mutual goals and expectations within our system of care.	n=4	2.5	4.5	+2.0*
Organizations within our system of care have an internal shared referral and intake process.	n=4	2.5	4.3	+1.8*

†Agreement Scale: 1=Strongly disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Strongly Agree
 * = p<.1, ** = p<.05, *** = p<.01

Operations, Management and Supports

The School Readiness grantees implemented several strategies to streamline their operations in order to increase collaboration within the initiative. The following exhibit displays those aspects of their operations, management and supports for which they more strongly agree they have implemented since receiving First 5 Solano funding.

“Before First 5 Solano funding there was minimal to no collaboration with other agencies and within our own. Now we are involved in decision making and problem solving, we share information (HIPAA compliant) and collaborate with other organizations and within to better serve our families.”
 –School Readiness Initiative grantee

Exhibit 14-8
First 5 Solano FY2006/07 School Readiness Initiative’s
Operations, Management and Supports Before and Since First 5 Solano Funding

Aspect of Operations, Management and Supports	Sample Size	Level of Agreement† <i>Before</i> First 5 Solano Funding	Level of Agreement† <i>Since</i> First 5 Solano Funding	<i>Change</i> in Average Level of Agreement
We follow common protocols and policies across organizations in our system of care (e.g., for referrals and outreach).	n=4	2.0	4.5	+2.5***
There is joint decision making and problem solving across organizations in our system of care.	n=4	2.0	4.5	+2.5***
We share resources including financial, personnel, training information, and/or space with other organizations in our system of care.	n=4	2.0	4.5	+2.5***
Staff frequently shares relevant information about children and families with other organizations within our system of care	n=4	2.0	4.5	+2.5***

Priority 2: Early Childhood Learning and Development

Aspect of Operations, Management and Supports	Sample Size	Level of Agreement† <i>Before</i> First 5 Solano Funding	Level of Agreement† <i>Since</i> First 5 Solano Funding	<i>Change</i> in Average Level of Agreement
We have additional resources allocated to the management and integration of programs and systems (e.g. such as dedicated funding and/or staff time).	n=4	2.0	3.5	+1.5*
Data management and evaluation efforts are integrated across organizations and the system of care.	n=4	2.0	3.5	+1.5*

†Agreement Scale: 1=Strongly disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Strongly Agree

* = p<.1, ** = p<.05, *** = p<.01

School Readiness Grantees say they had not implemented the above aspects of their operations before receiving First 5 Solano grants. Since funding, however, grantees strongly agree they now follow common protocols, engage in joint decision making and problem solving, and share resources and relevant information with each other. One School Readiness grantee elaborates, “I have seen a huge change in the two years I have been apart of the First 5 Solano grant. We are more involved in the decision making of our program as well as in the community by participating in collaborations like ATOD, CHAP, along with others.”

Leveraged Funds

School Readiness Initiative – the four sites plus the AmeriCorps program – leveraged \$381,126 in additional dollars primarily through the First 5 California School Readiness matching funds program. This represents 75% of the overall First 5 Solano spending for FY2006/07 (for every \$1.00 of First 5 Solano dollars, an additional 75 cents were brought into the County).

School Readiness Initiative grantees report they have leveraged resources from school districts, family resource centers, and Child Start, Inc. “Because of the First 5 Solano grant,” a grantee notes, “we are able to leverage other resources for our families and children. And because of the population we serve and the outreach we have done, we are known as an organization that is active in the community.”

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. School Readiness programs are exceeding their performance measure targets in many instances, an example of sites’ adaptability to increasing community demand.

A particular success for the programs is the ability to conduct 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.

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:

- Although overall mastery of the four MDRDP dimensions has dropped from the 2005-2006 school year, **findings for the 2006-2007 school year are still up from 2004-2005 and are on par with Statewide findings.** First 5 Solano should expect that competencies will fluctuate from year to year based on the changing demographics and needs of entering kindergarteners. Attention should be paid to the individual competency items that experienced dramatic drops in 2006-2007 and School Readiness programs should focus efforts in those areas.
- In particular, School Readiness programs should **strengthen programming for English Learners and their parents.** Non-white students and Latino students especially had lower competency levels. School Readiness programs should reach out to these students and their families to provide extra support and services prior to entry and during the kindergarten year.
- 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 as their child's first and best teacher.** In particular, the Pre-K Academy offers an opportunity to engage parents in preparing their child for kindergarten. Pre-K Academy students in 2006-2007 were less likely to fully or almost master dimensions of the MDRDP than those who did not attend. This finding indicates that the children and parents of the Pre-K Academy are in need of additional support. First 5 Solano School Readiness sites should **use the Pre-K Academy as an opportunity to educate and engage parents in their child's development.**
- Findings related to the impact of the Pre-Kindergarten Academy on mastery levels in 2006-2007 are different from the previous school year. In 2005-2006, analysis revealed the positive effects of the Pre-K Academy. Those same effects do not emerge from the analysis of data for the 2006-2007 cohort. Given these mixed results, **LFA recommends developing a specific evaluation of the Pre-K Academy and its effects on participants.** The evaluation would help to illuminate effective practices among sites, and specific factors that contribute to kindergarteners' success.

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

Project Name	Funded Amount
School Readiness, Dixon USD Silveyville Elementary	\$217,250 ¹ 07/01/2006 to 06/30/2007

Program Overview

The Silveyville Elementary School Readiness program provides services that help parents prepare their young children to enter school healthy, ready to learn and reach their greatest potential. The program is designed to improve the transition from early care settings to elementary school (articulation) 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 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"/>
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 FY2006/07.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Hold an Annual Kindergarten Carnival.	✓				2 events were held.
150 children will receive health screenings, immunizations, and/or referrals to free or low cost healthcare.	✓				168 children received services.
Hold 2 Safe Neighborhood Forums	✓				4 forums were held.
Provide information to 20 pregnant and parenting teens on the adverse effects of violence.		✓			
Provide 30 transportation vouchers.			✓		12 vouchers were provided.
Hold 5 parent trainings regarding prenatal health.		✓			5 trainings were held.
Conduct home visits with 60 families.	✓				69 families received home visits.

¹ School Readiness funded amounts include budgeted amounts from First 5 Solano & First 5 California. Expended funds will exclude First 5 California funds, as presented in the Leveraged Funds section.

Priority 2: Early Childhood Learning and Development

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Facilitate 9 Parent Advisory Committee (PAC) meetings			✓		2 meetings were held.
Provide nursing services to 250 children.			✓		158 children received nursing services.
Coordinate 4 parent education trainings in the area of early childhood development.	✓				6 parent trainings were held.
Facilitate 5 parent playgroups.		✓			5 Parent playgroups were facilitated.
Provide information and referrals to at least 150 parents regarding an array of resources available related to early childhood education opportunities.	✓				Over 400 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.	✓				6 child care provider trainings were held
Provide Health and Social Service referrals to at least 100 parents annually.	✓				281 resources and referrals were provided
Provide 5 trainings, to parents with children ages 0-5, in the area of second hand smoke.	✓				7 trainings were held.
Coordinate 5 parent trainings to parents with children ages 0-5 in the area of school readiness and early childhood education.	✓				24 parent trainings were held
Plan and implement a free 6-week Pre-K Academy for 40 four year olds.		✓			The Pre-K Academy was implemented for 40 children.
Provide dental services, including screening and treatment to 30 children.	✓				146 children received dental services
Offer parenting classes to 40 parents focused on child physical, cognitive, and socio-emotional development.	✓				231 parents attended classes
60% of parents will report an increase in parenting skills	✓				64 out of 80 (80%) parents reported an increase in parenting skills
Provide First 5 New Parent Kits to families		✓			74 families received kits
Participate in joint planning and decision-making with other agencies	✓				17 meetings were held
85% of children enter Kindergarten fully immunized.	✓				221 (92%) children were fully immunized.

Challenges to Effective Service Provision

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

- The program had difficulties reaching out to new mothers, especially teenage mothers. The program reports this group is hard to reach because they do not have any children currently in the schools.
- While the program is physically located at the Silveyville school, services are available to parents throughout the Dixon Unified School District school readiness catchment area. However, many parents believe the program is only for Silveyville parents and do not access services.

Leveraged Funds

Silveyville Elementary School Readiness program leveraged \$86,414 in additional dollars. This represents a 1:1 funding match for FY2006/07 (for every \$1.00 of First 5 Solano dollars, an additional \$1.00 was brought into the County).

Highlight of Program Successes:

The program reported the following success in FY2006/07:

- **100 families were served at the Walk to School event.** This community event raises awareness around health, eating habits, and walking. Community agencies distributed cookbooks and parents spend time with their children.
- Almost all **Silveyville School Readiness staff is bilingual Spanish-speaking, and all of the program materials are translated.** This means that parents and families can receive services in their native language and has increased participation.
- **The Kindergarten registration fair was held in conjunction with the Health and Literacy Fair.** Families were able to register their children for school and receive medical services at the same event, thereby increasing access to medical screening and care.

What are the Characteristics of Clients Served?

Silveyville School Readiness served over **800 parents** and **640 children** ages 0-5 years in FY2006/07. The racial/ethnic breakdown of Silveyville School Readiness clients is:

- 71% Latino,
- 26% White,
- 1% African-American, and
- 2% 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 and African-American clients.

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

In 2006, evaluators conducted a Kindergarten Entry Profile (KEP) study at each School Readiness sites funded through the First 5 Solano Children and Families Commission². 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. 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.

Silveyville Elementary overall performed well in MDRDP dimensions in the 2006-2007 school year. As seen in Exhibit 15-2, the percentages of children at Silveyville who fully or almost mastered all items in each MDRDP dimension increased over the 2005-2006 school year in the dimensions of Emotional Well-Being, Communication Skills, and Approaches to Learning and decreased slightly in Cognition and General Learning. Scores for all four dimensions were higher for Silveyville than for the state and the First 5 Solano catchment areas overall.

**Exhibit 15-2
Percentage of Children Who Fully or Almost Mastered All Items on the MDRDP by Domain**

MDRDP Domain	Percent Change from 2005-06 to 2006-07	Silveyville 2004-05 (n=73)	Silveyville Elementary 2005-06 (n=98 +/-1)	Silveyville Elementary 2006-07 (n=54)	First 5 Solano Catchment Areas 2006-07 (n=300 +/-3)	Statewide 2006-07 (n=7,199)
Cognition and General Knowledge	+7%	30%	43%	37%	19%	28%
Emotional Well-Being	+12%	44%	38%	56%	41%	38%
Approaches to Learning	-1%	45%	41%	44%	37%	40%
Communication Skills	+11%	32%	42%	43%	33%	33%

As mentioned above, Silveyville Elementary was included in First 5 California’s evaluation during 2006-2007, and only a few of the parent survey questions correlate with the parent survey implemented at the other three sites. Parent survey results for the questions that do correlate are described below.

² In 2006-2007 Silveyville Elementary 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. The same information on MDRDP scores is available for Silveyville as for the other three sites. However, the state evaluators implemented a different parent survey and only some of those questions match up with questions from LFA’s parent survey. Therefore less parent survey information on Silveyville is included in this report than for the other three sites. 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.

Exhibit 15-3
Parent Report of Frequency of Contact with School

Type of Contact with School	Silveyville Elementary 2005-06 (n=20 +/-1)	Silveyville Elementary 2006-07 (n=31)	First 5 Solano School Readiness Catchment Areas 2006-07 (n=153 +/-1)
Meet with a kindergarten teacher	59%	94%	49%
Tour the school and/or visit a kindergarten classroom	71%	97%	69%
Receive a letter or other written information from your child's school on how to help get your child ready for kindergarten?	82%	94%	72%

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

In 2006-2007, more than nine in ten (94%) parents met with a Kindergarten prior to the start of school year. The majority (97%) also toured the school or visited a classroom, or received written information from the school (94%).

Parents may receive various types of support on parenting skills. As Exhibit 15-4 shows below, not many parents either across the county or in the Silveyville catchment area participated in these support activities. The most common type of support for Silveyville parents to have accessed was a parenting class, with 16% of parents saying they attending one of these.

Exhibit 15-4
Types of Support for Parents

Parental Support Activities	Silveyville Elementary 2006-07 (n=31)	First 5 Solano School Readiness Catchment Areas 2006-07 (n=160 +/-1)
Went to a support group to help with parenting	7%	9%
Went to a parenting class	16%	21%

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

**Chapter 16: Vacaville USD: Markham Elementary
School Readiness Program**

Project Name	Funded Amount
School Readiness, Vacaville USD Markham Elementary	\$210,000 ¹ 07/01/2006 to 06/30/2007

Program Overview

The Markham Elementary School Readiness program provides services that help parents prepare their young children to enter school healthy, ready to learn and reach their greatest potential. The program is designed to improve the transition from early care settings to elementary school (articulation) 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 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"/>
Persimmony 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 FY2006/07.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Provide 3 visits per family to 10 families on modeling effective parenting techniques	✓				21 families received services
Provide one time basic needs assistance to 10 families	✓				34 families received services
Provide 10 pregnant women with information regarding health and pregnancy	✓				17 women received information
Provide information and referrals based on appropriate needs to 100 parents	✓				1568 referrals were provided
Provide health screenings to 120 children	✓				239 children received health screenings
Convene neighbors twice during the year through social activities	✓				3 convenings were held

¹ School Readiness funded amounts include budgeted amounts from First 5 Solano & First 5 California. Expended funds will exclude First 5 California funds, as presented in the Leveraged Funds section.

Priority 2: Early Childhood Learning and Development

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Hold 2 meetings for child care providers and parents to provide training	✓				3 meetings were held
Hold 2 parenting classes that serve a total of 24 parents	✓				7 parenting classes were held
Hold 2 preschool classes per week for three year olds		✓			2 classes per week were held from Sept-May
Hold 3 preschool classes per week for four year olds		✓			3 classes per week were held from Sept-May
Hold 2 Safe Neighborhood forums		✓			2 forums were held
Provide developmental assessments to 25 children	✓				26 children received assessments
Give 30 parents referrals to the Nurturing Parents program or the Parent Project Jr.	✓				103 referrals were given
Hold quarterly Parent and Community Leadership Council meetings			✓		3 out of 4 meetings were held
Hold 4 conferences with parents of special needs children and service providers	✓				5 conferences were held
Provide dental services to 40 children	✓				148 children received services
Provide one time emergency medical and/or dental services to 5 children via CHAP	✓				13 children received services
Implement a Pre-Kindergarten Academy for 40 four year olds			✓		36 children attended the Pre-K Academy
Provide children care program referrals (including subsidized care) to 50 parents	✓				282 parents received referrals
Offer 9 bilingual story hours to non-English speaking preschoolers and their families	✓				24 story hours were held
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
First 5 New Parent Kits to families	✓				104 families received kits
Participate in 9 instances of joint planning and decision-making with other agencies	✓				31 meetings were held
Ensure 80% of children (96 students) enter school fully immunized.	✓				128 (95%) students entered school fully immunized
80% (19 of 24) of parents will report an increase in parenting skills	✓				31 (94%) parents reported an increase in parenting skills

Challenges to Effective Service Provision

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

- The program often has difficulty finding space to hold daytime events. During the evening, it is easy to use the school, because there are many spaces not being used. However, during the day there are no extra rooms available for School Readiness use.
- The program serves many children of undocumented immigrants. The children are citizens and are easily able to receive direct services, but often there are family needs that affect children such as adult mental illness. The School Readiness program finds the inability to treat parent or family issues has an effect on the children.
- The families in the Vacaville Unified School District tend to move around. This high level of mobility makes it difficult to follow-up with families because addresses and phone numbers change frequently.

Leveraged Funds

Markham Elementary School Readiness program leveraged \$73,980 in additional dollars by participating in the First 5 California School Readiness state match program. This represents 59% of expended funding from First 5 Solano for FY2006/07.

Highlight of Program Successes:

The program reported the following success in FY2006/07:

- **More parents have been participating in the Nurturing Parent Program.** Offered in Spanish and English, the School Readiness program collaborates with the police department to implement the program. In FY2006/07 the number of classes offered increased from 1 to 4 and a total of 48 parents participated.
- **A Latino Literacy Group was held to model effective reading techniques** and provided 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 School Readiness staff has increased the level of outreach.** Increased visitation of schools, preschools, and community events has doubled the number of walk-ins who come in to the program.

What are the Characteristics of Clients Served?

Markham School Readiness served over **160 parents** and **600 children** ages 0-5 years in FY2006/07. The racial/ethnic breakdown of Markham School Readiness clients is:

- 81% Latino,
- 11% White,
- 5% African American, and
- 4% 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 2006, evaluators conducted a Kindergarten Entry Profile (KEP) study at each School Readiness sites funded through the First 5 Solano Children and Families Commission. The study consisted 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 Markham Elementary. For full results refer the complete Kindergarten Readiness Assessment included in the appendix of this report.

MDRDP scores from First 5 Solano School Readiness catchment areas overall and Markham Elementary dropped in 2006-2007. However, Results for this cohort year have improved over results from the 2004-2005 cohort year and are on par with 2006-2007 statewide results. As seen in Exhibit 16-2, **the percentages of children at Markham who fully or almost mastered all items in each MDRDP dimension have increased from 5% points to over 17% points over the past two years in all four MDRDP dimensions.**

Exhibit 16-2

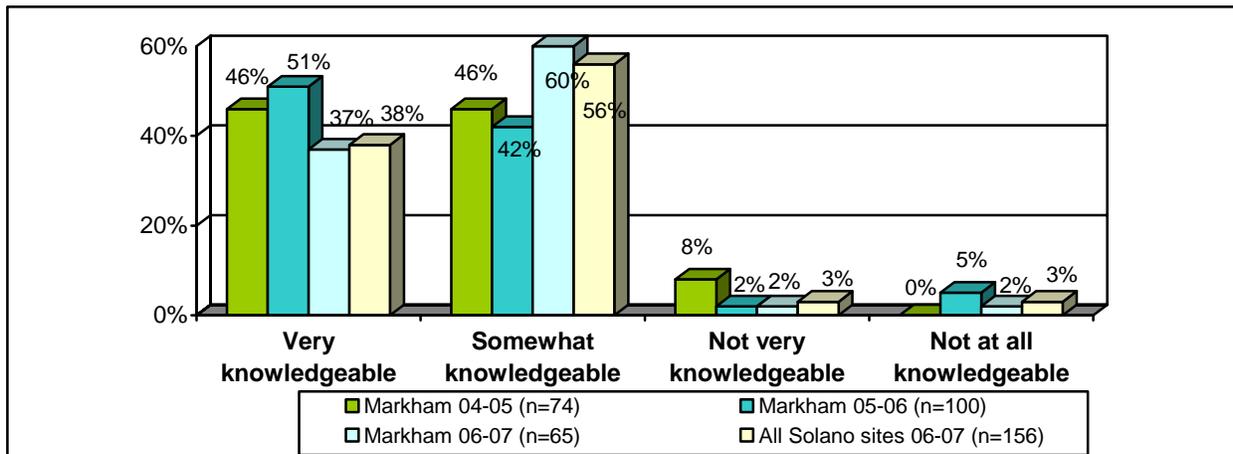
Percentage of Children Who Fully or Almost Mastered All Items on the MDRDP by Domain

MDRDP Domain	Percent Change from 2004-05 to 2006-07	Markham Elementary 2004-05 (n=97)	Markham Elementary 2005-06 (n=89 +/-7)	Markham Elementary 2006-07 (n=93 +/-1)	First 5 Solano Catchment Areas 2006-07 (n=300 +/-3)	Statewide 2004-05 (n=7,199)
Cognition and General Knowledge	+5%	18%	30%	23%	19%	28%
Emotional Well-Being	+17%	24%	53%	41%	41%	38%
Approaches to Learning	+15%	22%	76%	37%	37%	40%
Communication Skills	+10%	24%	52%	34%	33%	33%

In FY2006/07 at Markham, 93% of parents say they are either “somewhat knowledgeable” or “very knowledgeable” about child development, as shown in the exhibit below.

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 2.8 to 3.7. Mean scores have increased slightly from FY2005/06 to FY2006/07.

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

Child Development Activity	Markham Elementary 2004-05 (n=73 +/-2)	Markham Elementary 2005-06 (n=102 +/-1)	Markham Elementary 2006-07 (n=66 +/-1)	First 5 Solano School Readiness Catchment Areas 2006-07 (n=160 +/-2)
Practice counting with this child	3.6	3.3	3.4	3.5
Practice daily routines of getting ready for school with this child (e.g. bedtime, morning schedule)	3.7	3.5	3.7	3.7
Practice kindergarten skills with this child (such as holding a pencil, cutting with scissors, counting, colors, shapes, letters)	3.6	3.4	3.5	3.5
Practice self-help skills with this child (such as zipping clothes, buttoning, tying shoes)	3.6	3.6	3.5	3.6
Read stories to this child	3.4	3.3	3.4	3.5
Play active games (e.g. toss a ball, skip, jump, climb)	3.7	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")	3.0	2.9	3.2	3.2
Play games that order objects from smallest to largest (e.g. orders various circle sizes, nests cups, lines up from shortest to tallest)	3.0	2.8	2.8	3.0

In FY2006/07, 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 (75%) also toured the school or visited a classroom, met with a school principal or staff (60%), and participated in school-wide activities (59%). Interactions with the schools prior to the start of kindergarten increased or remained the same in every area this year except for "having your child's skills and development assessed."

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

Type of Contact with School	Markham Elementary 2004-05 (n=69 +/-1)	Markham Elementary 2005-06 (n=94 +/-3)	Markham Elementary 2006-07 (n=63 +/-2)	First 5 Solano School Readiness Catchment Areas 2006-07 (n=150 +/-4)
Meet with a kindergarten teacher	44%	60%	60%	49%
Meet the elementary school principal or other school staff	63%	62%	62%	42%
Participate in school-wide activities	59%	47%	59%	50%
Tour the school and/or visit a kindergarten classroom	71%	68%	75%	69%
Receive a letter or other written information from your child's school on how to help get your child ready for kindergarten?	71%	73%	82%	72%

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

Type of Contact with School	Markham Elementary 2004-05 (n=69 +/-1)	Markham Elementary 2005-06 (n=94 +/-3)	Markham Elementary 2006-07 (n=63 +/-2)	First 5 Solano School Readiness Catchment Areas 2006-07 (n=150 +/-4)
Receive a phone call or home visit from someone who talked to you about child development	27%	30%	30%	25%
Have your child's skills and development assessed	13%	45%	35%	39%

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

In FY2006/07, the majority of parents enrolled their child into kindergarten a few months before kindergarten (87%). Only a small percent of parents (2%) enrolled their child after the first day of kindergarten.

Exhibit 16-6
When Child Enrolled in Kindergarten

When Enrolled	Markham Elementary 2004-05 (n=71)	Markham Elementary 2005-26 (n=102)	Markham Elementary 2006-07 (n=65)	First 5 Solano School Readiness Catchment Areas 2006-07 (n=160)
During the few months before kindergarten	79%	78%	87%	78%
A few weeks before kindergarten began	13%	15%	10%	15%
On the first day of kindergarten	4%	0%	6%	6%
After school started	4%	7%	2%	2%

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

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 85% reporting that it increased their knowledge of colors and shapes, letters of the alphabet, numbers and counting, and almost 90% reporting that it increased their social skills.**

Exhibit 16-7
Parent Report of Child's Developmental Improvement

Area of Child Development	Markham Elementary (n=65)	First 5 Solano School Readiness Catchment Areas (n=158)
Increased knowledge of letters of the alphabet	85%	90%
Increased knowledge of numbers and counting	85%	90%
Increased knowledge of colors and shapes	85%	90%
Increased knowledge of basic concepts of books/reading	77%	76%
Increased social skills (e.g. sitting in circle, raising hand to ask questions, sharing and taking turns)	89%	88%

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

**Chapter 17: Vallejo City USD: Loma Vista Elementary
School Readiness Program**

Project Name	Funded Amount
School Readiness, Vallejo City USD Loma Vista Elementary	\$218,200 ¹ 07/01/2006 to 06/30/2007

Program Overview

The Loma Vista Elementary School Readiness program provides services that help parents prepare their young children to enter school healthy, ready to learn and reach their greatest potential. The program is designed to improve the transition from early care settings to elementary school (articulation) 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 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"/>
Persimmony Data	<input checked="" type="checkbox"/>

Performance Measures

The following provides a summary of Loma Vista School Readiness' performance measures for FY2006/07.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Provide child care referrals to 10 families	✓				111 referrals were provided
Hold 1 Health Fair and 1 Literacy Fair		✓			
Hold 1 Pre-Kindergarten workshop		✓			1 workshop was held.
Provide basic provisions to 10 families (clothing/household items)	✓				34 families were assisted.
Hold 10 Kids Clubs activities in math, science and pre-literature		✓			10 Kids Clubs were held
Hold 10 Mommy, Daddy, and Me fine motor skills activities	✓				58 Mommy, Daddy & Me activities were held
Provide 15 instances of translation services	✓				Translation services were provided 17 times.
Hold 2 parent workshops that focus on early childhood		✓			2 workshops were held

¹ School Readiness funded amounts include budgeted amounts from First 5 Solano & First 5 California. Expended funds will exclude First 5 California funds, as presented in the Leveraged Funds section.

Priority 2: Early Childhood Learning and Development

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Hold a Kindergarten Academy for 24 four year olds	✓				50 children participated in a Kindergarten Academy
Provide one time emergency medical and/or dental services to 25 children	✓				48 children received services.
Hold 3 articulation meetings.	✓				4 meetings were held
Hold 3 trainings on school readiness for educators, child care providers, and parents.		✓			3 trainings were held.
Hold 4 cultural awareness parent-child interaction activities		✓			4 activities were held.
Hold 5 Parent Advisory Council (PAC) meetings		✓			5 meetings were held
Offer 9 story groups		✓			9 story groups were offered.
Conduct outreach to 4 systems partners		✓			Outreach was conducted to 4 partners.
Provide First 5 New Parent Kits to families		✓			136 families received kits
Participate in joint planning and decision-making with other agencies	✓				12 meetings were held
Provide dental services for 25 children	✓				145 received dental screenings and treatment
Provide parenting classes that focus on supporting child physical, cognitive and socio-emotional development to 40 parents.	✓				91 parents participated in classes
60% (24 of 40) of parents report an increase in parenting skills	✓				99 out of 126 (79%) parents reported an increase in parenting skills

Leveraged Funds

Loma Vista Elementary School Readiness program leveraged \$97,317 in additional dollars via the First 5 California School Readiness match funding program. This represents 75% of expended funding from First 5 Solano for FY2006/07.

Highlight of Program Successes:

The program reported the following success in FY2006/07:

- The program enjoys strong family support. The Health and Literacy fairs have been very popular with both families and community partners. At these events parents are provided with information about community resources, learn about health issues and have an opportunity to bond with their children.
- The Parent Literacy group provides parents with an opportunity to learn English in order to help their children with homework.

What are the Characteristics of Clients Served?

Loma Vista School Readiness served over **630 parents and 690 children** ages 0-5 years in FY2006/07. The racial/ethnic breakdown of Loma Vista School Readiness clients is:

- 72% Latino,
- 14% African American,
- 2% White; and
- 13% Other.

The Loma Vista School Readiness program 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 2006, evaluators conducted a Kindergarten Entry Profile (KEP) study at each School Readiness site funded through the First 5 Solano Children and Families Commission. 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.

As seen in Exhibit 17-2, MDRDP results for this cohort year have decreased over results from the 2004-2005 cohort year. The Emotional Well-Being dimension decreased only slightly, while the other dimensions decreased more substantially. Given that the MDRDP is a snapshot in time, it is not unexpected that competencies of entering Kindergarteners will change from year to year.

Exhibit 17-2

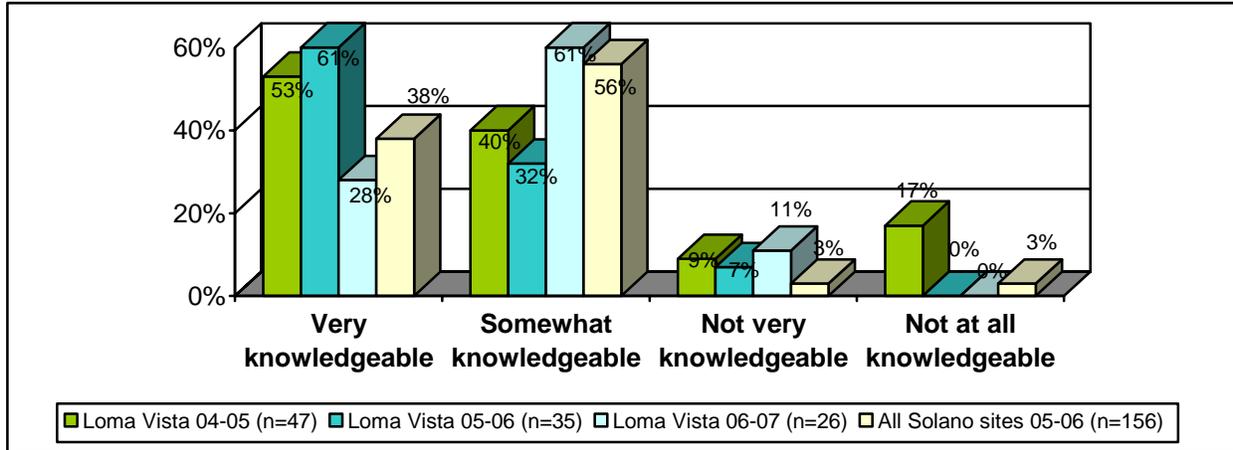
Percentage of Children Who Fully or Almost Mastered All Items on the MDRDP by Domain

MDRDP Domain	Percent Change from 2004-05 to 2006-07	Loma Vista Elementary 2004-05 (n=76)	Loma Vista Elementary 2005-06 (n=48)	Loma Vista Elementary 2006-07 (n=78 +/-2)	First 5 Solano Catchment Areas 2006-07 (n=300 +/-3)	Statewide 2006-07 (n=7,199)
Cognition and General Knowledge	-21%	26%	33%	5%	19%	28%
Emotional Well-Being	-2%	32%	43%	30%	41%	38%
Approaches to Learning	-21%	43%	42%	22%	37%	40%
Communication Skills	-31%	49%	46%	18%	33%	33%

Priority 2: Early Childhood Learning and Development

In FY2006/07 at Loma Vista, almost 90% of parents rated their knowledge of child development as “somewhat knowledgeable” or “very knowledgeable.” No parents say they are “not at all 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 3.0 to 3.7. Mean scores for all activities except “play active games” and “play games that order items from smallest to largest” have increased from FY2005/06 to FY2006/07.

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

Child Development Activity	Loma Vista Elementary 2004-05 (n=46 +/-2)	Loma Vista Elementary 2005-06 (n=35 +/-1)	Loma Vista Elementary 2006-07 (n=25)	First 5 Solano School Readiness Catchment Areas 2006-07 (n=160 +/-2)
Practice counting with this child	3.6	3.4	3.5	3.5
Practice daily routines of getting ready for school with this child (e.g. bedtime, morning schedule)	3.8	3.5	3.6	3.7
Practice kindergarten skills with this child (such as holding a pencil, cutting with scissors, counting, colors, shapes, letters)	3.7	3.4	3.6	3.5
Practice self-help skills with this child (such as zipping clothes, buttoning, tying shoes)	3.9	3.5	3.7	3.6
Read stories to this child	3.6	3.1	3.4	3.5
Play active games (e.g. toss a ball, skip, jump, climb)	3.6	3.6	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”)	3.2	2.9	3.2	3.2

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

Child Development Activity	Loma Vista Elementary 2004-05 (n=46 +/-2)	Loma Vista Elementary 2005-06 (n=35 +/-1)	Loma Vista Elementary 2006-07 (n=25)	First 5 Solano School Readiness Catchment Areas 2006-07 (n=160 +/-2)
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	3.0	3.0

In FY2006/07, nearly 8 in ten (78%) parents received a letter or other written information from their child's school prior to the start of kindergarten. The most common interaction with the schools prior to the start of kindergarten was touring the school or visiting a classroom; this item increased over FY2005/06. The frequency of all other interactions decreased from FY2005/06 to FY2006/07.

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

Type of Contact with School	Loma Vista Elementary 2004-05 (n=45 +/-2)	Loma Vista Elementary 2005-06 (n=32 +/-3)	Loma Vista Elementary 2006-07 (n=25 +/-1)	First 5 Solano School Readiness Catchment Areas 2006-07 (n=150 +/-4)
Meet with a kindergarten teacher	54%	52%	33%	49%
Meet the elementary school principal or other school staff	61%	46%	22%	42%
Participate in school-wide activities	71%	59%	56%	50%
Tour the school and/or visit a kindergarten classroom	71%	60%	82%	69%
Receive a letter or other written information from your child's school on how to help get your child ready for kindergarten?	76%	79%	78%	72%
Receive a phone call or home visit	7%	35%	17%	25%
Have your child's skills and development assessed	9%	50%	41%	39%

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

In FY2006/07, the majority of parents enrolled their child into kindergarten a few months before kindergarten (83%). Only a small percent of parents (6%) enrolled their child after the first day of kindergarten.

Exhibit 17-6
When Child Enrolled in Kindergarten

When Enrolled	Loma Vista Elementary 2004-2005 (n=46)	Loma Vista Elementary 2005-2006 (n=36)	Loma Vista Elementary 2006-2007 (n=26)	First 5 Solano School Readiness Catchment Areas 2006-07 (n=160)
During the few months before kindergarten	70%	69%	83%	78%
A few weeks before kindergarten began	26%	17%	11%	15%
On the first day of kindergarten	2%	3%	0%	6%
After school started	2%	10%	6%	2%

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

For other School Readiness sites there are data available about parents' perceptions of how participation in a Pre-Kindergarten Academy increased their child's knowledge in certain areas. This information is not available for Loma Vista in FY2006/07 because only three parents self-identified as having children who attended Pre-Kindergarten Academy. A sample size of three is too small to report results with any confidence.

**Chapter 18: Fairfield-Suisun USD: Anna Kyle Elementary
School Readiness Program**

Project Name	Funded Amount
School Readiness, Fairfield-Suisun USD Anna Kyle Elementary	\$223,144 ¹ 07/01/2006 to 06/30/2007

Program Overview

The Anna Kyle Elementary School Readiness program provides services that help parents prepare their young children to enter school healthy, ready to learn and reach their greatest potential. The program is designed to improve the transition from early care settings to elementary school (articulation) 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 school.

Exhibit 18-1

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 Anna Kyle School Readiness' performance measures for the FY2006/07.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Hold 1 Health and Literacy Fair		✓			1 event was held
Provide case management services to 10 parents	✓				25 parents were served
Provide child care program referrals including bilingual materials to 100 parents	✓				131 parents received referrals
Provide literacy packets to 100 parents	✓				128 parents received packets.
Hold 2 Safe Neighborhood forums		✓			2 forums were held
Provide parenting and resource information to 20 expectant parents	✓				21 expectant parents received information.
Hold a Pre-Kindergarten Academy for 24 students	✓				86 children attended a Pre-K Academy
Provide speech and language assessments to 25 children				✓	The program was unable to hire a speech language therapist

¹ School Readiness funded amounts include budgeted amounts from First 5 Solano & First 5 California. Expended funds will exclude First 5 California funds, as presented in the Leveraged Funds section.

Priority 2: Early Childhood Learning and Development

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Provide 30 minutes of speech language services per week to 5 children				✓	The program was unable to hire a speech language therapist
Hold 4 quarterly meetings with child care providers and parents to provide training		✓			4 meetings were held
Provide urgent medical and/or dental services to 50 children	✓				201 instances of medical and/or dental services were rendered
Hold 6 parent education workshops	✓				41 workshops were held
Provide School Readiness backpacks to 68 children	✓				94 children received backpacks
Facilitate 3 Parent Advisory Committee (PAC) meetings	✓				18 meetings were held at preschools.
Provide 7.5 hours per week of additional school nurse time to children ages 0-5				✓	No additional time was provided
Provide First 5 New Parent Kits to families	✓				100 families received kits
Participate in joint planning and decision-making with other agencies	✓				3 meetings were held
Provide dental services for 150 children	✓				174 received dental screenings and treatment
Provide parenting classes that focus on supporting child physical, cognitive and socio-emotional development to 90 parents.	✓				266 parents participated in classes
70% (63 of 90) of parents will report an increase in parenting skills	✓				79 parents reported an increase in parenting skills

Challenges to Effective Service Provision

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

- The program was understaffed during FY2006/07. The Healthy Start Coordinator ran two programs, filling 2 FTEs, for 6 months. Additionally, the program was not able to hire a speech language therapist for the duration of the year. The program has hired a school nurse to do some speech language screening until a more permanent solution can be found.
- The program was unable to provide additional school nurse time to children 0-5 because there was a lack of nurses in the district. A nurse has been identified and will provide services beginning FY2007/08.

Leveraged Funds

Anna Kyle Elementary School Readiness program leveraged \$91,415 in additional dollars. This represents 114% of expended funding from First 5 Solano for FY2006/07 (for every \$1.00 of First 5 dollars, an additional \$1.14 was brought into the County).

Priority 2: Early Childhood Learning and Development

- Anna Kyle Elementary School Readiness expended 77% of the First 5 Solano funded amount in the fiscal year.

Highlight of Program Successes:

The program reported the following success in FY2006/07:

- **This year the program was able to completely fill three Pre Kindergarten Academies.** School Readiness staff credit an extensive outreach effort with filling all slots in three Pre-K Academies. The staff went to every low income school in the district to compile lists of children who were registered for Kindergarten, but did not have any prior preschool experience. Those families were then contacted to participate in the program. As a result of its efforts, the staff feel that Pre-K Academy slots were filled by children who most needed the support.
- **Extensive collaboration between the FRC, teachers, and the Anna Kyle Preschool made the program a success.** The School Readiness program has a very supportive and collaborative working relationship with many partners. For example, the School Readiness Coordinator helps the preschools with curriculum, further strengthening the link between what children need to know when they enter Kindergarten and the instruction they have in early childhood education.

What are the Characteristics of Clients Served?

Anna Kyle School Readiness served **over 230 parents and 240 children** ages 0-5 years in FY2006/07. The racial/ethnic breakdown of Anna Kyle School Readiness clients is:

- 72% Latino,
- 16% African American,
- 10% White 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 2006, evaluators conducted a Kindergarten Entry Profile (KEP) study at each School Readiness site funded through the First 5 Solano Children and Families Commission. The study consisted 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, – 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

MDRDP results for this cohort year have improved over results from the 2004-05 cohort year, and exceeded statewide results in three of four areas. However, the scores are lower than in the 2005-06 school year. The MDRDP provides a snapshot of each incoming group of Kindergarteners, rather than measuring change over time among the same group of children. It is not unexpected that competencies of entering kindergarteners will change from year to year. As seen in Exhibit 18-2, the percentages of children at Anna Kyle who fully or almost mastered all items in each MDRDP dimension have increased over the past two years.

Exhibit 18-2

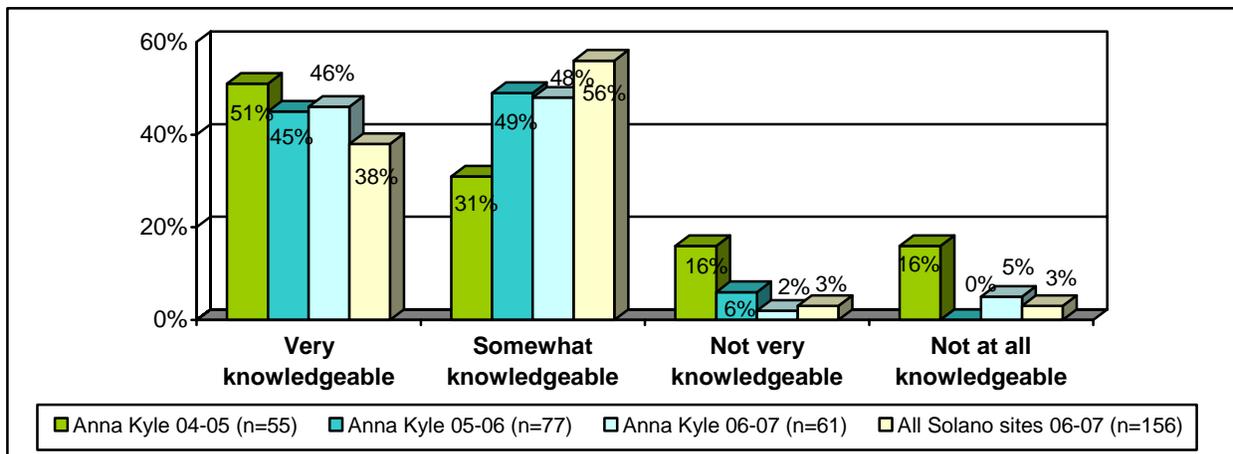
Percentage of Children Who Fully or Almost Mastered All Items on the MDRDP by Domain

MDRDP Domain	Percent Change from 2004-05 to 2006-07	Anna Kyle Elementary 2004-05 (n=78)	Anna Kyle Elementary 2005-06 (n=81 +/-1)	Anna Kyle Elementary 2006-07 (n=75 +/-1)	First 5 Solano Catchment Areas 2006-07 (n=300 +/-3)	Statewide 2006-07 (n=7,199)
Cognition and General Knowledge	+7%	9%	35%	16%	19%	28%
Emotional Well-Being	+18%	26%	58%	44%	41%	38%
Approaches to Learning	+20%	28%	64%	48%	37%	40%
Communication Skills	+17%	26%	51%	43%	33%	33%

In FY2006/07 at Anna Kyle, 46% 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 18-3

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 increased or remained the same from FY2005/06 to FY2006/07.

**Exhibit 18-4
Parent Report of Frequency of Child Development Activity**

Child Development Activity	Anna Kyle Elementary 2004-05 (n=55 +/-3)	Anna Kyle Elementary 2005-06 (n=76 +/-3)	Anna Kyle Elementary 2006-07 (n=64 +/-2)	First 5 Solano School Readiness Catchment Areas 2006-07 (n=160 +/-1)
Practice counting with this child	3.5	3.5	3.6	3.5
Practice daily routines of getting ready for school with this child (e.g. bedtime, morning schedule)	3.5	3.6	3.6	3.7
Practice kindergarten skills with this child (such as holding a pencil, cutting with scissors, counting, colors, shapes, letters)	3.4	3.4	3.6	3.5
Practice self-help skills with this child (such as zipping clothes, buttoning, tying shoes)	3.4	3.7	3.7	3.6
Read stories to this child	3.4	3.3	3.6	3.5
Play active games (e.g. toss a ball, skip, jump, climb)	3.4	3.5	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	3.2	3.2
Play games that order objects from smallest to largest (e.g. orders various circle sizes, nests cups, lines up from shortest to tallest)	2.9	2.9	3.1	3.0

In FY2006/07, most commonly (60%) parents received a letter or other written information from their child's school prior to the start of kindergarten. Over half (58%) also toured the school or visited a classroom. Interactions with the school prior to the start of kindergarten have increased or remained the same in every area from FY2005/06 to FY2006/07.

**Exhibit 18-5
Parent Report of Frequency of Contact with School**

Type of Contact with School	Anna Kyle Elementary 2004-05 (n=50 +/-2)	Anna Kyle Elementary 2005-06 (n=77 +/-2)	Anna Kyle Elementary 2006-07 (n=60 +/-2)	First 5 Solano School Readiness Catchment Areas 2006-07 (n=150 +/-4)
Meet with a kindergarten teacher	58%	34%	43%	49%
Meet the elementary school principal or other school staff	25%	27%	28%	42%
Participate in school-wide activities	30%	35%	40%	50%
Tour the school and/or visit a kindergarten classroom	45%	57%	58%	69%
Receive a letter or other written information from your child's school on how to help get your child ready for kindergarten?	56%	60%	60%	72%
Receive a phone call or home visit from someone who talked to you about child development	24%	27%	22%	25%

Exhibit 18-5
Parent Report of Frequency of Contact with School

Type of Contact with School	Anna Kyle Elementary 2004-05 (n=50 +/-2)	Anna Kyle Elementary 2005-06 (n=77 +/-2)	Anna Kyle Elementary 2006-07 (n=60 +/-2)	First 5 Solano School Readiness Catchment Areas 2006-07 (n=150 +/-4)
Have your child's skills and development assessed	14%	33%	43%	39%

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

In FY2006/07, the majority of parents enrolled their child into kindergarten a few months before kindergarten (67%). Only a small percent of parents (1%) enrolled their child after the first day of kindergarten.

Exhibit 18-6
When Child Enrolled in Kindergarten
(2005-2006 n = 229, 2004-2005 n=234, 2006-2007 n=143)

When Enrolled	Anna Kyle Elementary 2004-05 (n=55)	Anna Kyle Elementary 2005-06 (n=75)	Anna Kyle Elementary 2005-06 (n=65)	First 5 Solano School Readiness Catchment Areas 2006-07 (n=160)
During the few months before kindergarten	66%	63%	67%	78%
A few weeks before kindergarten began	24%	25%	20%	15%
On the first day of kindergarten	6%	6%	11%	6%
After school started	6%	6%	1%	2%

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

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 over 90% or more reporting that it increased their social skills, knowledge of colors and shapes, letters of the alphabet, and numbers and counting.**

Exhibit 18-7
Parent Report of Child's Developmental Improvement

Area of Child Development	Anna Kyle Elementary (n=64)	First 5 Solano School Readiness Catchment Areas (n=158)
Increased knowledge of letters of the alphabet	93%	90%
Increased knowledge of numbers and counting	93%	90%
Increased knowledge of colors and shapes	93%	90%
Increased knowledge of basic concepts of books/reading	72%	76%
Increased social skills (e.g. sitting in circle, raising hand to ask questions, sharing and taking turns)	86%	88%

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

Chapter 19: Children’s Network: ABCD Constructing Connections

Project Name	Funded Amount
Children’s Network ABCD Constructing Connections	\$47,339 07/01/2006 to 06/30/2007

Program Overview

The Constructing Connections Program works to create a streamlined process for child care facilities financing and development that increases children and families’ access to quality child care and

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

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

Performance Measures

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

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
City Planning Department will integrate child care facilities development into land use planning, community development programs, and/or zoning and permit processes.			✓		Meetings have been held with planning staff of the cities of Fairfield, Suisun City, Benicia, Vallejo, and Rio Vista on the subject of accommodating child care. An in-depth analysis of existing regulatory language has been completed for the high priority cities of

Priority 2: Early Childhood Learning and Development

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
					Fairfield, Suisun City and Vacaville.
5 interested parties will receive technical assistance in creating child care facilities.	✓				38 parties received technical assistance.
Financial resources will be published and made available via online and paper access to parties interested in creating new child care programs.		✓			A table identifying programs/sources of potential financial assistance is part of the Child Care Resource Guide, which is available on-line and in hard copy. This resource is made available to persons interested in developing a child care center.
Identification of 4 local and/or statewide financial programs for child care expansion.		✓			4 programs were identified.
Release of Child Care Economic Impact Report		✓			The Economic Impact of the Child Care Industry in Solano County was completed in Fall, 2005. A high-quality Executive Summary was prepared in Spring, 2006 and has been distributed on an on-going basis.
Solano Transportation Improvement Agency will incorporate child care into its transportation planning process.			✓		ABCD Constructing Connections continues to work with STA to ensure child care is incorporated into transportation planning. A STA staff person is a member of the Constructing Connections Collaborative and has provided meaningful input related to both transportation planning and child care facility development.

In addition to meeting the above goals, The Constructing Connections Project has made the following progress since inception:

- Sixteen large employers indicated interest in further exploring development of new child care resources to meet employee needs. An employee survey was conducted by North Bay Healthcare with support from Constructing Connections.

Priority 2: Early Childhood Learning and Development

- The project expanded the Collaborative to include City of Benicia and Union Bank representatives as well as several child care providers.

Challenges to Effective Service Provision

- Public officials, both elected and appointed, remain difficult to engage, primarily because child care is not perceived as a high priority issue.
- Public agencies supporting economic development and private developers are extremely difficult to engage because child care is not considered an important development component.
- Identifying adequate sites for child care, both infill and new development, continues to be the biggest barrier to developing child care facilities.
- Funding for child care is limited, in part because providers tend to be individuals with limited financial resources.

Characteristics of Providers Served

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

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

The table below reveals that an additional 428 child care spaces are either under potential development through the Constructing Connections project or being developed with the participation of 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 5	1) Infant/Preschool in Vallejo in currently vacant. Forty slots. 2) Church in Fairfield. Preschool in new facility. Sixty slots. 3) City of Fairfield-owned parcel; General Plan/zoning being amended to permit child care. Eighty potential slots. 4) Child Development Inc. received Prop. 172 funds for 2 preschool sites in Vacaville. Eighty slots. 5) Church, Vallejo. Existing facility but presently unoccupied. Thirty slots.	290	
Predevelopment 1	1) Family child care provider purchased a property in Fairfield and pursued Use Permit for child care center. Twenty-four slots.	24	
Development 2	1) Church, Fairfield; City Planning approval for 3 classrooms. Sixty slots 2) Dan O. Root Preschool state subsidized preschool (Child Development, Inc.). Forty slots.	100	
Completed/Started Up 1	1) Building Blocks, Fairfield: 14 infant/toddler, preschool.	14	
9	Infant, Toddler, Preschool, Afterschool	428	Total ←Number

Leveraged Funds

ABCD Constructing Connections leveraged 47,339 in additional dollars. This represents a 1:1 match of funding for FY2006/07 (for every \$1.00 of First 5 dollars, an additional \$1.00 was brought into the County).

Lessons Learned

ABCD Constructing Connections can build on strengths in the following ways:

- Continue to engage local businesses and identify businesses with an interest in developing child care facilities.

Chapter 20: Children’s Network: Comprehensive Approaches to Raising Educational Standards (CARES) Program

Project Name	Funded Amount
Children’s Network CARES	\$500,261 07/01/2006 to 06/30/2007

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 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.

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"/>
Persimmony Data	<input checked="" type="checkbox"/>

Performance Measures

The following provides a summary of CARES’ target objectives for service delivery as well as the actual progress achieved during the FY2006/07.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
10 license-exempt providers will participate in training	✓				95 license-exempt providers participated in training
2 trainings will be held (one focused on environmental rating scale)	✓				8 trainings on ECERS and FCCERS were held
50 CARES participants will participate in trainings	✓				178 CARES participants completed training

In addition, CARES staff participated in the planning of a training focused on the Inclusion of Children with Special Needs into the Early Childhood Setting.

Challenges to Effective Service Provision

- 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.
- In the 4th Quarter, CARES staff identified 25 to 30 center-based program participants who had not met the ECERS training requirement. This was due in part to confusion over scheduling changes that were made subsequent to the printing of the Solano Community College Spring 2007 course schedule. If those participants did not complete the training they would have been unable to complete the participation requirements and would be deemed ineligible for a CARES stipend. CARES staff worked with the college to provide one additional opportunity for these participants to meet the requirement.

What are the Characteristics of Clients Served?

Recipients of CARES stipends in FY2006/07 serve children ages 0-5 in Solano County. The racial/ethnic breakdown of CARES participants is as follows:

- 40% White,
- 30% African American,
- 24% Latino,
- 5% Asian/Pacific Islander, and
- 1% 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 increasing provider skills and knowledge through professional development opportunities.

Outcome Indicator	Results
Increase provider knowledge in the Environmental Rating Scale Assessment Tool	<ul style="list-style-type: none">▪ Based on pre- and post-test results, 120 of the 178 participants (67%) showed an increase in knowledge

The ECERS Training helped program participants become eligible to receive their stipends and receive college credit for completion of training. In addition, CARES held a 3-hour refresher course on the ECERS for those had received the initial training prior to July 2004.

How has the Quality Child Care Initiative's System of Care Changed since First 5 Solano Funding?

Increased Collaboration within the System of Care

The Children's Network CARES Child Care Professional Development Program reports that the First 5 Solano grant has enabled the program to work much more closely and collaboratively with groups that are serving the child care workforce. The grantee reports, "Most of the organizations listed have been a part of our system of care since the beginning of the program in 2001, but our collaboration efforts have increased over the last three years." In addition to building stronger relationships with previously involved agencies, the grantee has worked to expand the system of care, particularly with the Solano County Office of Education. A primary focus of the Quality Child Care Initiative has been to assist members of the child care workforce in obtaining higher levels of education, so there has been a lot of work to include higher education agencies in the system. The grantee reports the organization is "working smarter" to address the needs of the child care workforce.

"In the last three years, we have much stronger collaboration and coordination, particularly with Solano Family & Children's Services. The entities in our system come together to share information and plan at various times throughout the year through the ECE Advisory Committee of Solano Community College, the Child Care Planning Council, and the workgroups of the Preschool for All plan implementation."

-Quality Child Care Initiative grantee

The goals of the Quality Child Care Initiative, as the initiative name implies, are focused on the child care workforce. The initiative concentrates on retention in the workforce as well as professional development. One example of the work being done in this area is a recent partnership between the Children's Network and Solano Family & Children's Services (SFCS). The Children's Network has subcontracted with SFCS to provide services to license exempt caregivers to meet the required Family, Friend and Neighbor element of the CARES Program (a First 5 CA requirement). The Quality Child Care grantee summarizes, "Our collaboration efforts have been successful primarily as a result of the relationships and resultant trust that has developed through the years among the partner agencies."

Leveraged Funds

First 5 Solano leveraged \$126,329 in additional dollars from First 5 California on behalf of CARES. This represents 25% of expended funding from First 5 Solano for FY2006/07 (for every \$1.00 of First 5 dollars, an additional 25 cents were brought into the County).

Lessons Learned for Program Improvement

CARES can build on strengths in the following ways:

- Continue to collaborate with other agencies such as UC Davis Center for Excellence in Child Care and Solano Community College to provide trainings for participants.

Priority 2: Early Childhood Learning and Development

- Continue to offer trainings in Spanish to ensure educational offerings are made available to Spanish-speaking providers.
- Continue to make the application process easy and accessible to a broad range of providers. In order to streamline and more effectively communicate the application process CN made several changes in FY2006/07 including holding in-person applications sessions. CARES staff held application review sessions at four locations throughout the county (one of those four sessions was held in Spanish). Participants who attended were able to receive their application earlier than if it was mailed and were given the opportunity to ask questions to better understand the application requirements.
- Continue to provide resources and referral to participants to enhance their professional development and improve care to children in Solano County. Participants in the CARES Initiative are provided information about program supports and ongoing trainings available through CARES' community partners for working with children with special needs.

CARES can address challenges in the following ways:

- Select and train new Professional Growth Advisors to support participants in planning for their career and educational goals and to reduce the burden on CARES staff.
- Continue to work with Solano Community College to provide opportunities for participants to attend trainings and meet their requirements.

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

Initiative Component	Funded Amount 07/01/2006 to 06/30/2007
Integrated Family Support Initiative (Overall Funding)	\$910,992
Children’s Network: Collaboration of the IFSI Network Partners	\$139,329
City of Benicia Police Department: Benicia Family Resource Center	\$34,492
Dixon Family Services: Dixon Family Resource Center	\$39,661
Fairfield-Suisun Unified School District: Fairfield and Suisun Family Resource Centers	\$141,760
Rio Vista CARE: Rio Vista Family Resource Center	\$45,390
Vacaville Police Department Child Abuse Response Team (CART)	\$39,555
Fighting Back Partnership: Loma Vista Family Resource Center	\$130,000
Child Haven: IFSI Home Visitation	\$17,000
Health and Social Services: Public Health Nurse and Child Protective Services Workers	\$150,000
Interfaith Council of Solano County: Heather House Homeless Shelter	\$13,805
California Hispanic Commission: Substance Abuse Specialist	\$85,000
Youth and Family Services: Substance Abuse Specialist	\$75,000

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

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

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

Priority 3: Family Support and Parent Education

than 30 agencies, including the Children’s Network, eight Family Resource Centers (FRCs), Heather House Homeless Shelter, 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 FY2006/07, IFSI expanded to include First 5 Solano-funded substance abuse providers Youth and Family Services and the California Hispanic Commission.

In FY2006/07, IFSI provided more than **13,000 units of service** to nearly **3,000 unduplicated families**, including helping families access community resources; strengthening 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.

The Children’s Network of Solano County (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.

FRCs use the Family Development Matrix to assess individual family functioning and stability across 13 domains for those families who access intensive services.

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.

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

The following provides a summary of **Children’s Network’s** performance measures for the 2006/07 fiscal year.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
Collaborative partners will utilize standardized forms for permissions, referrals, and family service plans for all participating agencies		✓			Forms modified to include new IFSI partners, to specify CPS referrals and the family’s CPS program (i.e. Emergency Response, Evaluated Out, Family Maintenance, and Family Reunification)
CPS and Public Health Nurse staff and administration will participate in quarterly IFSI meetings		✓			The CPS Social Worker and the Public Health Nurse participated in meetings. CPS staff also participated in case conferences.
Establish and maintain MOUs assuring that confidentiality agreements among collaborating partners are in place		✓			MOUs have been established and confidentiality procedures are in place, including new IFSI partners. Confidentiality trainings are scheduled for FY2007/08
Provide a coordinated strategy of parenting education resources through: <ol style="list-style-type: none"> 1. Coordinating a facilitator training in an evidence-based parenting program 2. Maintaining the Parenting Database 3. Producing and disseminating a Monthly Parenting Class Flyer 	✓				<ol style="list-style-type: none"> 1. Parenting Education Coordinator launched Effective Black Parenting program with one-day seminar. 1. Nurturing Parenting Program Facilitator Training held October 16-18, serving 17 providers. 1. Infant Massage Instructor training held April 2-5, 2007 with 20 participants 2. The parenting website received a total of 108,417 hits, representing 7,040 unique visitors 3. Monthly Parenting Class Flyers were produced and disseminated in each month of the fiscal year

Additionally, the service-related accomplishments of the Solano Parenting Partnership for FY2006/07 include:

- On-going trainings were provided to maintain provider use of the Parenting Database.
- The Project Coordinator participated in BabyFirst Solano and Early Mental Health Collaborative meetings.

Priority 3: Family Support and Parent Education

- The IFSI Coordinator helped organize a Community Resource Fair in collaboration with the Solano College Foster and Kinship Care Education coordinator in February 2007. Approximately 30 agencies serving children and families were represented and approximately 50 social workers, FRC staff, public health nurses, Head Start family advocates, foster parents, and non-profit staff people attended.
- The IFSI Coordinator worked with the IFSI Substance Abuse Specialists from Youth & Family Services and California Hispanic Commission to organize a Substance Abuse Training in March 2007. Approximately 40 representatives from IFSI partner agencies participated.

Challenges to Effective Service Provision

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

- *Adjusting services to meet the needs of increasing numbers of high-need families.* As CPS refers increasing numbers of families to IFSI partners, the system must adjust to provide quality, accessible, affordable, and appropriate services to families with higher need and greater risk of crisis.
- *Integration of new collaborative partners.* This was a challenge substantially overcome in the fiscal year. New Substance Abuse Specialists and PHN required orientation to the case conferencing model.
- *Linking service coordination across First 5-funded initiatives.* Staff continue to work toward integration not only among funded programs but among collaboratives. Efforts continued between the IFSI Coordinator and Early Mental Health IFSI partners to increase service coordination and conversations were ongoing throughout the fiscal year regarding screening assessment, and services for children with developmental, neurophysiologic, and/or relational challenges.

IFSI's Key Successes as a Collaborative Initiative

IFSI accomplished the following key successes as a collaborative initiative during FY2006/07.

- *Increased provider capacity*
Parenting Partnership trainings were made available to providers. In addition, the Parenting Partnership offered two facilitator trainings in the use of three evidenced-based parenting education curricula: the Effective Black Parenting Program, the Nurturing Parenting Program, and Infant Massage. 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.

The Parenting Partnership's Year 4 Evaluation Summary showed that providers reported that participation in the Parenting Partnership increased providers' connections to each other, increased collaboration among providers, increased providers' ability to assess and refer families appropriately, and helped providers develop or adopt new ideas and practices for working with families. As one respondent said:

"It is wonderful to have this place that seems to be the best one-stop shopping for parents looking for support. The families are under so much stress already, they don't need the extra stress of getting the runaround or being referred to another number and then another... Thank you..."

Priority 3: Family Support and Parent Education

What are the Characteristics of Clients Served?

Training and technical support and coordination services were provided to eight FRCs serving over 2,841 unduplicated families and 2,980 children aged 0-5 years in the time period from July 1, 2006 to June 30, 2007. The racial/ethnic breakdown for the children and their parents who received services through IFSI since data tracking in Persimmony 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
Children									
Hispanic/Latino	3%	0%	46%	78%	63%	32%	81%	24%	15%
White	7%	0%	12%	12%	21%	5%	12%	27%	9%
African American	9%	0%	22%	3%	7%	49%	2%	26%	43%
Asian/Pacific Islander	5%	0%	3%	0%	<1%	3%	0%	6%	0%
Alaskan Native/American Indian	0%	0%	<1%	0%	0%	0%	0%	<1%	4%
Multiracial/Other	18%	0%	12%	6%	6%	11%	4%	9%	30%
Parents/Caregivers									
Hispanic/Latino	4%	59%	68%	73%	56%	31%	67%	21%	16%
White	18%	35%	9%	12%	25%	6%	20%	36%	23%
African American	8%	3%	15%	3%	7%	48%	2%	25%	43%
Asian/Pacific Islander	5%	0%	1%	0%	3%	4%	0%	4%	2%
Alaskan Native/American Indian	0%	0%	0%	0%	<1%	0%	0%	1%	7%
Multiracial/Other	18%	3%	6%	8%	5%	10%	11%	2%	9%

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.

How Has the System of Care Changed since First 5 Solano Funding Began?

Improving Service Access

Over the past three years, the grantees in the Integrated Family Support Initiative have been working to increase access to services for families and children in need. As seen in the exhibit below, agencies in the Integrated Family Support Initiative more strongly agree they are well-known in the community since becoming First 5 grantees. They also more strongly agree that since receiving First

Priority 3: Family Support and Parent Education

5 Solano funds they: offer services that meet clients' needs; provide services in families' homes as often as is needed; have the ability to serve children with special needs; and can serve nearly everyone who requests services or is referred to the program.

Exhibit 21-3

First 5 Solano FY2006/07 Integrated Family Support Initiative's Service Accessibility Before and Since First 5 Solano Funding

Aspect of Service Accessibility	Sample Size	Level of Agreement [†] <i>Before</i> First 5 Solano Funding	Level of Agreement [†] <i>Since</i> First 5 Solano Funding	<i>Change</i> in Average Level of Agreement
We are well-known in the community.	n=8	3.1	4.4	+1.3**
We are able to serve nearly everyone who requests our services or is referred to us.	n=8	3.4	4.5	+1.1**
We offer services that meet our clients' needs.	n=8	3.5	4.5	+1.0**
We provide services in families homes as often as our clients needed us to.	n=8	3.5	4.5	+1.0*
We are able to serve children with special needs.	n=8	3.1	4.1	+1.0**
Our hours of operation match our clients' availability.	n=8	3.6	4.4	+0.8**
Our services are well-known in the community.	n=7	3.6	4.3	+0.7*

[†]Agreement Scale: 1=Strongly disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Strongly Agree
* = p<.1, ** = p<.05, *** = p<.01

Increasing Collaboration within the System of Care

Communication

Overall, in the past three years communication has increased among organizations within the Integrated Family Support Initiative. Family Support grantees more strongly agree that, since First 5 funding, they communicate regularly and share best practices, effective models, and lessons from evaluation within their system of care. They also agree they have positive working relationships with each other.

Exhibit 21-4

First 5 Solano FY2006/07 Integrated Family Support Initiative's Communication Before and Since First 5 Solano Funding

Aspect of Communication	Sample Size	Level of Agreement [†] <i>Before</i> First 5 Solano Funding	Level of Agreement [†] <i>Since</i> First 5 Solano Funding	<i>Change</i> in Average Level of Agreement
We share best practices, effective models, and lessons from evaluations with other organizations in our system of care.	n=8	3.1	4.3	+1.2**
We communicate regularly with other organizations in our system of care.	n=8	3.3	4.4	+1.1***
We have positive working relationships with other organizations in our system of care.	n=8	3.5	4.3	+0.8*

[†]Agreement Scale: 1=Strongly disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Strongly Agree
* = p<.1, ** = p<.05, *** = p<.01

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Grantees report that the Integrated Family Support Initiative (also referred to as the IFSI Collaborative) has expanded the levels of communication between the county agencies, nonprofit agencies, schools and other entities involved with families in the county. One grantee notes that it has taken the past three years to develop relationships with other providers in order for the program to provide the wrap-around services needed to assist clients. Another grantee believes the agency has improved its level of service based on networking within the system of care. The grantee staff member explains, “We have made many contacts with the collaborative members and have a good understanding of how each agency can meet the needs of our clients in the community. We are able to call an agency and have our questions answered. We share client needs and goals and work as a collaboration.”

Internal Structure

First 5 Solano has provided leadership in encouraging coordination and collaboration among the programs it funds. One Family Support grantee notes, “We participate in First 5’s efforts and appreciate them. As a result of the First 5 Solano grant our collaborative efforts have become stronger and there is committed participation among all parties.” As seen in the exhibit below, grantees disagree they shared referral and intake processes or documented responsibilities within their system of care prior to First 5 funding. They agree they now have a shared referral system and agreed-upon responsibilities since becoming First 5 Solano grantees. In addition, initiative grantees more strongly agree they possess mutual goals, values, and principles of practices since receiving First 5 funding.

“The IFSI collaborative has been invaluable in developing relationships and to provide a coordinated response to our clients that we have in common.”
–Integrated Family Support Initiative grantee

Exhibit 21-5
First 5 Solano FY2006/07 Integrated Family Support Initiative’s Internal Structure
Before and Since First 5 Solano Funding

Aspect of Internal Structure	Sample Size	Level of Agreement† <i>Before</i> First 5 Solano Funding	Level of Agreement† <i>Since</i> First 5 Solano Funding	<i>Change</i> in Average Level of Agreement
Organizations within our system of care have an internal shared referral and intake process.	n=8	2.1	4.0	+1.9***
We have agreed upon and documented responsibilities within our organizations.	n=8	2.5	3.9	+1.4***
We have mutual goals and expectations within our system of care.	n=8	3.3	4.1	+0.8**
Organizations within our system of care have shared values and principles of practice.	n=8	3.3	4.0	+0.7**
Our strategies and/or activities are interrelated.	n=8	3.5	4.0	+0.5**

†Agreement Scale: 1=Strongly disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Strongly Agree
 * = p<.1, ** = p<.05, *** = p<.01

Several grantees highlight their programs’ scopes of work as being consistent with the initiative’s goals and First 5 Solano’s goals. One grantee reports, “The First 5 Solano grantee meetings and trainings support the efforts of all. The collaborative has helped us to develop a shared vision with

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other providers and has helped us to utilize providers that are already funded to provide specific services.”

Operations, Management and Supports

The Integrated Family Support Initiative grantees implemented several strategies to coordinate their operations and increase collaboration within the initiative. The following exhibit displays those aspects of their operations, management and support for which they more strongly agree they have implemented since receiving First 5 Solano funding.

**Exhibit 21-6
First 5 Solano FY2006/07 Integrated Family Support Initiative’s
Operations, Management and Supports Before and Since First 5 Solano Funding**

Aspect of Operations, Management and Supports	Sample Size	Level of Agreement [†] <i>Before</i> First 5 Solano Funding	Level of Agreement [†] <i>Since</i> First 5 Solano Funding	<i>Change</i> in Average Level of Agreement
There is joint decision making and problem solving across organizations in our system of care.	n=8	2.6	4.1	+1.5***
Staff frequently shares relevant information about children and families with other organizations within our system of care.	n=8	2.9	4.3	+1.4***
Similar tools are used across organizations in our system of care.	n=8	2.8	4.1	+1.3***
We follow common protocols and policies across organizations in our system of care (e.g., for referrals and outreach).	n=8	2.9	4.1	+1.2***
Common data elements are collected across organizations in our system of care.	n=8	2.9	4.1	+1.2***
Data management and evaluation efforts are integrated across organizations and the system of care.	n=8	3.0	4.0	+1.0***
We share resources including financial, personnel, training information, and/or space with other organizations in our system of care.	n=8	3.4	4.3	+0.9**

[†]Agreement Scale: 1=Strongly disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Strongly Agree
* = p<.1, ** = p<.05, *** = p<.01

Grantees in the Integrated Family Support Initiative more strongly agree that since receiving First 5 Solano grants they: engage in joint decision making and problem solving; frequently share resources and relevant information; follow common protocols; use similar tools; and, collect common data elements within their system of care.

Overall, the organizations within the Integrated Family Support Initiative believe the collaborative has grown and become more inclusive. A subset of grantees describe the organized case conferences as “invaluable” and “the best evidence of our system of care.” Other grantees report that their collaborations with Child Welfare

“Our IFSI collaborative has improved over time. This multidisciplinary team has been very supportive to our clients’ needs and we can always depend on them. All the FRCs are able to get together and have the support of each other with support from the Children’s Network. This has helped us to enhance our efforts to serve the community of families with children 0-5.”
–Family Support Initiative grantee

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have grown and become more integrated into their referrals. A Family Support grantee adds, “Having a county coordinator at the Children’s Network has assisted in bringing agencies to the table to better understand each other’s work and thereby plan and make policy decisions jointly.”

Leveraged Funds

With \$865,639 in expended First 5 Solano funding, the Family Support grantees leveraged \$655,132 in additional dollars associated with the Integrated Family Support Initiative (IFSI). This represents 76% of the overall First 5 Solano spending for FY2006/07 (for every \$1.00 of First 5 Solano dollars, an additional 76 cents were brought into the County).

Under the leadership of the Children’s Network of Solano County, which provides coordination, common data and assessment tools and other support, Family Resource Centers utilize 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. Along with PSSF funding, most FRC agencies have been able to attract other grants and funding specific to the needs of the targeted population. The Solano County Child Protective Services Social Worker and the Public Health component of the Integrated Family Support Initiative (IFSI) brought in a 55% match from Federal sources to fully fund these services.

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 the efforts with BabyFirst Solano and the Early Mental Health Initiative to further streamline services.
- Improve data collection and reporting to allow funders and evaluators to easily access service numbers, thus ensuring that measurement of performance effectiveness for organizations using the central database is possible.

**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 07/01/2006 to 06/30/2007

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 assist 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"/>
Persimmony Data	<input checked="" type="checkbox"/>

Performance Measures

The following provides a summary of Benicia Family Resource Center’s performance measures for the 2006/07 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.	✓				All (100%) 5 teens served reported increased awareness.
50% (6) of case-managed parents will report sufficient knowledge and skills to improve family functioning.	✓				89% (17 of 19) clients reported increased knowledge.
50% (25) of families who receive information and referrals will report an increase in knowledge & access to community resources.	✓				86% (44 of 51) clients reported an increase in knowledge.
25% (11) of families with identified domestic violence issues will report increased awareness of the effects of exposure to violence on children.	✓				73% (11 of 15) families reported increased awareness.

The FRC provided the following services during the 2006/07 fiscal year:

- 3 “home visits” to Liberty High School Parent/Child Development Center;
- Case management services to 17 families;
- Information and referral on family support services to 51 families;

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- 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

- Many families in Benicia access services through school and churches, and might not be likely to seek out services from the FRC.

What are the Characteristics of Clients Served?

- In FY2006/07, the FRC made 222 direct service contacts with parents. The ethnic breakdown of service contacts to parents is: 18% White; 4% Hispanic/Latino; 5% Asian; 8% African American; 18% Other; and 41% Unknown.
- The FRC made 355 direct service contacts with children 0-5. The ethnic breakdown of service contacts to children is: 7% White; 5% Multiracial; 3% Hispanic/Latino; 5% Asian; 9% African American; 13% Other; and 58% 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.

Leveraged Funds

The Benicia FRC leveraged in-kind rent and utilities from the Benicia Police Department, valued at \$1,200. This represents 4% of funding expended from First 5 Solano.

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	\$39,661 07/01/2006 to 06/30/2007

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 City of Dixon and surrounding rural areas. The Dixon FRC is a one-stop shop for social services, and has onsite at least one day per week CalWORKS, Section 8 staff, County mental health workers, FamiliesFirst, and WIC staff.

Exhibit 23-1

Data Sources Available for This Chapter

Data Source	Available for This Chapter
Progress Report	<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 the Dixon Family Services performance measures for the 2006/07 fiscal year.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
30% (30 of 100) families who are assessed and receive information and referral services will show an increase on at least one scale of <i>Assessing Resources</i> .			✓		50 families showed an increase on at least one scale of <i>Assessing Resources</i>
50% (50 of 100) families receiving information and referral services will report an increased knowledge and access to community resources and decreased isolation			✓		80 families reported an increased knowledge and access to community services
75% (56 of 75) families will report an increase on a scale toward self-sufficiency			✓		53 families moved up on the scale toward self-sufficiency

- The FRC reported serving an average of 180 families each quarter of the fiscal year. Data as to the total number of families assessed was unavailable; therefore, an accurate percentage of people served who improved for each performance measure is unavailable.
- The FRC works collaboratively with Silveyville School Readiness site to provide services to families with children 0-5, including mental health and substance abuse counseling.

Priority 3: Family Support and Parent Education

- FRC staff attended Silveyville’s open houses at the end of the school year, participates in quarterly articulation meetings, and participated in the Kindergarten Registration Fair and School Readiness Walk to School Day.
- The FRC hired a dedicated data entry staff person in June of the fiscal year to provide support to staff.

Challenges to Effective Service Provision

- The Dixon FRC is “out on the edge of the county,” far from the centers of available resources. Consequently, transportation can be challenging for those services not provided onsite.
- It is difficult to recruit bilingual staff; positions are often open for months before a qualified candidate is found.
- Demand for services exceeds capacity given current staffing levels. High demand, while positive, also translates into a lack of time available to staff for data entry. Service counts for the fiscal year may have been higher than reported.

What are the Characteristics of Clients Served?

- In FY2006/07, the Dixon FRC made 1,204 direct service contacts with parents. The ethnic breakdown of service contacts to parents is: 59% Hispanic/Latino; 35% White; 3% Multiracial; and 3% African American.
- The FRC did not report direct service contacts with children 0-5 for FY2006/07.

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

Families increased their knowledge of and access to community resources, and 53 families case managed by the FRC moved toward stability.

Leveraged Funds

Dixon Family Services leveraged basic needs financial assistance, parent education, information and referral and home visiting services via \$21,000 in leveraged funds from Solano County Health and Social Services, and Silveyville School Readiness. This represents 53% of expended funding from First 5 Solano.

The City of Dixon also provides the FRC’s building for a nominal annual rental fee.

Lessons Learned for Program Improvement

The Dixon FRC can build on strengths and address challenges in the following ways:

- Continue to identify and pursue collaboration with the School Readiness program at Silveyville Primary School.
- Closely monitor data entry to ensure timeliness, accuracy, and completeness of data.

**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	\$141,760 07/01/2006 to 06/30/2007

Program Overview

The Fairfield and Suisun Family Resource Centers provide 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"/>
Persimmony Data	<input checked="" type="checkbox"/>

Performance Measures

The following provides a summary of the Fairfield and Suisun FRCs' performance measures for the 2006/07 fiscal year.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
50% (125) families will report an increase in their knowledge of and access to community resources as well as decreased isolation.			✓		28% (139) of families served reported via a pre/post survey increased knowledge of and access to community resources.
75% (188) of families will report increased awareness of services in their community.			✓		28% (139) of families served reported via a pre/post survey increased knowledge of and access to community resources Of the 33 families assessed using the community engagement dimension of the Family Development Matrix (FDM), 100% (33) reported an increase in community engagement.

Priority 3: Family Support and Parent Education

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
50% (62) of case managed parents will report sufficient knowledge and skills to improve family functioning.			✓		459 families were case managed. The FDM is administered only to those families who are receiving <i>intensive</i> case management services. Of the 26 families assessed using the FDM, 100% (26) reported an increase in at least one level in family relations.
75% (15) of families who attend classes will show an increased knowledge of parenting skills.	✓				100% (19) of parents attending the Nurturing Parenting classes showed an increased knowledge.
50% (18) families will become involved in activities related to their child's development.			✓		489 families were served in the FRC. 20% (99) of those families participated in a variety of workshops: <ul style="list-style-type: none"> • 19 parents completed the Nurturing Parenting Program • 30 parents attended workshops • 50 parents regularly attended ESL classes

- The percentage of people served who experienced improved outcomes did not meet the performance measure targets, except for families attending classes who showed an increased knowledge of parenting skills. The program was to provide improvements for 50-75% of people served, and effected improvements for 20-100% of people served. For performance measures in which 100% of people experienced a positive outcome, significantly fewer people were assessed than anticipated.
- The FRC anticipated serving 250 families with information and referral services. The FRC served 489 families with such services, representing **196% of anticipated demand**.
- Most families served by the FRC were case managed (459 of 489 families served), indicating acute family needs.
- The number of families *intensively* case managed was significantly smaller than anticipated (26 rather than 124). It is important to note that 100% of families *intensively* case managed improved in at least one area of family relations.
- FRC staff worked with the school and families of three children with early-identified special needs.

Challenges to Effective Service Provision

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. Staff attended trainings on substance abuse and domestic violence to assist in meeting these challenges.

What are the Characteristics of Clients Served?

- In FY2006/07, the Fairfield-Suisun FRC made 701 direct service contacts with parents. The ethnic breakdown of service contacts to parents is: 46% Hispanic/Latino; 22% African American; 12% White; 3% Asian; 2% Multiracial; 1% Alaska Native/American Indian; 1% Pacific Islander; and 13% Other/Unknown.
- The FRC has made 737 direct service contacts with children 0-5. The ethnic breakdown of service contacts to children is: 47% Hispanic/Latino; 23% African American; 12% White; 9% Multiracial; 2% Asian; 1% Pacific Islander; <1% Alaska Native/American Indian; and 6% Other/Unknown.

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

The Fairfield-Suisun FRCs exceeded performance measure goals related to increasing knowledge of community resources and involving parents in activities related to their child's development. 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. Children with special needs (at least three in FY2006/07) and their families are supported by FRC staff in accessing needed services.

Leveraged Funds

The Fairfield-Suisun FRCs leveraged basic needs financial assistance, parent education, information and referral and home visiting services via \$139,710 from PSSF, a McKinney homeless grant, and Solano County. This represents 107% of funding expended from First 5 Solano.

Lessons Learned for Program Improvement

The Fairfield-Suisun FRC can build on strengths in the following ways:

- Maintain the strong collaboration with the school to continue the early identification of special needs.

The Fairfield-Suisun FRC can address challenges in the following ways:

- Explore ways to ensure performance measures can be met and caseloads can be effectively managed.

Priority 3: Family Support and Parent Education

- Collaborate with other FRCs experiencing similar staff development needs to respond to increased numbers and higher need 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	\$45,390 07/01/2006 to 06/30/2007

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"/>
Persimmony Data	<input checked="" type="checkbox"/>

Performance Measures

The following provides a summary of the Rio Vista CARE performance measures for the 2006/07 fiscal year.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
50% (10) of families attending parent support groups will report an increase in knowledge of and access to community resources.	✓				62% (10 of 16) families served reported an increase in knowledge.
70% (14) of case managed families will report an increased ability to meet their basic needs.		✓			14 families reported an increase.
70% (7) of families who attend parent support groups will report an increase in knowledge of parenting skills.	✓				9 families reported an increase.

- Eight to ten parents attend support groups. Rio Vista FRC conducted six parent support groups in FY2006/07.
- Rio Vista CARE case manages between 14-18 families per year.
- 100% of case managed children are enrolled in health insurance.
- Referral numbers are increasing.

Challenges to Effective Service Provision

- The lack of sufficient transportation is a challenge to the mostly rural families who live in Rio Vista. In FY2007/08, the City of Rio Vista Public Transportation bus will have an extended schedule to Fairfield.

Priority 3: Family Support and Parent Education

- A large employer in Rio Vista has experienced cutbacks, leading to increased unemployment and increased issues with financial stability among families.

What are the Characteristics of Clients Served?

- In the FY2006/07, the Rio Vista CARE FRC made 377 direct service contacts with parents. The ethnic breakdown of service contacts to parents is: 73% Hispanic/Latino; 12% White; 3% African American; 7% Unknown; 2% Pacific Islander; 2% Other; and 1% Multiracial.
- The FRC made 236 direct service contacts with children 0-5. The ethnic breakdown of service contacts to children is: 78% Hispanic/Latino; 12% White; 4% Multiracial; 3% African American; and 2% Unknown.

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

Families reported increased knowledge of community resources, parenting skills and available, 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.

Leveraged Funds

Rio Vista CARE leveraged information and referral, parent education and basic needs assistance services via \$28,917 in funding from Child Welfare Services. This represents 66% of expended funding from First 5 Solano.

Lessons Learned for Program Improvement

Rio Vista CARE can build on strengths in the following ways:

- Increase precision in reporting by reporting actual numbers of participants in support groups and of case managed families, rather than ranges. This will help quantify potential increases in workload, helping the FRC to make a persuasive case to potential new funders.

**Chapter 26: Vacaville Police Department:
Child Abuse Response Team (CART) Program**

Project Name	Funded Amount
Vacaville Police Department Child Abuse Response Team (CART)	\$39,555 07/01/2006 to 06/30/2007

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"/>
Persimmony Data	<input checked="" type="checkbox"/>

Performance Measures

The following provides a summary of the CART Program performance measures for the 2006/07 fiscal year.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
50% (100) of families receiving information and referral will achieve a score of 3 or higher in the category of Community Engagement and Social Emotional Health.	✓				66% (144 of 217) of families achieved a 3 or higher
50% (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.	✓				72% (26 of 36) families achieved a 3 or higher
50% (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	✓				77% (33 of 43) families achieved a score between 4 and 7

- CART uses the Nurturing Parenting Program with families that receive group-based services.
- CART expended 71% of the First 5 Solano funded amount in the fiscal year.

Challenges to Effective Service Provision

- Follow through is more difficult for families that are reluctant to engage in substance abuse treatment.
- Completing the six month home visiting is more difficult when the family is looking for employment or working odd jobs. Understandably, basic needs come first.
- The program receives many referrals; however the majority of families are not ready to engage in services and therefore do not complete the program.

What are the Characteristics of Clients Served?

- In FY2006/07, CART has made 1,067 direct service contacts with parents. The ethnic breakdown of service contacts to parents is: 56% Hispanic/Latino; 25% White; 7% African American; <1% Alaska Native/American Indian; 2% Multiracial; 3% Pacific Islander; 3% Other; and 2% Unknown.
- The FRC made 11,233 direct service contacts with children 0-5. The ethnic breakdown of service contacts to children is: 63% Hispanic/Latino; 21% White; 7% African American; 6% Multiracial; <1% Alaska Native/American Indian; <1% Asian; <1% Pacific Islander; <1% Other; 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.

Leveraged Funds

The Vacaville Police Department's CART program leveraged \$30,000 in Targeted Case Management (TCM) funding from the State of California via Solano County. This represents 107% of expended funding received from First 5 Solano.

Lessons Learned for Program Improvement

CART can address challenges in the following ways:

- Continue to prioritize addressing families' basic needs first.
- The collaborative MDT meetings provide helpful input and suggestions for the home visitor to better work with a family.

**Chapter 27: Fighting Back Partnership:
North Vallejo & Sereno Village Family Resource Centers**

Project Name	Funded Amount
Fighting Back Partnership: North Vallejo & Sereno Village FRCs	\$130,000 07/01/2006 to 06/30/2007

Program Overview

The mission of the Loma Vista Family Resource Centers are to provide school readiness information and referral, home visitation, and staff supervision to families with children 0-5 in Vallejo.

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"/>
Persimmony Data	<input checked="" type="checkbox"/>

Performance Measures

The following provides a summary of the Loma Vista Family Resource Centers' performance measures for the 2006/07 fiscal year.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
50% (18) of case managed families will report an increase in movement in at least one scale of domain.			✓		44% (77 of 174) families reported an increase.
50% (50) of families receiving information and referral services will show an increase in one scale accessing community resources.			✓		36% (77 of 215) families showed an increase.
20% (4) families serviced through case conferencing will show an increase in movement toward the Stability scale.	✓				46% (11 of 24) families showed an increase.

- The percentage of people served who experienced improved outcomes did not meet the performance measure targets for case management and information and referral. The program was to provide improvements for 50% of people receiving these services, and effected improvements for 36-44% of people served.
- The percentage of people served who experienced improved outcomes through case conferencing far exceeded the target.

Priority 3: Family Support and Parent Education

- The Loma Vista FRC served many more families than anticipated. The number of families experiencing improved outcomes exceeds the target number for all three measures.
- Nine families (with 10 children aged 0-5) secured affordable housing as a result of FRC staff advocacy with affordable housing property managers.
- Two families with children 0-5 retained their children in the home with family through FRC staff participation in the Team Decision Making process, a county process similar to IFSI's case conferencing model.

Challenges to Effective Service Provision

- Resources are unevenly distributed geographically. The lack of evening Nurturing Parenting Program classes and Anger Management resources in Vallejo made it difficult for FRC staff to appropriately refer clients to accessible resources.

What are the Characteristics of Clients Served?

- In FY2006/07, the FRC made 542 direct service contacts with parents. The ethnic breakdown of service contacts to parents is: 48% African American; 31% Hispanic/Latino; 6% White; 9% Multiracial; 4% Pacific Islander; and 1% Other.
- The FRC made 707 direct service contacts with children 0-5. The ethnic breakdown of service contacts to children is: 49% African American; 32% Hispanic/Latino; 5% White; 10% Multiracial; 3% Pacific Islander; and 1% Other.

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

The FRC provided case management, information, resources and referrals to families in Vallejo. Case managed families experienced increased stability, and the FRC staff were able to identify needs not previously addressed for families who received information and referrals.

Leveraged Funds

The Fighting Back Partnership leveraged case management, mental health coordination, and school readiness coordination and services via \$173,621 in leveraged funds from Targeted Case Management, Solano County Health & Human Services, S.H. Cowell Foundation, the California Endowment, and the Vallejo City Unified School District. This represents 136% of funding expended from First 5 Solano.

Lessons Learned for Program Improvement

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

Priority 3: Family Support and Parent Education

- Explore ways to ensure performance measures can be met and caseloads can be effectively managed.
- Continue successful efforts in advocating with affordable housing managers on behalf of families with young children.
- Continue to work to integrate IFSI's case conferencing and the Team Decision-Making process to ensure streamlined service.

**Chapter 28: Child Haven:
IFSI Home Visitation**

Project Name	Funded Amount
Child Haven: (IFSI Home Visitation)	\$17,000 07/01/2006 to 06/30/2007

Program Overview

The goal of Child Haven’s Family Support Initiative in Rio Vista 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"/>
Persimmony Data	<input checked="" type="checkbox"/>
Key Informant Interview	<input checked="" type="checkbox"/>

Performance Measures

The following provides a summary of Child Haven’s IFSI Home Visitation performance measures for FY2006/07.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
70% (7) of families receiving home visits will report an increase in knowledge of and access to community resources.	✓				100% of the parents served (98) reported an increase in knowledge.
70% (14) of parents who attend parent support groups will report an increase in knowledge of parenting skills.	✓				100% of the parents served (36) reported an increase in knowledge.
70% (14) of parents who attend parent support groups will report an increase in knowledge of child abuse prevention strategies.	✓				100% of the parents served (36) reported an increase in knowledge.

- Child Haven reported serving 36 families in its parent support groups and 98 families via home visits, exceeding by far the number of people served and performance targets.

Challenges to Effective Service Provision

- No challenges were reported by grantee. However, Rio Vista is an isolated community. A known challenge to service provision is transportation for families referred to services not provided by the home visit.

What are the Characteristics of Clients Served?

- In FY2006/07, Child Haven made 402 direct service contacts with parents. The ethnic breakdown of service contacts to parents is: 67% Hispanic/Latino; 20% White; 2% African American; 7% Other; 4% Unknown, and <1% Multiracial.
- Child Haven made 236 direct service contacts with children 0-5. The ethnic breakdown of service contacts to children is: 81% Hispanic/Latino; 12% White; 2% African American; and 4% Multiracial.

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.

Leveraged Funds

No leveraged funds were reported.

Lessons Learned for Program Improvement

Child Haven can build on strengths in the following ways:

- Continue to work 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 07/01/2006 to 06/30/2007

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 worker 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"/>
Persimmony 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 2006-07 fiscal year.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
50% (20) of parents will show an increase in knowledge of primary or specialized health care services for the family unit.	✓				79% (77 of 97) parents showed an increase in knowledge
50% (100) of children will improve health status by referral to health care provider, WIC enrollment, administration of age-appropriate immunizations, and developmental screenings.	✓				74% (111 of 150) children improved their health status
30% (50) of families will accept services and be linked into services.	✓				51% (76 of 149) families accepted services
50% (21) of the children will remain in the home or with the family unit.	✓				98% (131 of 133) children remained in the home.

- Despite staffing challenges in the fiscal year, the program exceeded its performance measures and served many more families than anticipated.
- Seventy-six families accepted services from the CPS Worker.

Challenges to Effective Service Provision

Public Health Nurse

- Families experienced difficulty with activating and accessing Medi-Cal for the family unit and with contacting their eligibility worker.
- Maintaining consistent, active staff for this project was a challenge in the final three quarters of the fiscal year.

Child Welfare Worker

- Service availability differs by geographic area. If families move within the county to a new city, they may not maintain access to a consistent level of service. For the mobile population served by this program, this can mean that families lose critical resources.

What are the Characteristics of Clients Served?

- In FY2006/07, CPS worker and the Public Health Nurse made 342 direct service contacts with parents. The ethnic breakdown of service contacts to parents is: 36% White; 21% Hispanic/Latino; 25% African American; 4% Pacific Islander; 1% Alaska Native/American Indian; 1% Other; 1% Multiracial; <1% Asian; and 12% Unknown.
- In addition, there were 483 direct service contacts with children 0-5. The ethnic breakdown of service contacts to children is: 24% Hispanic/Latino; 27% White; 24% African American; 6% Pacific Islander; 9% Multiracial; 7% Unknown; <1% Alaska Native/American Indian; <1% Asian; and <1% Other.

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

The CPS Worker and the Public Health Nurse exceeded all performance measures, in the face of significant staffing challenges, 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 nearly all children served were able to remain with family.

Leveraged Funds

The Health & Social Services Public Health Nurse and Child Protective Services Social Worker leveraged \$82,528 in the salaries and benefits of the two positions from federal, state, and county funds. This represents 55% of the total amount expended from First 5 Solano funding.

Lessons Learned for Program Improvement

CPS and the Public Health Nurse can build on strengths and address challenges in the following ways:

- Continue to fully integrate into the IFSI collaborative, and share information among staff people fulfilling on an interim basis the CPS Social Worker and PHN roles.

**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 07/01/2006 to 06/30/2007

Program Overview

The mission of Heather House Homeless Shelter 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.

Heather House provides 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"/>
Persimmony Data	<input checked="" type="checkbox"/>

Performance Measures

The following provides a summary of Heather House’s performance measures for the 2006/07 fiscal year.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
50% (10) families will move from <i>In-Crisis</i> to <i>Stable</i> for 90 days in the Housing Component.			✓		36% (13 of 36) families moved from In-Crisis to Stable.
50% (2) participant children will increase socialization and interaction skills as well as improvement in development milestones.			✓		45% (24 of 53) children increased socialization and interaction skills.
50% (10) families will move to <i>Stable</i> on the Social/Emotional Health and Competence Component.			✓		36% (13 of 36) families moved to Stable in this area.

- Physicians from Kaiser Fairfield teach monthly health-related life skills classes at Heather House, and provide assistance to staff in identifying special needs among children at the shelter.
- The percentage of people served who experienced improved outcomes did not meet the performance measure targets. The program was to provide improvements for 50% of people served, and effected improvements for 36-45% of people served.
- The number of families and children who experienced improved outcomes as a result of the program exceeded target numbers. The program anticipated serving 20 families, and served 36.

Challenges to Effective Service Provision

- Many families do not complete the program at Heather House. There are consistent reasons why a family might not complete the program: they are terminated due to drug/alcohol problems, terminated due to a serious infraction of shelter rules, or the family might not return to the shelter. Heather House staff offer referrals to families with substance use issues.
- Demand exceeds supply of effective services. The program did not meet its performance measure, though it served more people than required by its contract.

What are the Characteristics of Clients Served?

- In FY2006/07, Heather House made 44 direct service contacts with parents. The ethnic breakdown of service contacts to parents is: 43% African American; 16% Hispanic/Latino; and 23% White; 7% Alaska Native/American Indian; 2% Pacific Islander; 9% Multiracial.
- Heather House made 54 direct service contacts with children 0-5. The ethnic breakdown of service contacts to children is: 15% Hispanic/Latino; 43% African American; 4% Alaska Native/American Indian; 9% White; and 30% 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. Nearly twice as many families in FY2006/07 were admitted to the shelter than in FY2005/06 (36 families, compared with 19 in the previous fiscal year), and the shelter supported 13 families in finding permanent housing. All families served received case management services, assistance finding permanent housing, food and clothing, and referrals to needed support services.

Leveraged Funds

No leveraged funds were reported.

Lessons Learned for Program Improvement

Heather House can build on strengths and address challenges in the following ways:

- Explore ways to ensure performance measures can be met and caseloads can be effectively managed.
- Continue to support client's presenting issues, such as substance use, by providing referrals to appropriate support systems and services.
- Work with special needs experts in Solano County or surrounding counties to develop or adopt systematic processes for screening children entering the shelter for special needs.

**Chapter 31: California Hispanic Commission:
Substance Abuse Specialist Services**

Project Name	Funded Amount
California Hispanic Commission: Substance Abuse Specialist Services	\$85,000 07/01/2006 to 06/30/2007

Program Overview

The Substance Abuse Specialist provides case management, interim interventions, referrals, follow-up and wrap around services to substance-using parents in collaboration with the Integrated Family Support Initiative. This position was funded for the first time in the 2006/07 fiscal year to address a gap in the child welfare infrastructure and as a child neglect and abuse prevention strategy.

Exhibit 31-1

Data Sources Available for This Chapter

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

Performance Measures

The following provides a summary of the Substance Abuse Specialist’s performance measures for the 2006/07 fiscal year.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
80% (80) of participants will experience a statistically significant (at the p<.05 level) increase in knowledge after each presentation.			✓		Of the 60 parents who participated in education, 100% (60) reported increased knowledge. Statistical tests were not conducted.
A minimum of 50% (50) of contacted families will move in a positive direction on the Family Development Matrix (FDM).			✓		(90%) 36 of 40 clients moved in a positive direction on the Family Functioning Tool (based on the FDM)
Fewer than 10% (10) of parents will experience positive drug tests after 6 months.					Reliable data on client drug tests not available. A special release is required for drug test results, and the program was not able to obtain this release for clients.

Priority 3: Family Support and Parent Education

- The substance abuse specialist position was anticipated to serve 100 clients, but served 38. This is due to a staffing issue and is not expected to continue in FY2007/08.
- Of the 38 clients case managed in FY2006/07, 32% (12) entered into treatment.
- The 38 families served include 63 children aged 0-5 years.
- 73 IFSI collaborative members participated in trainings on the effects of alcohol, tobacco, and methamphetamines.
- In an attempt to reduce resistance, the Substance Abuse Specialist's title was changed to Engagement Specialist.

Challenges to Effective Service Provision

- The program did not hire a substance use counselor until the second quarter, and therefore served fewer clients than planned.

What are the Characteristics of Clients Served?

- In FY2006/07, the Substance Abuse Specialist case managed 38 clients. The ethnic breakdown of clients served is: 39% Hispanic/Latino; 32% White; 16% African American; and 13% Asian.

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

The California Hispanic Commission's Substance Abuse Specialist supported the entrance of 12 parents into substance abuse treatment, and 44 parents increased their knowledge of the effects of addiction on families. Substance abuse is a risk factor for child neglect and abuse, as well as a destabilizing force on families. The entrance of clients to substance abuse treatment represents a significant move toward stability and health for children and families.

Leveraged Funds

No leveraged funds were reported.

Lessons Learned for Program Improvement

The Substance Abuse Specialist can build on strengths and address challenges in the following ways:

- Continue working with stakeholders to clarify and refine referral processes.
- As referrals increase, balance response with successful home visit strategy.

Chapter 32: Youth and Family Services: Substance Abuse Specialist Services

Project Name	Funded Amount
Youth and Family Services: Substance Abuse Specialist Services	\$75,000 07/01/2006 to 06/30/2007

Program Overview

The Substance Abuse Specialist provides case management, interim interventions, referrals, follow-up and wrap around services to substance-using parents in

collaboration with the Integrated Family Support Initiative. The position also provides on-going technical assistance to IFSI members and FRC staff through attendance at IFSI meetings, visits to FRC's and formal trainings. This position was funded for the first time in the 2006/07 fiscal year to address a gap in the child welfare infrastructure and as a child neglect and abuse prevention strategy.

Exhibit 32-1

Data Sources Available for This Chapter

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

Performance Measures

The following provides a summary of the Substance Abuse Specialist's performance measures for the 2006/07 fiscal year.

Performance Measures	Exceeded	Met	Partially Met	Not Met	Progress Achieved and Explanatory Notes
90% of FRC and MDT team members will report an increased knowledge of alcohol/drug recovery process, treatment models and the ability to recognize the signs of familial alcohol and drug abuse			✓		65% (72 of 110) FRC and MDT team members reported an increased knowledge of alcohol/drug recovery process
A minimum of 50% of contacted families will move in a positive direction on the Family Development Matrix (FDM).	✓				83% (38 of 46) families moved in a positive direction

- The Substance Abuse Specialist position was anticipated to serve 82 families, and served 46 families. This is due to a staffing issue and is not expected to continue in FY2007/08.

Challenges to Effective Service Provision

- In this first year of the Substance Abuse Specialist position, finding a qualified candidate for the position was challenging. The Specialist was hired at the end of the second quarter.

Priority 3: Family Support and Parent Education

- Integrating the Substance Abuse Specialist into IFSI and MDT meetings was a challenge overcome by the end of the contract year. The Substance Abuse Specialists, Public Health Nurses, CPS worker, and FRCs needed to establish new referral processes to include the new positions.

What are the Characteristics of Clients Served?

- In FY2006/07, the Substance Abuse Specialist served 57 adults. The ethnic breakdown of adults served is: 35% White; 31% African American; 29% Hispanic/Latino; 2% Pacific Islander; and 2% Multiracial.
- The Substance Abuse Specialist served 54 children 0-5. The ethnic breakdown of service contacts to children is: 35% African American; 30% Hispanic/Latino; 26% White; 7% Multiracial; and 2% Pacific Islander.

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

Youth and Family Services' Substance Abuse Specialist supported the entrance of 12 parents into substance abuse treatment, and 44 parents increased their knowledge of the effects of addiction on families. Substance abuse is a risk factor for child neglect and abuse, as well as a destabilizing force on families. The entrance of clients to substance abuse treatment represents a significant move toward stability and health for children and families.

Leveraged Funds

No leveraged funds were reported.

Lessons Learned for Program Improvement

The Substance Abuse Specialist can build on strengths and address challenges in the following ways:

- Educate and/or assist FRC and other IFSI collaborative members with early identification of familial alcohol and drug abuse and intervention with the families they serve so that they can refer them appropriately.
- As referrals increase, balance response with successful home visit strategy.

Chapter 33: Conclusion and Recommendations

In FY2006/07, First 5 Solano Children and Families Commission's investments in the community continue to deliver significant returns in the lives of children and families in Solano County. In each of the Commission's three Priority Areas, grantee partners' efforts have contributed to concrete, measurable improvements for the youngest members of the community. A brief summary of highlights within each Priority Area, as well as the evaluation team's overarching recommendations, follow.

Priority 1: Health and Well-Being

BabyFirst Solano continued to improve the system of care to ensure that at-risk women receive early prenatal care and substance using women were connected with treatment.

- The rate of African-American Initiative and Teen Initiative clients entering early prenatal care increased from the previous fiscal year.
- Over twenty infants were born substance-free to women who may have eluded screening without the Prenatal Substance Abuse Initiative.
- A new prenatal substance use screening tool was fielded and additional providers will be trained in FY2007/08, increasing the capacity of the system to identify pregnant women who are using alcohol, tobacco and other drugs.

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 appropriate services in their communities.

- Children who receive mental health services are progressing in their development and functioning.
- Parents receiving services are increasing their parenting skills and overall family functioning.

Every child at the four First 5 Solano School Readiness sites has health insurance, and 100% of students at a total of 41 schools in Solano County are insured as a result of the Solano Kids Insurance Program.

Priority 2: Early Childhood Learning and Development

The School Readiness Initiative provides a host of services to children and families designed to ready parents and children for the child's entry to Kindergarten.

- Since the 2004/05 school year, the readiness of entering Kindergarteners has improved in the domains of emotional well-being, approaches to learning, and communication skills.
- In the 2006/07 school year, more parents than in prior years report contact from the school prior to Kindergarten and more parents enrolled their children earlier in school.

The Quality Child Care Initiative increases provider professional development and works to increase the number of new child care spaces available.

- Over 100 child care providers in Solano County increased their knowledge of high quality child care environments, and nearly 100 difficult-to-reach, license-exempt providers received training.
- An additional 428 child care spaces in Solano County are either under potential development through the Constructing Connections project or being developed with the participation of the Constructing Connections project.

Priority 3: Family Support and Parent Education

The Integrated Family Support Initiative's network of Family Resource Centers, home visitors, substance abuse specialists, Public Health Nurse, Child Protective Services Social Worker, and homeless shelter staff keep families stable and move families in crisis back to stability.

- Seven Family Resource Centers at nine sites together served 2,841 unduplicated families and 2,980 children aged 0-5 years.
- Many families served by FRCs increased their knowledge of community resources.
- A total of 13 formerly homeless families remained in permanent housing for at least 90 days.
- Almost all (98%) of the children referred to the IFSI Child Protective Services worker remained with their families and out of the foster care system.

Recommendations

In conducting the extensive synthesis of data for this report, the evaluation team identified two overarching recommendations for consideration and discussion with First 5 Solano Commissioners, staff, and grantees.

1. **Evaluation for learning.** Some grantees which served more clients than they were contractually obligated to serve in FY2006/07 were unable to achieve the levels of outcomes (i.e., performance measures of program effectiveness) they had set as targets for their work with children and families. Grantees and First 5 Solano staff should work together to determine the optimum ways to achieve program effectiveness in an environment of community need that may exceed available resources. Program design, service counts and/or performance effectiveness measures might need to be modified as a result. Evaluators also suggest that additional training be conducted to assist grantees in clearly differentiating between process measures (i.e., service counts) and outcome measures (i.e., changes experienced by clients served), to further facilitate the dialogue between funder and grantee about how to deliver optimally-effective services. Commissioners may also want to consider the issue of community needs from the perspective of their role as policy leaders, and participate in efforts to address community needs as one partner in the early childhood service system.
2. **Evaluation data accessibility and quality.** Over the past several years, great strides have been made by First 5 Solano staff and grantees to improve the processes of collecting and reporting on evaluation data. This progress notwithstanding, it remains difficult to access evaluation data for some grantees, and the quality of the data available could be improved. The evaluation team appreciates and understands that it takes time and effort for grantees to collect and provide evaluation data, and does not seek to over-burden providers in the community. In addition, a significant level of the data collection stems from the reporting structure required by First 5 California for its annual report.

All that said, in the context of California's current fiscal crisis and the critical need to adequately articulate the benefits and value of First 5 funding, having quality data available to First 5 Solano at any given moment on the effectiveness of First 5's funded programs is vital. Evaluators recommend that over the coming year, First 5 staff review data collection and reporting methods with evaluators and the Commission's data collection vendor, Persimmony, Inc. and work with grantees to ensure that needed data is available, high-quality and as easy as possible to collect, report and retrieve.

Appendix A:

Review of First 5 Solano Community-Level Lead Indicators

First 5 Solano Community-Level Lead Indicators Review

This chapter contains a review of the most recently available data for First 5 Solano’s community-level indicators and a subset of “lead” indicators (some derived from existing First 5 Solano indicators as well as other, additional indicators).¹ 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. LFA is in the process of reviewing and revising these indicators in partnership with First 5 Solano staff and the Commission Program Committee.

This review also 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. To create a reliable data source for these indicators, First 5 Solano’s evaluation team has developed and implemented a Family Survey that is sent by mail to a random sample of families with children ages 0-5 in Solano County. In addition to the random mail sample, the Family Survey is administered at targeted locations where parents with young children and known to live though might not be able to respond to a written mail survey, such as the migrant camps in Dixon and homeless shelters in the county.

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 whole².

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.

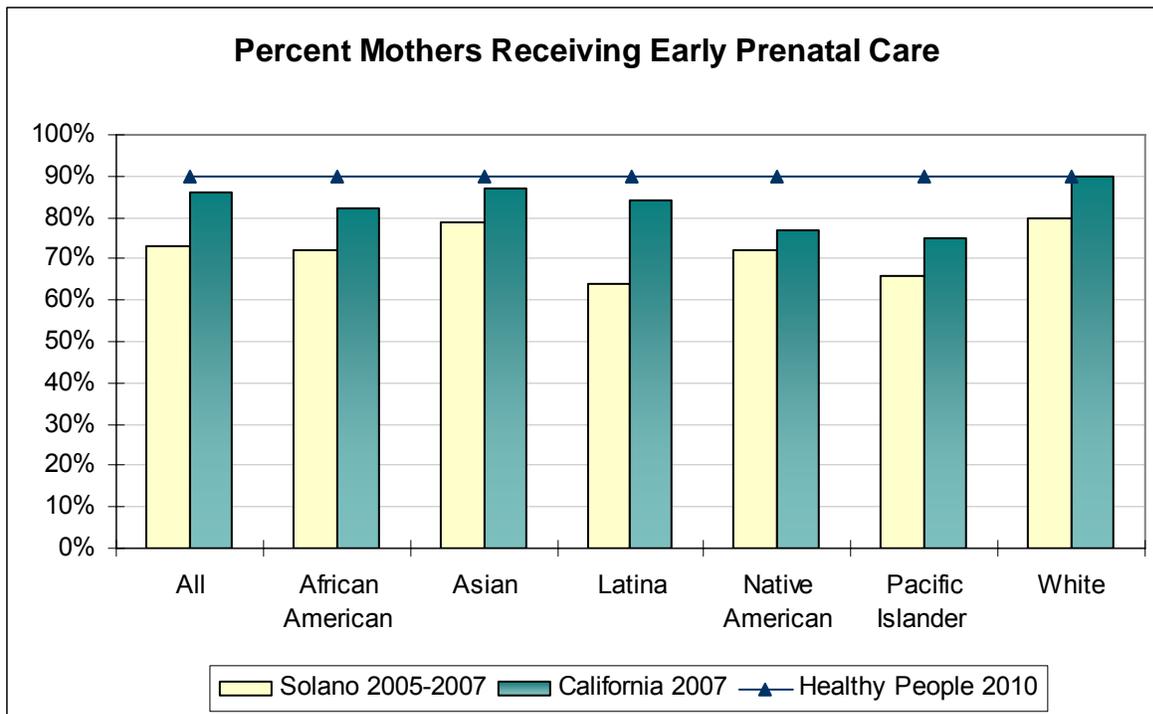
¹ Note that community-level indicator data are generally less current than program-level information (i.e., can lag 2-3 years behind). Note also that community-level indicators may change slowly, or fluctuate; thus, a year-to-year comparison is usually less useful than a longer-term (3-5 year) comparison.

² 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 2005 and 2007 was 73%. This is well below the state rate of 86% in 2007 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 2007*

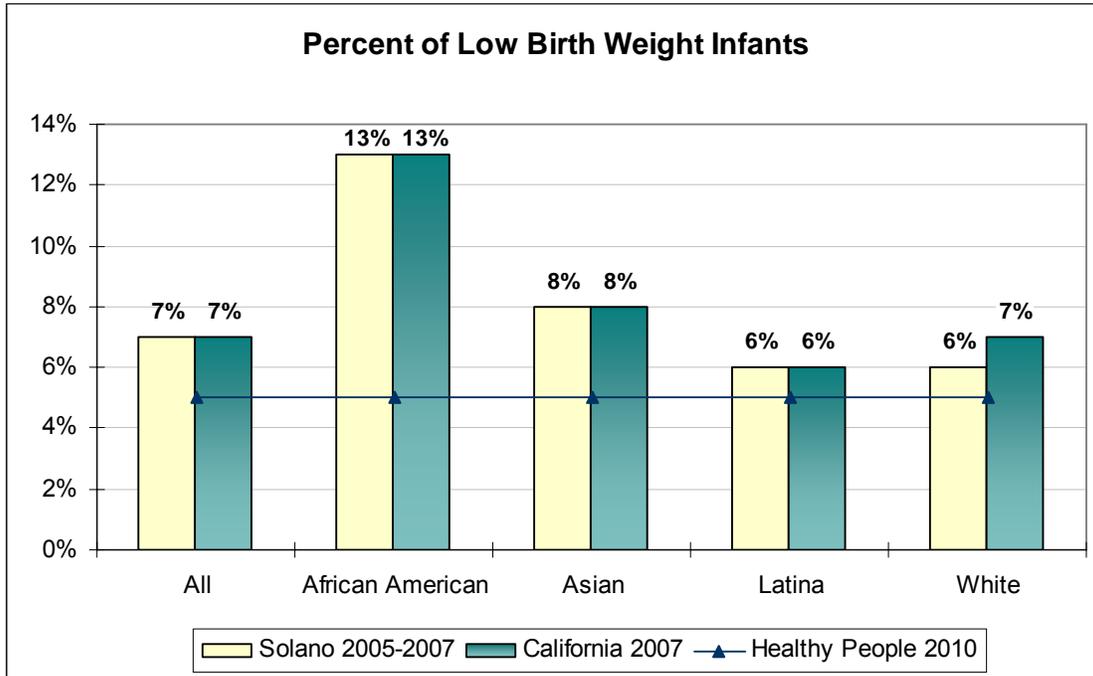
In 2004, fewer than three-quarters of pregnant women in Solano County initiated prenatal care in the first trimester, and over 20% of mothers delayed prenatal care until the second trimester. However, the percent of those initiating care in the 3rd trimester or receiving no prenatal care at all has been 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%. No updated information is available since this writing.

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, 7% of babies were born at low birth weight across the three years 2005 - 2007. 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 13%.



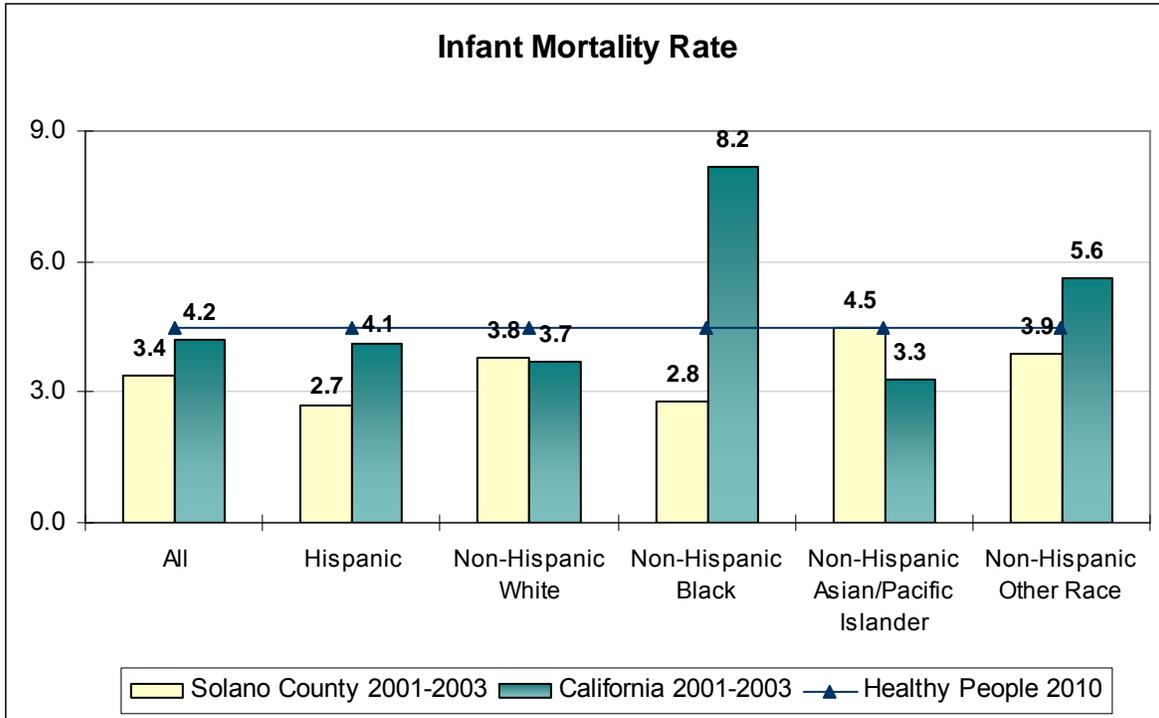
Source: Children Now *California County Data Book 2007*

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. No new data are available.

	% 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 three-year (2001-2003) average infant mortality rate in Solano County is 3.4, lower than the Healthy People 2010 objective of 4.5 deaths per 1000 infants. Asian and Pacific Islanders have the highest infant mortality rate in Solano County, while African Americans have the highest rate statewide. Data more current than 2003 are not available.

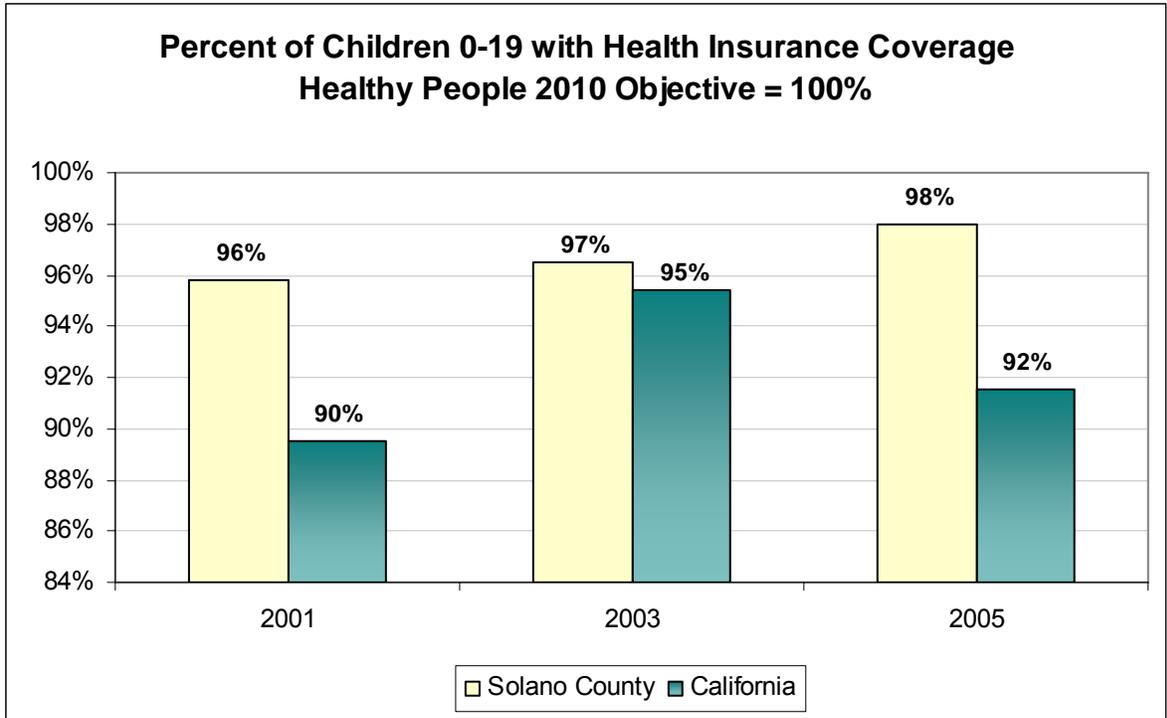


Source: California Department of Public Health

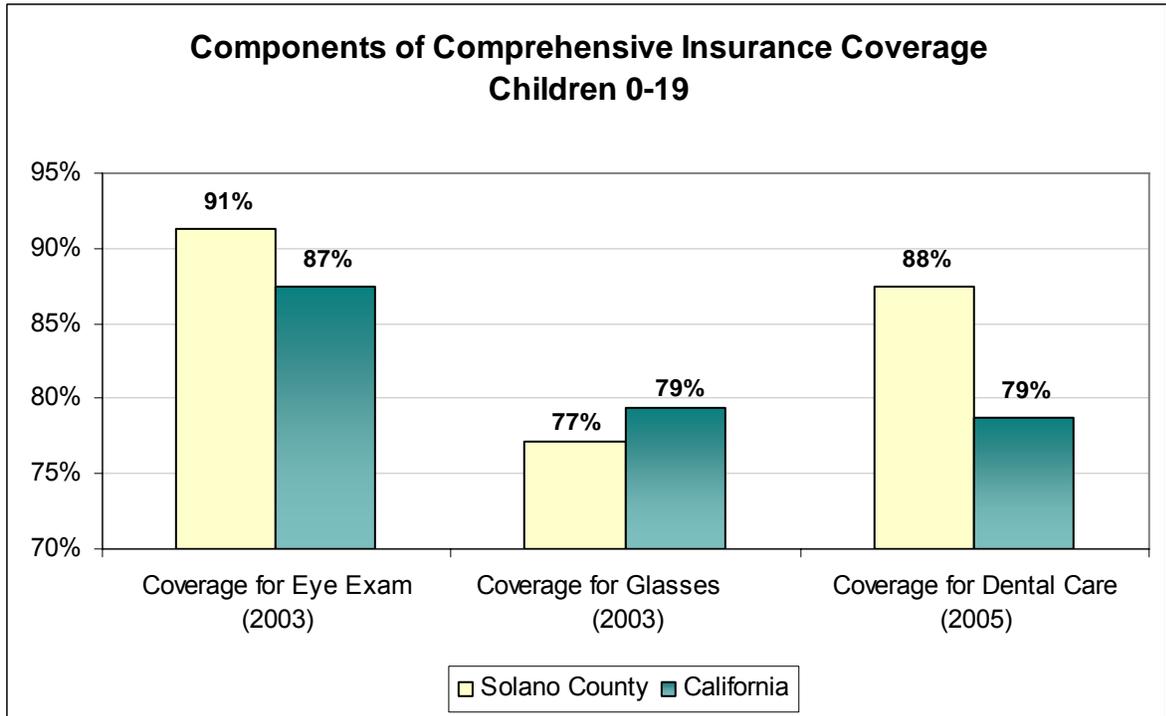
Indicator 3.1: Number and percentage of children who have health insurance (including vision and hearing screening)

Based on data from the 2005 California Health Interview Survey (CHIS), 98% 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.³ 91.3% of children in Solano County have coverage that includes eye exams, but only 77.1% of children have coverage that includes glasses. Dental insurance is not as prevalent among children in the county, with only 87.5% of children having coverage. Rates for children age 0-4 in 2005 are higher than the 0-19 rates: 97.5% have health insurance and 92.2% have dental coverage.

³ Based on the CHIS sampling and analysis, there is no statistical difference between the Solano rate of 97.5% and the HP 2010 objective of 100%



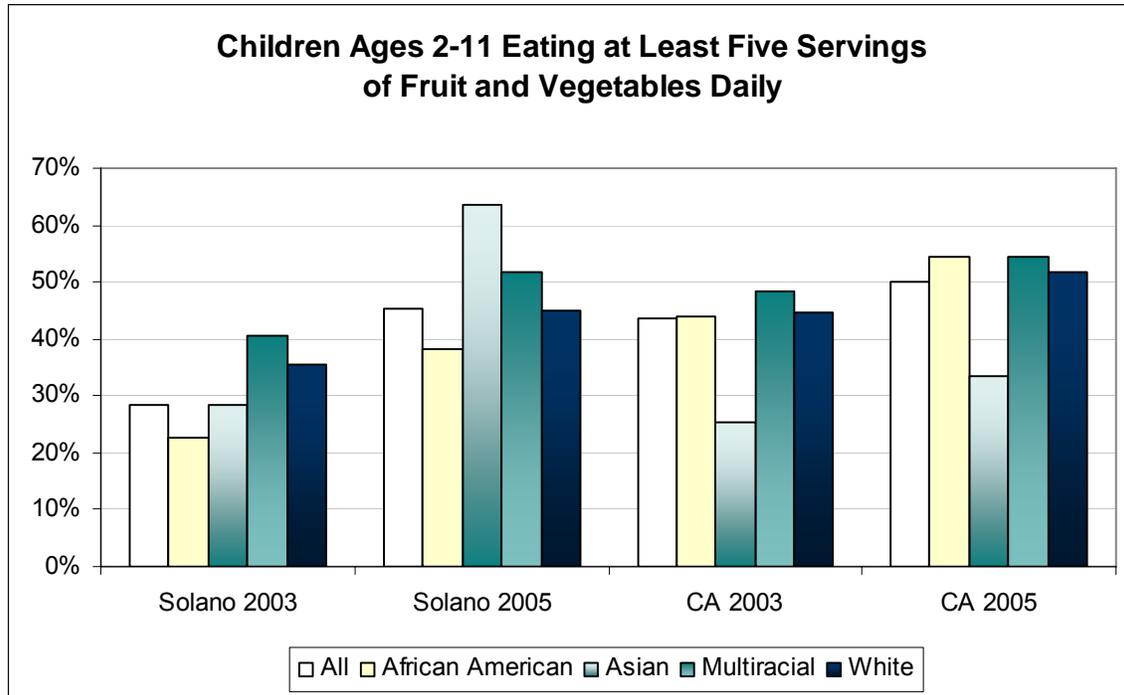
Source: 2001, 2003 and 2005 California Health Interview Survey



Source: 2003 and 2005 California Health Interview Survey

Indicator: Daily servings of fruits and vegetables

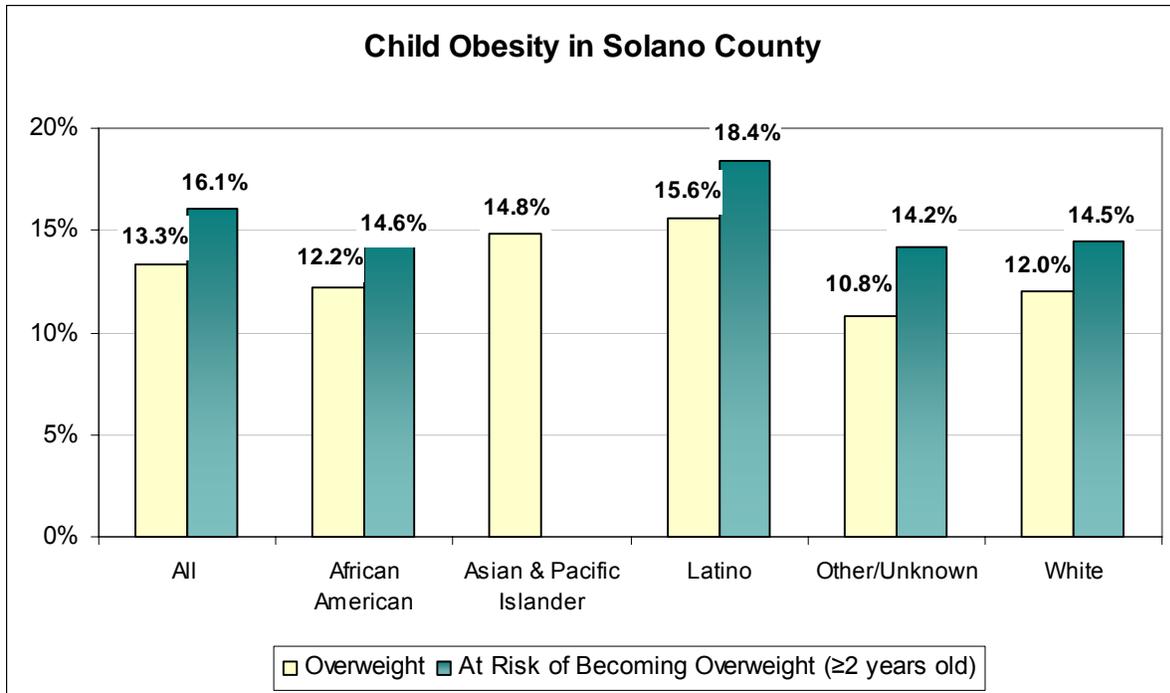
In general, young children in Solano County are getting more fruits and vegetables in their diets in 2005 than in 2003. Asian children in particular have increased their consumption of fruits and vegetables since 2003.



Source: 2003 and 2005 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.

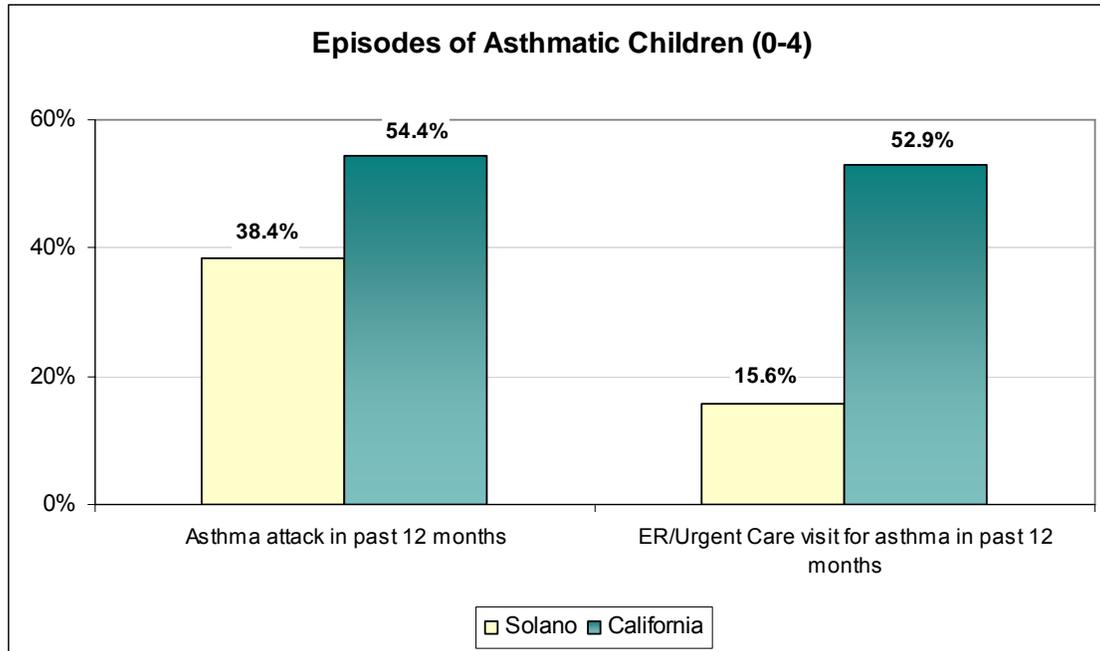
Indicator: Unintended accidents among children 0-5

Available data are for children 0-24 years, not broken out in the 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, 38.4% have had an asthma attack in the past 12 months, and about 16%⁴ 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 lower rate of asthmatic attacks than does the same age group statewide.

⁴ According to the 2005 California Health Interview Survey record, these data are “statistically unstable” because the data represent fewer than 500 people.



Source: California Health Interview Survey 2005

Indicator: Number of reported cases of child abuse

In the past year, there were 1522 child abuse reports filed in Solano County for children age 0-5. Just over 21% 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., (2007). *Child Welfare Services Reports for California*. Retrieved January 7, 2008, 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 2006, 160 children 0-5 were in child welfare supervised foster care in Solano County. Between April 2006 and January 2007, the number of children 0-5 in foster care decreased by 18%. By July 2007, 139 children 0-5 were in foster care, a decrease of 13%.

Total Number of Solano County Children in Child Welfare Supervised Foster Care (Any Placement Type) By Quarter, January 2006 to October 2006

	January 1, 2006	April 1, 2006	July 1, 2006	October 1, 2006
<1 year old	31	28	26	20
1-2 years	65	67	66	33
3-5 years	67	75	78	76
TOTAL 0-5 years	160	170	161	129

Source: CWS/CMS 2007 Quarter 2 Extract⁵

⁵ Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Ataie, Y., Atkinson, L., Blumberg, R., Henry, C., & Cuccaro-Alamin, S. (2007). *Child*

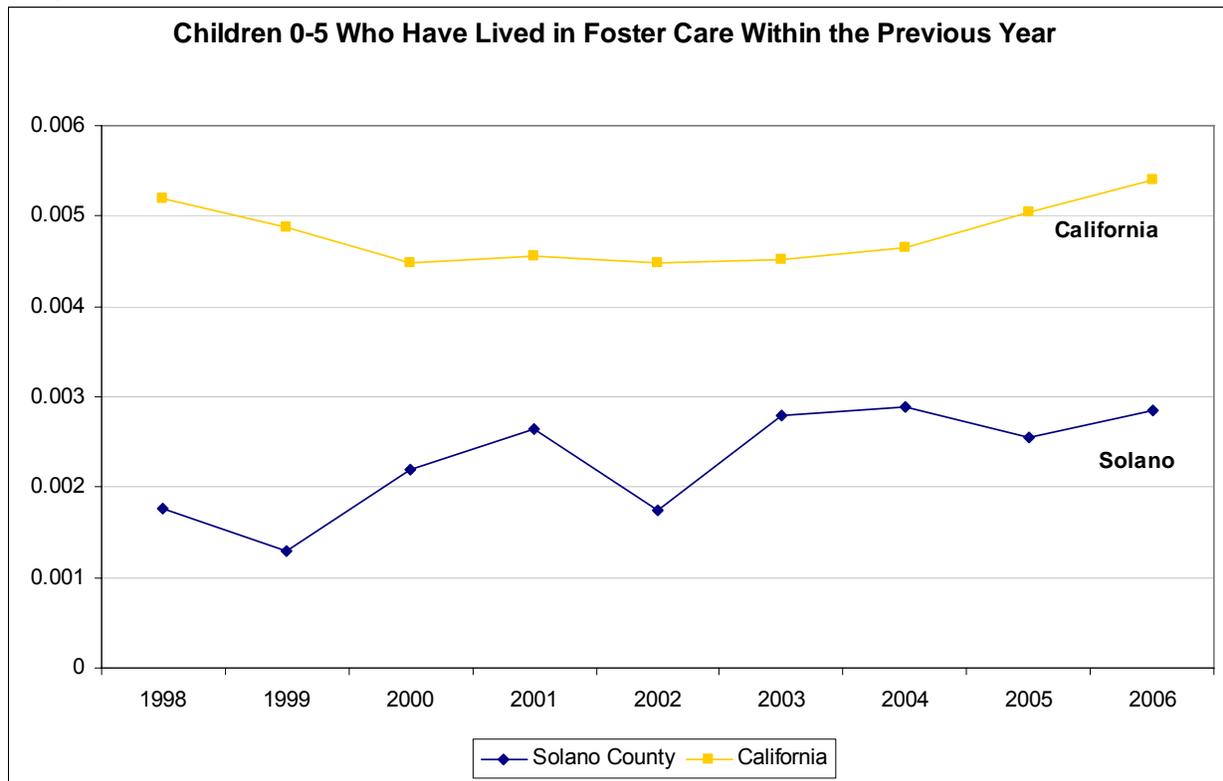
**Total Number of Solano County Children in Child Welfare Supervised Foster Care
(Any Placement Type) By Quarter, January 2007 to July 2007**

	January 1, 2007	April 1, 2007	July 1, 2007
<1 year old	19	22	18
1-2 years	54	55	57
3-5 years	66	66	64
TOTAL 0-5 years	139	143	139

Source: CWS/CMS 2007 Quarter 2 Extract⁶

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.⁷ In 2006, 0.29% of children 0-5 had lived in foster care in Solano County in the last 12 months, compared to 0.54% of children 0-5 across the entire state.



Source: CWS/CMS 2004 Quarter 4 Extract and 2007 Quarter 2 Extract⁸

Welfare Services Reports for California. Retrieved [January 03, 2008], from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

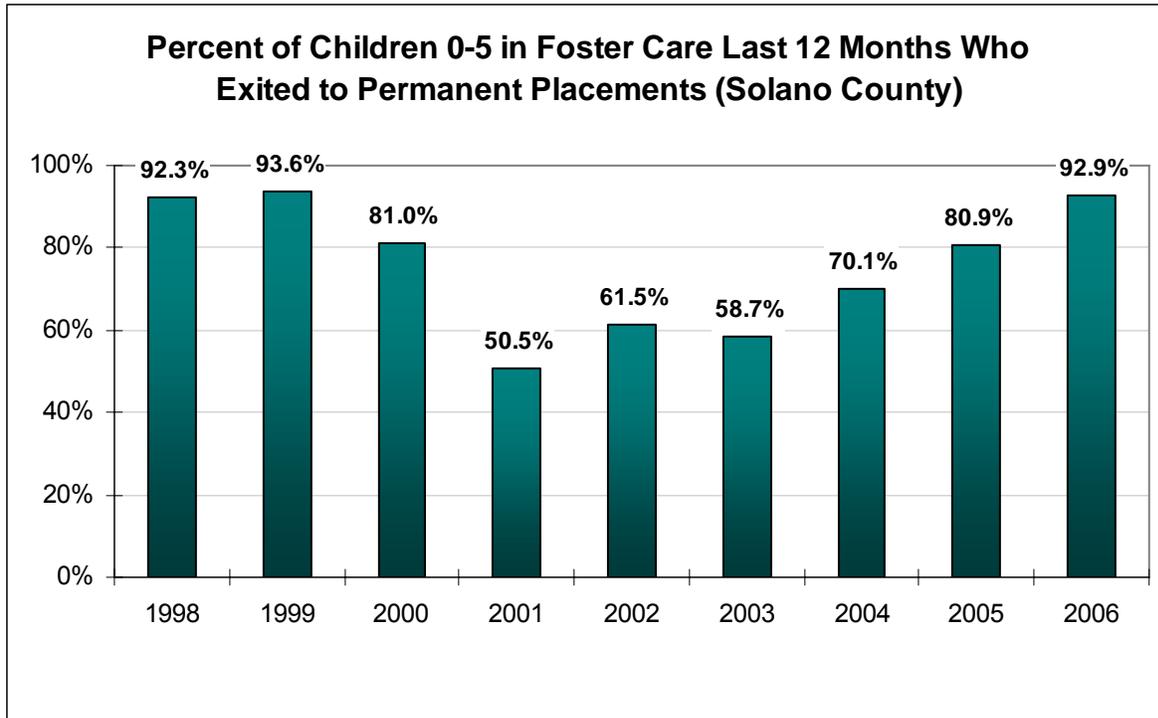
⁶ Same as above, data retrieved January 03, 2008.

⁷ "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.

⁸ 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. (2007). Child Welfare Services Reports for California. Retrieved September 9, 2004, August 30, 2006, and January 7, 2008 from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/CWSCMSreports/>

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 2006, 92.9% of the children 0-5 in foster care in Solano County exited the system into permanent placements.

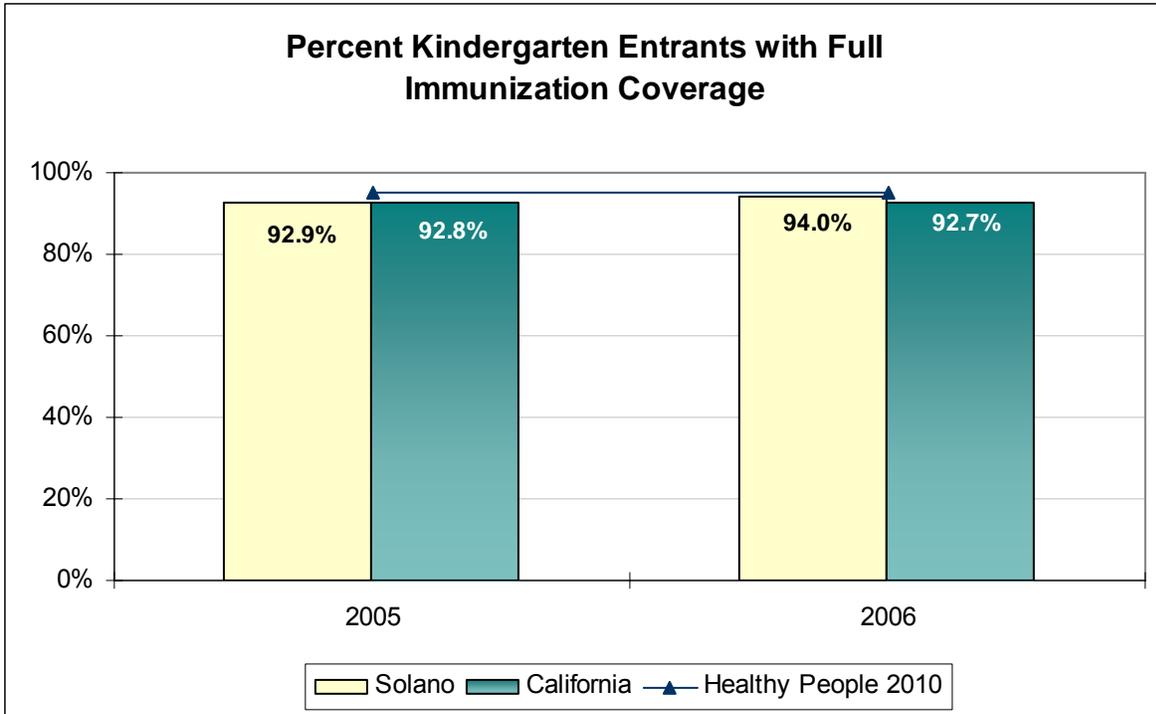


Source: CWS/CMS 2003 Quarter 4, 2005 Quarter 4 Extract, and 2007 Quarter 2 Extract⁹

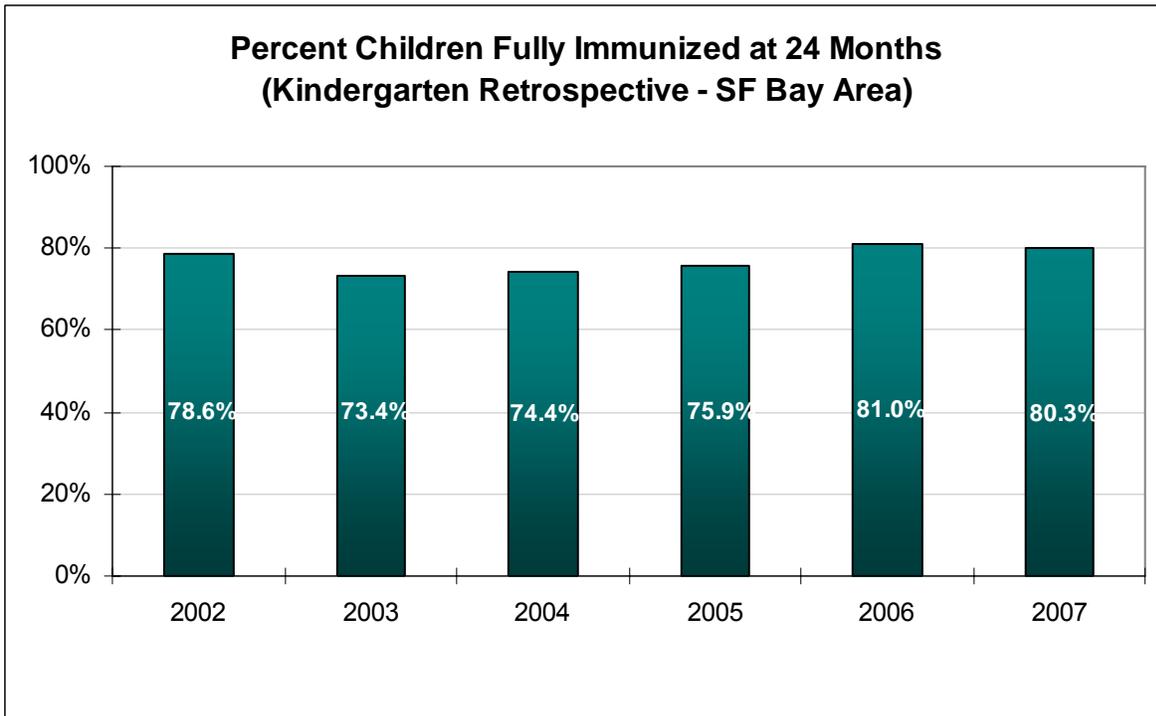
Indicator 7.1: Number and percentage of children who receive the recommended vaccines for their age (immunization rates)

In 2005, Solano County Immunization rates for kindergarten entrants were similar than those statewide but 2.1% below the Healthy People 2010 objective of 95%. In 2006, Immunization rates increased for Solano County, and dropped slightly statewide. The County's rate in 2006 is 1.0% below the Healthy People 2010 goal. Data from the 2007 kindergarten retrospective survey show that only 80.3% of kindergarten entrants across the SF Bay Area were fully immunized at 24 months.

⁹ 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, August 30, 2006 and January 7, 2008 from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/CWSCMSreports/>



Source: CA DHS Division of Communicable Disease Control – Immunization Branch. 2007 Kindergarten Assessment Results.



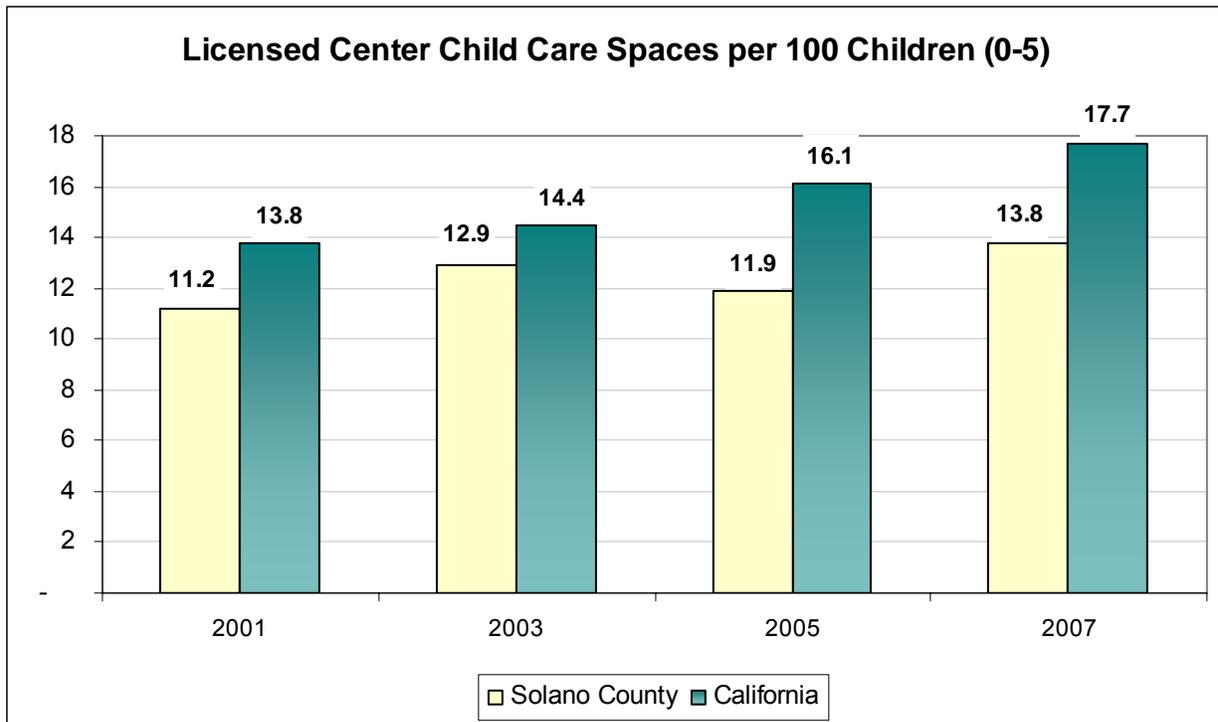
Source: CA DHS Division of Communicable Disease Control – Immunization Branch

Note for 2005-2007: the Kindergarten Retrospective Study 2005 through 2007 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 2005-2007.

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

Indicator 11.1: Number of licensed center child-care spaces per 100 children

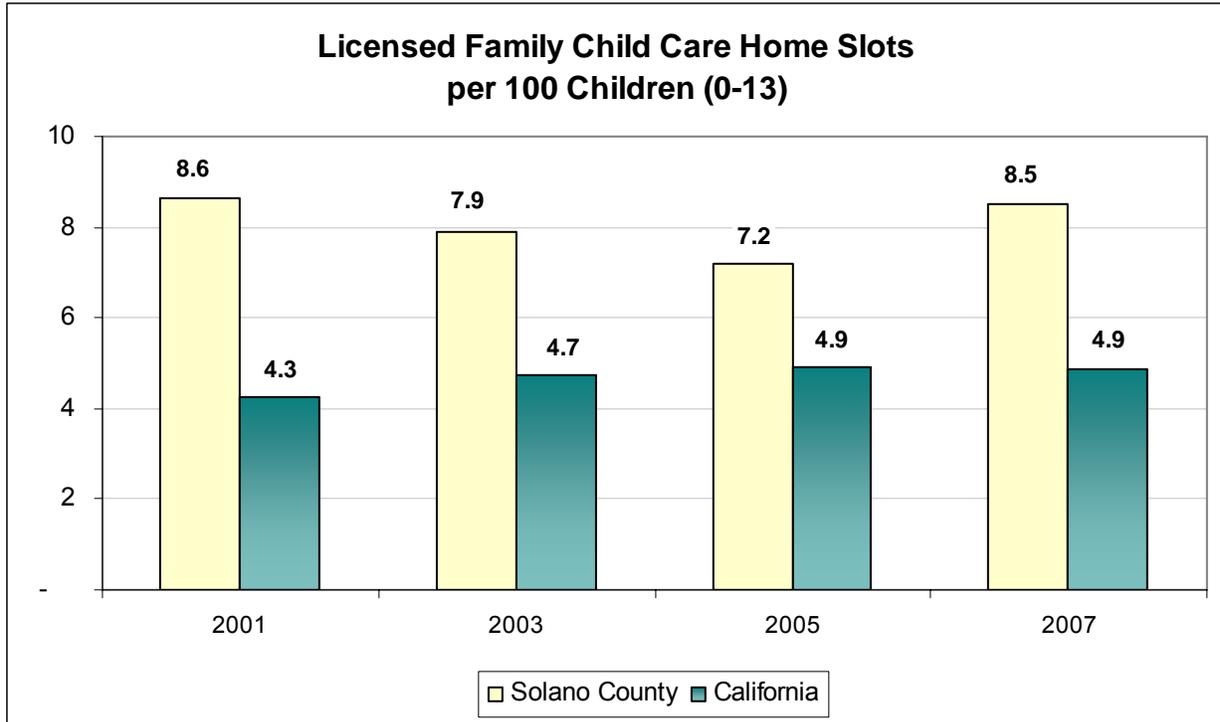
Solano County has a lower rate of available licensed slots in child care centers for the 0-5 population than the state as a whole. The number of slots per 100 children 0-5 decreased in the county from 2003 to 2005, decreasing from 12.9 to 11.9, but in 2007 licensed slots in child care centers increased to 13.8 for every 100 children aged 0-5.



Source: California Child Care Resource and Referral Network 2001, 2003, 2005 and 2007 *California Child Care Portfolio*

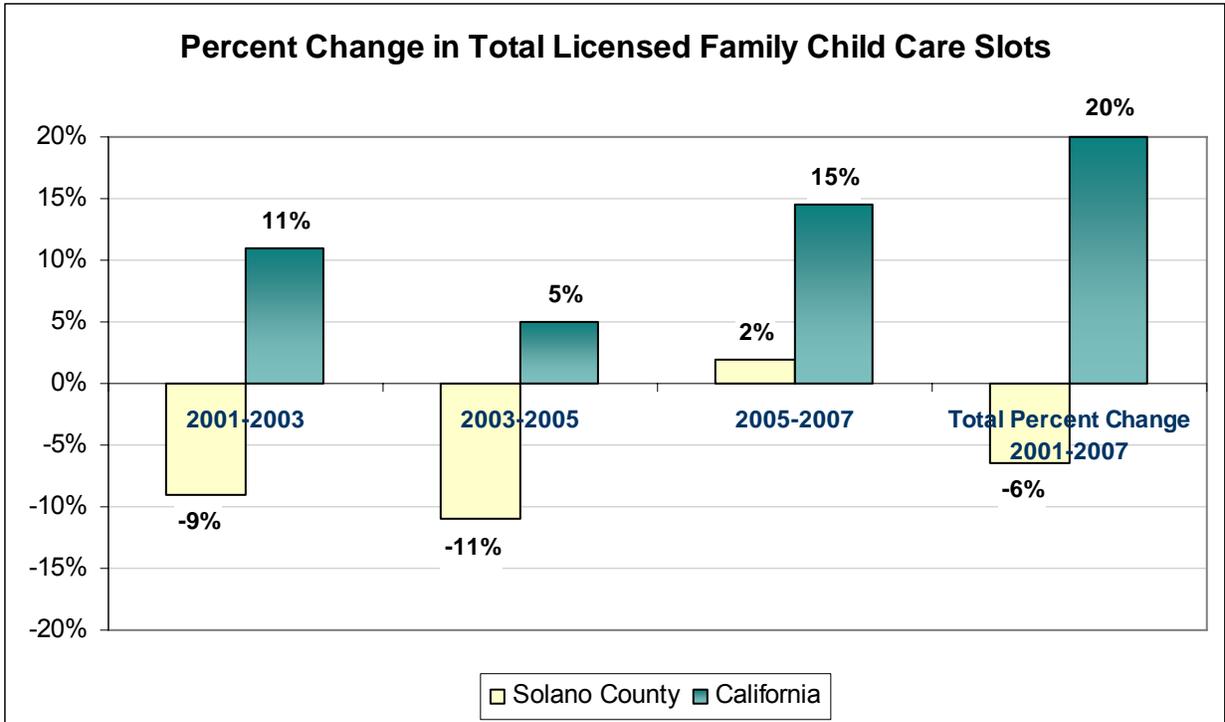
Indicator 11.2: Number of licensed family child-care slots per 100 children

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 slight decrease in total licensed family child care slots in the county since 2001, there are 8.5 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, 2005 and 2007 *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 483 slots (6%) since 2001 while the State has increased its number of slots by 61,227 (20%).

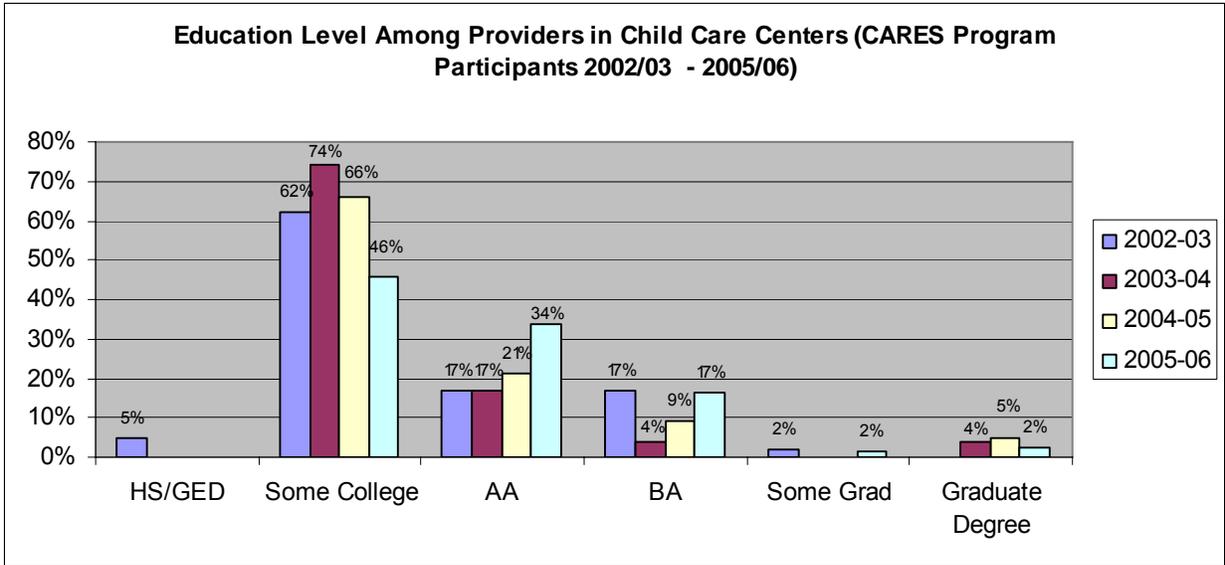


Source: California Child Care Resource and Referral Network 2001, 2003, 2005, and 2007 *California Child Care Portfolio*

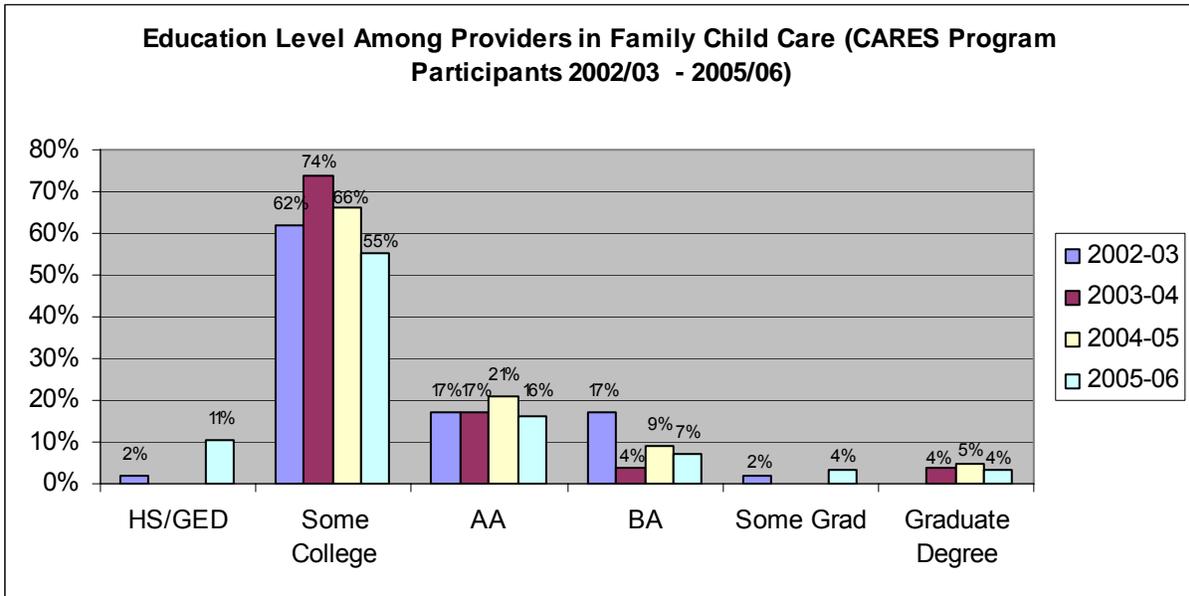
Indicator: Level of education of providers

Based on data from the CARES program¹⁰, 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.

¹⁰ Data not accessible to CARES program as of this writing for the 2006/07 program year.



Source: Children's Network *Solano CARES Program Year Project Updates*

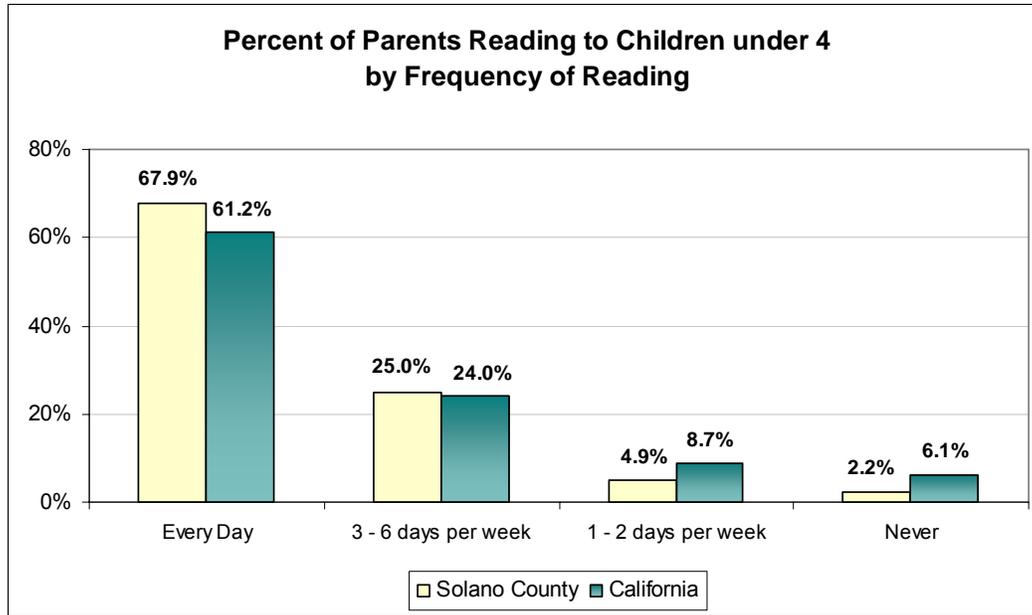


Source: Children's Network *Solano CARES Program Year Project Updates*

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 (67.9%) report reading to their children every day and an additional 25.0% report reading to the their children at least 3 days each week. Over 2% of parents report that they never read to their children.¹¹

¹¹ 2005 California Health Interview Survey identifies this result as statistically unstable.



Source: 2005 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 2006/2007 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 three school years:

Activity (Parents with their children)	04/05	05/06	06/07
Read stories on a weekly or daily basis	3.5	3.3	3.5
Practice kindergarten skills on a weekly or daily basis	3.6	3.4	3.6
Practice counting weekly or daily	3.7	3.4	3.5
Play games that order objects weekly or daily	3.0	2.9	3.0
Play active games weekly or daily	3.5	3.5	3.5
Practice daily routines of getting ready weekly or daily	3.7	3.5	3.7

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. In 2007, 38% of Solano County children ages 3 and 4 were enrolled in preschool.

About 44% of kindergarteners attended a Pre-Kindergarten Academy that helped prepare them for school.

The 2006/2007 Kindergarten Readiness Assessment also reports that fewer than 5% of Solano kindergarteners were enrolled on or after the first day of school. Most parents – more than three-quarters – enrolled their children in kindergarten months before school began.

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, 2005 or 2007 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 FY2004/05. In FY2005/06, there were 667 enrollment slots for Head Start and 36 for Early Head Start. Data for FY2006/07 was not available.

Economic Indicators

Over 13% of Solano County children age 0-5 are living in poverty, according to the 2006 American Community Survey. Statewide, over 19% of families with 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.¹²

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

To create a reliable data source for these indicators, First 5 Solano's evaluation team has developed and implemented a Family Survey that is sent by mail to a random sample of families with children ages 0-5 in Solano County. In addition to the random mail sample, the Family Survey is administered at targeted locations where parents with young children and known to live though might not be able to respond to a written mail survey, such as the migrant camps in Dixon and homeless shelters in the county.

¹² Solano County Department of Health and Human Services; May 2006 Vol. 3; Issue 3.

Appendix B:

First 5 Solano Leveraged Funds Report



CHILDREN ARE OUR BOTTOM LINE

Leveraged Funds Report Fiscal Year (FY) 2006/07

Introduction

To address the chronic shortage of funds and lack of infrastructure supporting the early childhood service system, local agencies across California have turned to First 5 Commissions to expand vital services for children 0-5. First 5 funds alone are insufficient to fully address any one of the myriad of needs that face children and families today; moreover, First 5's diminishing source of funds cannot sustain services in the long term. However, First 5's relatively flexible funds have been found to be an ideal source of matching funds for some federal and state program funding streams as well as to for local investment commitments that attract public/private foundation and other grant opportunities.

The First 5 Solano Children and Families Commission has identified "leveraging", or the use of First 5 dollars to attract matching funds, as a funding priority in its Strategic Plan, Long-Term Financial Plan and FY 2007-2012 Funding Cycle Program Investment Plan. This is consistent with the Commission's overarching strategic priority of "system change" and its long-standing commitment to collaboratives as the primary vehicle for strengthening and sustaining the early childhood services system in Solano County. Moreover, the Commission seeks through its leveraging strategy to expand the quality as well as the capacity of the system, resulting in measurable improvements in the health, safety and well-being of young children, their families and communities over time.

Funding Leveraged by First 5 Solano Grantees

Many First 5 Solano-funded grantees utilize First 5 Solano funds to "leverage", or bring in funds, from other sources. They may use First 5 funding as a direct or "hard" match to other funds, or match First 5 funds with in-kind or other "soft match" resources. First 5 funds may also be used to attract other grant or foundation funding as representative of larger collaborative efforts. As a result, additional dollars become available for critical services for young children and their families in Solano County.

In Fiscal Year 2006/07, Solano County's First 5-funded grantees reported \$3,553,711 in additional, or leveraged, dollars accessed at least in part because of First 5 funding. The various sources and amounts of funding available to expand services are directly dependant upon the types of services that each program provides and the populations served. In addition, leveraged funds may not be specifically restricted to the 0-5 age group and may be utilized by program planners and practitioners to expand the larger children and family service system, such as services to 6-18 year olds or to adults without children aged 0-5.

Following are examples and highlights of leveraged funding efforts:

- **Prenatal Services:** With \$1,194,299 in First 5 Solano funding, the BabyFirst Solano Initiative grantees leveraged \$352,006 in additional dollars. This represents 29% of the overall First 5 Solano spending for FY2006/07 (for every \$1.00 of First 5 dollars, an additional 29 cents were brought into the County).

Under the leadership and coordination of Solano County Health & Social Services Department, BabyFirst Solano has leveraged state and federal funding primarily from Maternal, Child Adolescent Health funding avenues. In the upcoming year, BabyFirst Solano expects to increase the amount of leveraged funds, as several contractors have been brought under the umbrella of Health and Social Services, allowing them to be included in the leveraged federal funding opportunity.

- **Early Childhood Developmental Health Services:** With \$463,819 in First 5 Solano funding, the Early Childhood Developmental Health grantees leveraged \$959,458 in additional dollars. This represents 207% of the overall First 5 Solano spending for FY2006/07 (for every \$1.00 of First 5 dollars, an additional \$2.07 was brought into the County).

The largest return on investment for First 5 Solano dollars is the Early Periodic Screening, Diagnosis and treatment (EPSDT) program. Through Solano County Health & Social Services (H&SS), this program draws down a 95% match in Federal mental health funding for Medi-Cal eligible children (for every \$1.00 of First 5 dollars, an additional \$19.00 was brought into the County). With the \$39,986 spent on this program in FY2006/07, an additional \$759,734 was leveraged for mental health services to children 0-5 and their families. The Children's Nurturing Project also used First 5 Solano dollars to secure additional grants from various sources that allow for services into the cities that are outside of the First 5 Solano School Readiness catchment areas. First 5 Solano funds of \$18,750 were also used as match funds by Child Haven to bring in \$150,000 for the purchase of a mobile PCIT Van.

- **Children's Health Initiative:** With \$196,953 in First 5 Solano funding, the Children's Health Initiative grantee was able to leverage \$499,000 in additional dollars. This represents 253% of the overall First 5 Solano spending for FY2006/07 (for every \$1.00 of First 5 dollars, an additional \$2.53 was brought into the County). A small portion of these funds (approximately \$40,000) were leveraged by First 5 Solano on behalf of Solano Coalition for Better health, through the First 5 California health initiative matching program. In addition, Partnership HealthPlan has been successful in leveraging substantial funding from multiple public and private sources to support Healthy Kids premiums for the Children's Health Initiative (CHI). Other sources of funding include the Blue Shield Foundation, County General Fund and the California Endowment.

School Readiness Initiative: With \$509,888 in First 5 Solano funding, First 5 Solano School Readiness program grantees leveraged \$381,126 in additional dollars primarily through the First 5 California School Readiness matching funds program. This represents 75% of the overall First 5 Solano spending for FY2006/07 (for every \$1.00 of First 5 dollars, an additional 75 cents were brought into the County). Through the funding design of the program, each School Readiness site leverages a 1:1 match from First 5 CA for each program's total funding. In addition, the 4 AmeriCorps members serving the School Readiness programs funded by First 5 Solano generate \$8,000 each for a total of \$32,000 in FY2006/07.

- **Quality Child Care:** With \$712,711 in First 5 Solano funding, the Quality Child Care grantees leveraged \$706,989 in additional dollars. This represents 99% of the overall First 5 Solano spending for FY2006/07 (for every \$1.00 of First 5 dollars, an additional 99 cents was brought into the County).

First 5 Solano was able to leverage \$126,329 in additional dollars from First 5 CA on behalf of the Comprehensive Approaches to Raising Educational Standards (CARES) program grantee. This represents 25% of the overall First 5 Solano spending for FY2006/07. Another Children's Network program "Constructing Connections" (a child care facilities system development effort) is based on a grant from the Low Income Investment Fund and First 5 California. First 5 Solano funds of \$47,339 leveraged a 1:1 match, contributing to that program budget. In addition, Child Start Inc. has also been successful in using its First 5 Solano funding of \$165,111 to secure nearly \$533,321 in Federal funding for the Head Start program in FY2006/07 (for every \$1.00 of First 5 dollars, an additional \$3.23 was brought into the County).

- **Family Support Services:** With \$865,639 in First 5 Solano funding, the Family Support grantees leveraged \$655,132 in additional dollars associated with the Integrated Family Support Initiative

(IFSI). This represents 76% of the overall First 5 Solano spending for FY2006/07 (for every \$1.00 of First 5 dollars, an additional 76 cents were brought into the County).

Under the leadership of the Children's Network of Solano County, which provides coordination, common data and assessment tools and other support, Family Resource Centers utilize 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. Along with PSSF funding, most FRC agencies have been able to attract other grants and funding specific to the needs of the targeted population. The Solano County Child Protective Services Social Worker and the Public Health component of the Integrated Family Support Initiative (IFSI) bring in over a 50% match from Federal sources to fully fund these services.

Conclusion

First 5 Solano's relatively flexible funding has proven to be an ideal source of local matching funds for a variety of local, state, federal and public/private foundation funding streams. First 5 Solano grantees demonstrated an impressive level of motivation and commitment in their ability to grow services through collaboration, both in their program designs and their diligence in pursuing matching funds, resulting in leveraged investments that were almost equal to the annual First 5 grant expenditures in FY2006/07.

"System change" results generated from First 5 Solano's leveraged investments include the growth of strong collaboratives that have a better chance of sustaining services over time. Solano County has a long-standing tradition of collaborative spirit and practice that predates the Commission's existence; that said, in the era of First 5 commitment to supporting and expanding multi-agency, multi-disciplinary service structures, local service providers have substantively increased their capacity to do their best collaborative work. Over the past eight years, First 5-funded collaboratives have increased their abilities to: "braid" and "blend" funds; decrease service duplication (generating cost savings); increase the quality of services; and capture dollars once beyond the reach of local service providers for services to families with children aged 6-18.

The Commission is mindful that funding is not an end in and of itself. Leveraged funds have proven to be a catalyst for Solano grantees to achieve tangible results for children and families, including:

- 41 schools in Solano County achieved 100% health insurance enrollment of students (with 97% of all Solano children insured countywide);
- Pregnant teens served by BabyFirst Solano delivered at term at rates better than county, state, and national averages. Just 4.4% of BFS teens delivered their babies preterm. This easily surpasses the Healthy People 2010 goal of 7.6% preterm deliveries for teen mothers;
- 13 Solano County families moved from homelessness to stable housing for 90 days or more as a result of the work of Heather House Homeless Shelter, an IFSI collaborative partner;
- 389 families across Solano County reported increased knowledge and access to community resources as a result of the work of the Family Resource Centers in the IFSI collaborative.

The First 5 Solano Commission's strategy of emphasis on investments that generate matching funds proved to be a strong support for its overarching goal of system change in FY2006/07. The Commission will continue to actively encourage and support First 5 Solano grantees in finding new opportunities to leverage First 5 funding to expand the scope, quality and sustainability of Solano County's early childhood and family service system. The Commission will measure the impact of this strategy by tracking the level of leveraged funds and by documenting the results achieved from these investments.

Grantee	First 5 Funds Budgeted	First 5 Funds Expended	Leveraged Services	Source of Leveraged Funds	Leveraged Funds
Prenatal Grants					
H&SS - AFLP & BIH	555,203	575,316	Increase awareness of and link clients to Medi-Cal insurance and Medi-Cal services (e.g. prenatal care, substance use services, and mental health services)	State General Funds and Federal Funds (Title XIX)	352,006
H&SS - Substance Abuse Services	660,243	404,699			
Everlasting Hope Ministries	67,484	67,180	No leveraged funds reported		0
CA Hispanic Commission Its All About My Baby	150,069	147,104	No leveraged funds reported		0
Total Prenatal Initiative:	1,432,999	1,194,299			352,006
Early Childhood Developmental Health Grants					
Children's Nurturing Project Welcome Baby	99,564	99,564	Welcome Baby home visiting and intensive case management	Kaiser, City of Fairfield CDBG; TCM (State through County); Rotary Club of Cordelia; NorthBay Healthcare	32,500
Solano County H&SS EPSDT	55,000	39,986	Mental health services	Short Doyle FFP; EPSDT; County General Fund Realignment	759,734
Families First	272,702	258,910	Administrative overhead	Families First in-kind expenses	12,224
Child Haven PCIT Van	18,750	18,750	Purchase of PCIT Mobile Van	Office of Emergency Services	150,000
Children's Nurturing Project Substance Abuse Parent Education	42,524	46,609	Parent Ed Groups	Kaiser and CDBG (Fairfield)	5,000
Total ECMH Initiative:	488,540	463,819			959,458
Children's Health Initiative Grant					
Solano Coalition for Better Health- SKIP	352,980	196,953	Universal Regional Children's Health Initiative	The California Endowment, Blue Shield Foundation, CA First 5, County General Fund	499,000
Total Children's Health Initiative Grant:	352,980	196,953			499,000
School Readiness Grants**					
Anna Kyle Elementary	223,144	80,146	Neighborhood-based school readiness services, pre-Kindergarten academy, health and parent services	First 5 CA	91,415
Loma Vista Elementary	218,200	130,617			97,317
Markham Elementary	210,000	126,231			73,980
Silveyville Primary	217,250	86,414			86,414
AmeriCorps Program	140,594	86,480	Support for the 4 school readiness programs	Federal	32,000
Total School Readiness Initiative:	1,009,188	509,888			381,126

Grantee	First 5 Funds Budgeted	First 5 Funds Expended	Leveraged Services	Source of Leveraged Funds	Leveraged Funds
Quality Child Care Grants					
Children's Network - CARES II	650,000	500,261	Childcare outreach, training and stipends	First 5 CA	126,329
Children's Network - "Constructing Connections"	43,000	47,339	Developing relationships w/ agencies to streamline & improve the process for developing child care center.	Low Income Investment Fund	47,339
Child Start - Head Start Slots & Mental Health Trainees	165,657	165,111	Wrap around child care and mental health services for Head Start children	Federal Head Start Program	533,321
Total Quality Child Care Grants:	858,657	712,711			706,989
Family Support Grants					
Rio Vista CARE	45,390	43,766	Information and referral, parent education and basic needs assistance	Child Welfare Services	28,917
Benicia Police Dept	34,492	28,050	In kind - Rent & Utilities	Benicia Police Dept.	1,200
Vacaville Police Dept	39,555	28,080	Targeted Case Management for Medi-Cal clients	State of California through Solano County	30,000
Fairfield-Suisun USD	141,760	130,483	Basic needs financial assistance, Parent education, information and referral, and home visiting services	PSSF, McKinney Homeless grant, Solano County	139,710
Children's Network	139,329	139,328	Maintaining Community Resources Directory, including Medi-Cal providers; Planning to improve Medi-Cal access	Medical Administrative Activities, Solano County	178,156
Interfaith Council	13,805	13,805	No leveraged funds reported		0
Fighting Back Partnership	130,000	128,000	Case management, Mental Health Coordination, School Readiness Coordination/Services	TCM, Solano County H&SS, S.H. Cowell, California Endowment, and Vallejo City Unified School District	173,621
Dixon Family Services	39,661	39,661	Basic needs financial assistance, Parent education, information and referral, and home visiting services	Drug and Alcohol Youth, Solano County, Silveyville School Readiness	21,000
Health & Social Services Public Health Nurse & Child Protective Services Social Worker	150,000	150,000	Salaries & Benefits of Social Worker III & PHN	Federal, State and County Funds	82,528
Child Haven Rio Vista Home Visitor	17,000	17,000	No leveraged funds reported		0
CA Hispanic Commission Substance Abuse Specialist	85,000	72,466	No leveraged funds reported		0
Youth and Family Services Substance Abuse Specialist	75,000	75,000	No leveraged funds reported		0
Total Family Support Initiative:	910,992	865,639			655,132
Total All Grants:	5,053,356	3,943,309			3,553,711

*This amount may be duplicated as some Family Resource Center agencies reported funds leveraged from H&SS individually.

** School Readiness grants include budgetd amounts for the entire program (First 5 Solano & First 5 CA). Expended funds exclude First 5 CA funds, as those funds are accounted for in the Leveraged funds column.

Appendix C:

First 5 Solano Kindergarten Readiness Assessment Report



**First 5 Solano Children and Families Commission
School Readiness Initiative
2006-2007 Kindergarten Readiness Assessment Report:
A Profile of Kindergarteners and their Parents/Caregivers**

**Prepared by
LaFrance Associates, LLC (LFA)**

July 19, 2007

*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 2006-2007 Kindergarten Readiness Assessment (KRA) conducted at the four School Readiness sites funded through the First 5 Solano County Children and Families Commission (First 5 Solano): Anna Kyle, Markham, and Loma Vista Elementary Schools, and Silveyville Primary School. The KRA consists of assessments of individual children conducted by kindergarten teachers via the 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 2006-2007 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, using a standardized assessment of core competencies of entering Kindergarteners across a variety of dimensions: developmental, social/emotional, cognitive and early literacy. This same assessment also was conducted for the 2004-2005 and 2005-2006 school years. Findings for each school year are presented side by side to show how cohorts of entering kindergarteners compare over time. In addition, results from the 2004-2005 and 2006-2007 Statewide MDRDP are presented alongside First 5 Solano School Readiness site findings¹.

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, 336 children and their parents in 2005-2006, and 321 children and their parents in 2006-2007.

Data Collection Tools and Methods Used

The First 5 Solano Kindergarten Readiness Assessment consists of assessments of individual children conducted 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.

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.

¹ First 5 California administers the MDRDP biannually and includes select School Readiness sites in counties across California. Silveyville Elementary was included in that sample in 2004-2005 and 2006-2007. LFA administered the MDRDP for Silveyville Elementary in the 2005-2006 school year.

In addition, kindergarten teachers from two of the school sites participated in focus groups. Teachers reviewed MDRDP findings and provided their perspective on the school readiness and competencies of the entering class of 2006-2007.

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 their point of entry into kindergarten.

This is the third year the KRA has been conducted at First 5 Solano School Readiness sites, allowing over-time views of MDRDP results for children entering kindergarten in the 2004-2005, 2005-2006, and 2006-2007 school years. These data can serve as a guide for what services and support might be most useful at School Readiness sites to prepare children for school.

Additionally, while the MDRDP assessment tool has remained the same across years, the parent survey has changed slightly each year. Many survey questions were altered to improve the instrument and therefore yield better data, and other questions were changed in order to match the parent survey administered by the state. Therefore, some questions on the parent survey are not comparable across years.

Finally, the children and their parents included in each cohort represent a sample of families at the four school/neighborhood catchment areas served by the First 5 Solano School Readiness program.

II. Brief Overview of Findings

The section provides a brief summary of the findings from the 2006-2007 Kindergarten Readiness Assessment.

Key Findings from the 2006-2007 Kindergarten Readiness Assessment

- The percentage of children in the 2006-2007 school year who fully or almost mastered all items in each dimension on the MDRDP is lower than for the 2005-2006 school year. Findings for the 2006-2007 school year are still up from the 2004-2005 school year. First 5 Solano Catchment Area scores are on par with the State except in the area of Cognition and General Knowledge.
- Many of the areas where competencies are down are related to reading comprehension. In focus groups, teachers reported a higher number of English Learners in their classroom, which could be a factor that explains the decrease. Half of kindergarteners (51%) in this assessment speak Spanish as their primary language.
- Race/ethnicity has a significant impact on the mastery level of entering kindergarteners. When comparing competencies of white and non-white students, white students are more than twice as likely to fully or almost master all items within the four dimensions of the MDRDP. Latino students, in particular, are less likely to have mastered items upon entry into kindergarten.
- The four School Readiness sites have varying levels of mastery of entering kindergarteners. This is likely related to race/ethnicity of kindergarteners. The site with the lowest competencies has the lowest percentage of White students as compared to the remaining sites.
- Students who participated in a Pre-K Academy were less likely to have fully or almost mastered all items in the four dimensions of the MDRDP. Pre-K Academies target children who have not had any preschool experience and are assumed to have lower competencies than children with preschool experience. Of the children who participated in a Pre-K Academy prior to the 2006-2007 school year, 90% were Latino and 82% spoke Spanish as their primary language.

III. Modified Desired Results Developmental Profile (MDRDP) Findings

This section provides findings from the MDRDP’s four dimensions of children’s readiness for school: Cognition and General Knowledge; Communicative Skills; Emotional Well-Being and Social Competence; and Approaches to Learning. Teachers assess the level of mastery for each individual child according to a four-point scale. Children that demonstrate a “3” or “4” are assessed as having almost or fully mastered an item, respectively. The percentage of children who almost or fully mastered an item is presented for each dimension of the MDRDP, as well as for each item within the dimensions (each dimension includes between three and twelve items, findings for individual items are included in the Appendix).

Except for the Cognition and General Knowledge dimension, about a third of students in 2006-2007 were able to fully or almost master all items in the MDRDP dimensions upon entry into kindergarten, as seen in Exhibit 1 below. The percentage of children in 2006-2007 who fully or almost mastered all items in each dimension on the MDRDP is lower than for the 2005-2006 school year (the percent change in mastery ranges from -2% to -12%). Despite the drop in mastery level from the 2005-2006 school year to the 2006-2007 school year, the percentage of children in 2006-2007 who fully or almost mastered all items in each dimension has still increased from the 2004-2005 school year, except in the area of Cognition and General Knowledge.

The 2005-2006 school year saw a rise from the 2004-2005 school year in the percentage of children who could fully or almost master all items in each dimension (there was a 10% increase in all dimensions except Communication Skills). It is not unexpected that competencies of entering kindergarteners will change from year to year. Specific factors that may have influenced the change in competencies for 2006-2007 are examined in Section II of this report.

Exhibit 1					
Percent Change in Scores from 04-05 to 06-07 and 05-06 to 06-07					
Percentage of Children Who Fully or Almost Mastered All Items	First 5 Solano Catchment Areas 2004-2005	First 5 Solano Catchment Areas 2005-2006	First 5 Solano Catchment Areas 2006-2007	Percent Change from 04-05 to 06-07	Percent Change from 05-06 to 06-07
Cognition and General Knowledge	21%	33%	19%	-2%	-14%
Emotional Well-Being	32%	43%	41%	+9%	-2%
Approaches to Learning	35%	47%	37%	+2%	-10%
Communication Skills	30%	42%	33%	+3%	-9%

First 5 Solano Catchment Area scores are on par with the State except in the area of Cognition and General Knowledge. In the 2006-2007 school year, First 5 Solano Catchment Areas had a higher percentage of children than the State who fully or almost mastered all items in the Emotional Well-Being dimension (41% compared to 38%). In the area of Communication Skills, First 5 Solano and the State had the same percentage of children who fully or almost mastered all items (33%). First 5

Solano had lower competencies in the Cognition and General Knowledge (19% compared to 28% Statewide) and Approaches to Learning (37% compared to 40% Statewide).

Exhibit 2 MDRDP Scores for First 5 Solano School Readiness Sites compared to Statewide Results				
Percentage of Children Who Fully or Almost Mastered All Items	First 5 Solano Catchment Areas 2004-2005	Statewide 2004-2005	First 5 Solano Catchment Areas 2006-2007	Statewide 2006-2007
Cognition and General Knowledge	21%	25%	19%	28%
Emotional Well-Being	32%	37%	41%	38%
Approaches to Learning	35%	39%	37%	40%
Communication Skills	30%	33%	33%	33%

Looking more closely at the specific competencies within each dimension, there are several competencies that saw a dramatic decrease and others that slightly decreased or increased. . While there was a decrease overall in the number of children who could fully or almost master all items in each dimension, many individual items within the dimensions showed an increase. Findings for all of the items within each of the four dimensions are provided in the Appendix of this report but a summary of the most relevant findings is provided below.

Summary of MDRDP Results

- While there was a decrease overall in the number of children who could fully or almost master all items in each dimension, many individual items within the dimensions showed an increase.
- Many of the areas where competencies are down (see next bullet) are related to reading comprehension. In focus groups, teachers reported a higher number of English Learners in their classroom, which could be a factor that explains the decrease.
- The items where the percentage of children who could fully or almost master that item has dropped 10% or more are:
 - Understands numbers and simple operations (-27%)
 - Recognizes print in the environment (-15%)
 - Uses letters and pictures to express ideas (-19%)
 - Understands an increasing number of specialized words (-10%)
 - Observes and examines natural phenomena through senses (-10%)
- The items where the percentage of children who could fully or almost master that item has increased 5% or more are:
 - Pretends to read books (6% increase from 05-06 to 06-07 and 16% increase from 04-05 to 06-07)
 - Writes three or more letters (5% increase from 05-06 to 06-07 and 6% increase from 04-05 to 06-07)
 - Participates in group efforts (5% increase from 05-06 to 06-07 and 9% increase from 04-05 to 06-07)

IV. Factors Influencing MDRDP Results

To explore factors influencing MDRDP results, LFA examined a number of characteristics of entering kindergarteners—including race/ethnicity, key school readiness activities engaged in by parents, attendance at preschool, and the child’s participation in a Pre-K Academy—and conducted statistical analysis to determine whether any of the characteristics were correlated with higher MDRDP scores. In addition, LFA also used teacher focus group data to provide context and support to MDRDP findings as well as to highlight any qualitative differences between MDRDP findings and teacher focus group findings.

Preschool Experience

The majority (73%) of entering kindergarteners in the 2006-2007 school year attended preschool and over one-third (37%) attended family day care.² Teachers in focus groups overwhelmingly praised preschool experience as an important factor in the success of entering kindergarteners: teachers explain that preschool prepares children for what is expected of them in kindergarten, particularly how to adhere to appropriate classroom behavior such as sitting still, getting in line, and interacting with other children. Although anecdotally teachers believe that children with preschool experience enter kindergarten more prepared, **analysis of preschool experience related to MDRDP competencies does not show a difference between those who attended preschool versus those who did not.**

Readiness Activities of Parents

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. However, very few of these findings neither are statistically significant nor showed large differences between the two groups; thus, it cannot be concluded with confidence that the results are attributable to parents’ activities. This was the case with the 2005-2006 cohort, but is in contrast to the 2004-2005 cohort where many of the activities parents engaged in (including meeting with the principal and teacher prior to the start of kindergarten) were highly correlated with higher MDRDP results.

Participation in a Pre-K Academy

When looking at MDRDP results of kindergarteners who participated in a Pre-K Academy in 2006-2007 versus those who did not, **those who did not participate were more likely to have fully or almost mastered all items of the four dimensions of the MDRDP.** This finding is in opposition to the finding from the 2005-2006 school year, when kindergarteners who participated in a Pre-K Academy were more likely to have scored higher on the MDRDP than those who did not. This change in findings may be the result of children entering the Pre-K Academies further behind than previous years’ students. Although we do not have data from Pre-K Academy teachers, in focus groups with kindergarten teachers they reported that children entered with lower competencies this year than children in previous years, despite having participated in a Pre-K Academy or been in a preschool classroom.

² Kindergarteners could have been enrolled in family day care and attended preschool at separate times prior to entry into kindergarten.

Pre-K Academies target children who have not had any preschool experience and are assumed to have lower competencies than children with preschool experience. In addition, the majority of the children (82%) who participated in a Pre-K Academy prior to the 2006-2007 school year spoke Spanish as their primary language, most likely contributing to lower competencies in Cognition and General Knowledge and Communication Skills .

Race/Ethnicity

Race/ethnicity does appear to have a significant impact on the mastery level of entering kindergarteners. When comparing competencies of white and non-white students, white students are more than twice as likely to fully or almost master all items within the four dimensions of the MDRDP. Latino students, in particular, are less likely to have mastered items upon entry into kindergarten, as seen in Exhibit 3 below. No differences were found when comparing scores of African American, or Asian students to all other students.

Exhibit 3 MDRDP Scores by Race/Ethnicity				
Percentage of Children Who Fully or Almost Mastered All Items	White Students	Non-White Students	Latino Students	Non-Latino Students
Cognition and General Knowledge	33%	13%	13%	17%
Emotional Well-Being	57%	37%	30%	50%
Approaches to Learning	64%	31%	28%	45%
Communication Skills	68%	27%	22%	46%

The majority of Latino students (86%) speak Spanish as their primary language. This finding supports the information provided by teachers in focus groups. Teachers noticed more English Learners in their classrooms this year than in previous years (in particular, Spanish-speaking children) and noted that academically those children entered kindergarten with lower competencies (especially in the areas of Cognition and General Knowledge, and Communication Skills) than children in previous years.

First 5 Solano School Readiness Sites

Analysis by individual school, rather than across all four School Readiness Catchment areas as a whole, reveals that sites have varying levels of mastery of entering kindergarteners. It is not surprising that differences exist among school sites given that each site serves different populations of children and families. As seen in the analysis across School Readiness Catchment areas, race/ethnicity is related to the competencies of entering kindergarteners. Site B has the lowest percentage of White students (9%) compared to the remaining sites (35% for Site A, 56% for Site C, and 22% for Site D). Full sets of MDRDP results for individual school sites are included in the appendix of this report.

Exhibit 4 MDRDP Scores for Each School Readiness Site				
Percentage of Children Who Fully or Almost Mastered All Items	Site A	Site B	Site C	Site D
Cognition and General Knowledge	16%	5%	22%	37%
Emotional Well-Being	44%	30%	41%	56%
Approaches to Learning	48%	22%	37%	44%
Communication Skills	43%	18%	34%	43%

Given that one particular site, Site B, has much lower competencies than the other three sites, we looked at the results with that particular school removed from the analysis. As seen in Exhibit 5 below, competencies increase overall without Site B included in the analysis, and exceed the Statewide competencies in all areas except Cognition and General Knowledge.

Exhibit 5 MDRDP Scores for First 5 Solano Catchment Areas with Site B Removed			
Percentage of Children Who Fully or Almost Mastered All Items	First 5 Solano Catchment Areas 2006-2007 <i>Without Site B</i>	First 5 Solano Catchment Areas 2006-2007	Statewide 2006-2007
Cognition and General Knowledge	24%	19%	28%
Emotional Well-Being	46%	41%	38%
Approaches to Learning	43%	37%	40%
Communication Skills	39%	33%	33%

Exhibit 6 shows results when each school is removed from analysis. Findings decrease across all competencies when Site D is removed from analysis. Removal of Site A or Site C from analysis does not appear to make much of a difference; competencies increase in some areas and decrease in others.

Exhibit 6 MDRDP Scores for First 5 Solano Catchment Areas Showing Each Site Removed					
Percentage of Children Who Fully or Almost Mastered All Items	First 5 Solano Catchment Areas 2006-2007	<i>Without Site A</i>	<i>Without Site B</i>	<i>Without Site C</i>	<i>Without Site D</i>
Cognition and General Knowledge	19%	20%	24%	18%	15%
Emotional Well-Being	41%	41%	46%	42%	39%
Approaches to Learning	37%	34%	43%	37%	36%
Communication Skills	33%	30%	39%	33%	31%

V. Parent Survey Findings

Findings from the 2006-2007 parent survey are positive and demonstrate the many activities parents are engaging in to prepare their child for kindergarten. At the same time, there are also areas where parents could use additional support. This section provides an overview of the findings related to the types of school readiness activities that parents are engaging in and shows results across the three cohort years.

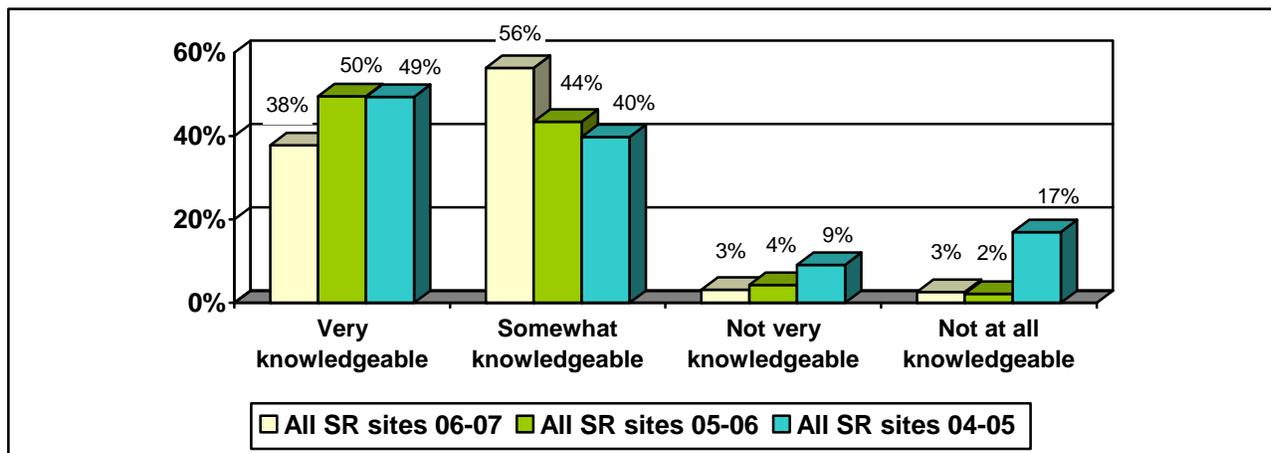
Key Findings from the Parent Survey

- The percentage of parents in 2006-2007 who toured the school or visited a classroom prior to the start of kindergarten and who received a letter or other written information from their child's school rose from previous years.
- Parents in 2006-2007 enrolled their children in school earlier than in past years.
- Parents continue to engage in developmental activities with their child leading up to entry into kindergarten.
- Very few parents participated in other activities to support their child's development, like parenting classes and support groups.
- Parents continue to report having high knowledge in child development.

School Readiness Activities Engaged in by Parents

In the 2006-2007 school year, ninety-four percent (94%) of parents report they are either somewhat or very knowledgeable about child development. The finding was the same for the 2005-2006 school year (94%). In 2004-2005, 89% of parents reported they were either somewhat or very knowledgeable about child development.

Exhibit 7
How knowledgeable are you about child development?



Parents report that they frequently engage in developmental activities with their child. On a scale from 1 to 4, with 1 being “not at all” and 4 being “frequently (daily),” the average for each of the following activities ranged from 3.0 to 3.7. Mean scores have remained similar across school years.

Exhibit 8			
In the 12 months before this child started kindergarten, how often did you or anyone else in this household...	First 5 Solano School Readiness Catchment Areas 06-07	First 5 Solano School Readiness Catchment Areas 05-06	First 5 Solano School Readiness Catchment Areas 04-05
Practice counting with this child	3.5	3.4	3.7
Practice daily routines of getting ready for school with this child (e.g. bedtime, morning schedule)	3.7	3.5	3.7
Practice kindergarten skills with this child (such as holding a pencil, cutting with scissors, counting, colors, shapes, letters)	3.6	3.4	3.6
Practice self-help skills with this child (such as zipping clothes, buttoning, tying shoes)	3.7	3.6	3.6
Read stories to this child	3.5	3.3	3.5
Play active games (e.g. toss a ball, skip, jump, climb)	3.5	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”)	3.2	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)	3.0	2.9	3.0

In 2006-2007, the percentage of parents who toured the school or visited a classroom prior to the start of kindergarten rose from previous years (74% in 06-07, 64% in 05-06, and 63% in 04-05). The percentage of parents who received a letter or other written information from their child’s school also rose from previous years (77% in 06-07, 71% in 05-06, and 68% in 04-05). Although few parents receive a phone call or home visit, overall parents are increasingly interacting with their child’s school before the start of kindergarten.

Exhibit 9			
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 06-07	First 5 Solano School Readiness Catchment Areas 05-06	First 5 Solano School Readiness Catchment Areas 04-05
Meet with a kindergarten	56%	52%	49%
Meet the elementary school principal or other school staff	43%	49%	51%
Participate in school-wide activities	49%	49%	54%
Tour the school and/or visit a kindergarten classroom	74%	64%	63%
Receive a letter or other written information from your child's school on how to help get your child ready for kindergarten?	77%	71%	68%
Receive a phone call or home visit	25%	29%	20%
Have your child's skills and development assessed	38%	43%	35%

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

Parents in 2006-2007 enrolled their children in school earlier than in past years. In 2006-2007, the majority of parents enrolled their child into kindergarten a few months before kindergarten (80%).

Exhibit 10			
When Child Enrolled in Kindergarten	First 5 Solano School Readiness Catchment Areas 06-07	First 5 Solano School Readiness Catchment Areas 05-06	First 5 Solano School Readiness Catchment Areas 04-05
During the few months before kindergarten	80%	74%	72%
A few weeks before kindergarten began	13%	17%	20%
On the first day of kindergarten	5%	3%	4%
After school started	2%	6%	4%

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

Very few parents had participated in other activities to support their child's development. Only 10% of parents in the 2006-2007 school year have ever gone to a parent support group. In addition, about one in five parents have ever gone to a parenting class (19%) or had a home visit from someone trained to talk about raising children (21%).

Exhibit 11	
Parents Participation in Other Activities to Support Their Child's Development	First 5 Solano Catchment Areas 2006-2007
Gone to any support groups to help with parenting?	10%
Gone to a parenting class?	19%
Had more than one home visit from someone trained to talk about raising children?	21%

Parents whose children attended a Pre-K Academy were asked if participation helped their child prepare for kindergarten in a variety of different ways. Many parents do believe the Pre-K Academy had an impact on their child, with 38% reporting that it increased their social skills and 40% reporting that it increased their knowledge of colors and shapes. One-third of parents (33%) believe that the Pre-K Academy helped their child to increase his/her knowledge of basic concepts of books/reading.

Exhibit 12		
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 06-07	First 5 Solano School Readiness Catchment Areas 05-06
Increased social skills (e.g. sitting in circle, raising hand to ask questions, sharing and taking turns)	38%	44%
Increased knowledge of colors and shapes	40%	42%
Increased knowledge of numbers and counting	39%	40%
Increased knowledge of letters of the alphabet	39%	39%
Increased knowledge of basic concepts of books/reading	33%	35%

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

VI. Implications and Recommendations

The findings presented in this report have several important implications for First 5 Solano.

- Although overall mastery of the four MDRDP dimensions has dropped from the 2005-2006 school year, **findings for the 2006-2007 school year are still up from 2004-2005 and are on par with Statewide findings**. First 5 Solano should expect that competencies will fluctuate from year to year based on the changing demographics and needs of entering kindergarteners. Attention should be paid to the individual competency items that experienced dramatic drops in 2006-2007 and School Readiness programs should focus efforts in those areas.
- In particular, School Readiness programs should **strengthen programming for English Learners and their parents**. Non-white students and Latino students especially had lower competency levels. School Readiness programs should reach out to these students and their families to provide extra support and services prior to entry and during the kindergarten year.
- 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**. In particular, the Pre-K Academy offers an opportunity to engage parents in preparing their child for kindergarten. Pre-K Academy students in 2006-2007 were less likely to fully or almost master dimensions of the MDRDP than those who did not attend. This finding indicates that the children and parents of the Pre-K Academy are in need of additional support. First 5 Solano School Readiness sites should **use the Pre-K Academy as an opportunity to educate and engage parents in their child's development**.
- Findings related to the impact of the Pre-Kindergarten Academy on mastery levels in 2006-2007 are different from the previous school year. In 2005-2006, analysis revealed the positive effects of the Pre-K Academy. Those same effects do not emerge from the analysis of data for the 2006-2007 cohort. Given these mixed results, **LFA recommends developing a specific evaluation of the Pre-K Academy and its effects on participants**. The evaluation would help to isolate effective practices among sites, and specific factors that contribute to kindergarteners' success.

VII. Appendix

- **Kindergartener Characteristics**
- **MDRDP Findings for All Items Within Each of the Four Dimensions**
- **MDRDP Findings for Each First 5 Solano School Readiness Site**

Kindergartener Characteristics

Characteristic		First 5 Solano School Readiness Catchment Areas 06-07	First 5 Solano School Readiness Catchment Areas 05-06	First 5 Solano School Readiness Catchment Areas 04-05
Gender	Male	55%	49.8%	43.6%
	Female	45%	50.2%	56.4%
Ethnicity*	Mexican/Chicano/Hispanic Latino/South Amer./Central Amer.	59%	73.1%	60.8%
	White or Caucasian	17%	17.6%	18.2%
	Black or African American	20%	11.8%	16.0%
	Filipino	0%	2.9%	4.4%
	American Indian or Alaskan Native	.4%	2.0%	2.2%
	Other	2%	1.6%	1.7%
	Native Hawaiian	.4%	1.2%	0.6%
	Japanese	.3%	0.8%	0.0%
	Vietnamese	0%	0.8%	0.0%
	Chinese	.8%	0.4%	0.6%
	Korean	.4%	0.4%	0.0%
	Laotian	0%	0.4%	NA
	Samoan	.4%	0.4%	0.0%
	Thai	0%	0.4%	NA
	Asian Indian	0%	0.0%	0.0%
	Hmong	0%	0.0%	0.0%
	Primary Language (or home language?)	English	47%	52.7%
Spanish		51%	65.7%	47.0%
Hmong		0%	0.8%	NA
Other		2%	3.7%	3.9%

MDRDP Findings for All Items Within Each of the Four Dimensions

Cognition and General Knowledge Dimension

- Overall, **19% of children** in the First 5 Solano School Readiness Catchment Areas almost or fully mastered all items within this dimension in 2006-2007.

Exhibit 3					
Cognition and General Knowledge	Percent Fully Mastered or Almost Mastered				
	First 5 Solano Catchment Areas 2004-2005	First 5 Solano Catchment Areas 2005-2006	First 5 Solano Catchment Areas 2006-2007	Percent Change from 04-05 to 06-07	Percent Change from 05-06 to 06-07
Orders objects from smallest to largest (e.g., orders various circle sizes, nests cups, lines up from shortest to tallest)	52%	57%	52%	+0%	-5%
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%	58%	51%	+8%	-7%
Understands numbers and simple operations, and uses math manipulatives, games, toys, coins in daily activities (e.g., adding, subtracting)	33%	42%	29%	-4%	-27%
Understands that letters make up words (i.e., knows some of the letters in his or her name)	52%	61%	57%	+5%	-4%
Recognizes print in the environment (e.g., recognizes signs around the room as labels for “Puzzles,” “Toys,” or “Books”)	48%	57%	42%	-7%	-15%
Makes three or more letter-sound correspondences (e.g., knows the letter “b” makes the “buhh” sound)	44%	58%	52%	+8%	-6%
Pretends to read books	57%	67%	73%	+16%	+6%
Engages in discussion about books (e.g., predicts events in a story, retells main events from a story in order)	47%	55%	46%	-1%	-9%
Draws a picture related to a story and talks about his or her drawing	52%	64%	56%	+4%	-8%
Uses pretend writing during play activities (e.g., scribbles lines and shapes)	55%	62%	56%	+1%	-6%
Writes three or more letters or numbers	67%	68%	73%	+6%	+5%
Uses pictures and letters to express thoughts and ideas	59%	61%	42%	-17%	-19%
Percentage of Children Who Fully or Almost Mastered All Items	21%	33%	19%	-2%	-14%

Emotional Well-Being

- Overall, **41% of children** in the First 5 Solano School Readiness Catchment Areas almost or fully mastered all items within this dimension.

Exhibit 4					
Emotional Well-Being	Percent Fully Mastered or Almost Mastered				
	First 5 Solano Catchment Areas 2004-2005	First 5 Solano Catchment Areas 2005-2006	First 5 Solano Catchment Areas 2006-2007	Percent Change from 04-05 to 06-07	Percent Change from 05-06 to 06-07
Seeks adult help when appropriate (e.g., asks adult for assistance to open bottle of paint)	58%	67%	65%	+7%	-2%
Seeks adult help after trying to resolve conflict or problem on his or her own (e.g., “Miss Lu, I asked Frederica not to play with the ball around our sand castle but she won’t stop.”)	49%	60%	56%	+7%	-4%
Negotiates with peers to resolve social conflicts with adult guidance (e.g., agrees to alternatives like sharing or taking turns)	44%	53%	56%	+12%	+3%
Expresses empathy or caring for others (e.g., consoles or comforts a friend who is crying)	57%	60%	64%	+7%	+4%
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%	63%	68%	+9%	+5%
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)	56%	64%	67%	+11%	+3%
Follows rules when participating in routine activities (e.g., handles toys with care, joins group for snack or circle time, tolerates transitions)	68%	67%	69%	+1%	+2%
Comforts self and controls the expression of emotion with adult guidance (e.g., can express anger or sadness without tantrums, fights, or physical conflicts)	70%	67%	69%	-1%	+2%
Understands and follows rules in different settings (e.g., transitions between classroom, after-school program, and playground; lowers voice when enters library)	64%	69%	70%	+6%	+1%
Percentage of Children who Fully or Almost Mastered All Items	32%	43%	41%	+9%	-2%

Communication Skills Dimension

- Overall, **33% of children** in the First 5 Solano School Readiness Catchment Areas almost or fully mastered all items within this dimension.

Exhibit 5					
Communication Skills	Percent Fully Mastered or Almost Mastered				
	First 5 Solano Catchment Areas 2004-2005	First 5 Solano Catchment Areas 2005-2006	First 5 Solano Catchment Areas 2006-2007	Percent Change from 04-05 to 06-07	Percent Change from 05-06 to 06-07
Follows two-step requests that are sequential, but not necessarily related (e.g., “Please pick up the ball and then get your coat.”)	62%	70%	66%	+4%	-4%
Understands increasing number of specialized words (e.g., different types of dinosaurs, various ingredients in recipe)	41%	52%	42%	+1%	-10%
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”)	43%	54%	53%	+10%	-1%
Engages in conversations that develop a thought or idea (e.g., tells about a past event, asks how something works)	40%	53%	49%	+9%	-4%
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)	48%	54%	53%	+5%	-1%
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.”)	40%	49%	48%	+8%	-1%
Percentage of Children who Fully or Almost Mastered All Items	30%	42%	33%	+3%	-9%

Approaches to Learning

- Overall, **37% of children** in the First 5 Solano School Readiness Catchment Areas almost or fully mastered all items within this dimension.

Exhibit 6					
Approaches to Learning	Percent Fully Mastered or Almost Mastered				
	First 5 Solano Catchment Areas 2004-2005	First 5 Solano Catchment Areas 2005-2006	First 5 Solano Catchment Areas 2006-2007	Percent Change from 04-05 to 06-07	Percent Change from 05-06 to 06-07
Observes and examines natural phenomena through senses (e.g., notices different types of bugs, asks why it rains.)	39%	54%	44%	+5%	-10%
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)	50%	62%	63%	+13%	+1%
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)	48%	62%	62%	+14%	+0%
Percentage of Children who Fully or Almost Mastered All Items	35%	47%	37%	+2%	-10%

MDRDP Findings for Each First 5 Solano School Readiness Site:

Anna Kyle Elementary

Exhibit 1			
Percentage of Children Who Fully or Almost Mastered All Items	Anna Kyle Elementary School 04-05	Anna Kyle Elementary School 05-06	Anna Kyle Elementary School 06-07
Cognition and General Knowledge	9%	27%	16%
Emotional Well-Being	26%	49%	44%
Approaches to Learning	28%	45%	48%
Communication Skills	26%	39%	43%

Exhibit 2			
Communication Skills	Percent Fully Mastered or Almost Mastered		
	Anna Kyle Elementary School 04-05	Anna Kyle Elementary School 05-06	Anna Kyle Elementary School 06-07
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%	65%
Understands increasing number of specialized words (e.g., different types of dinosaurs, various ingredients in recipe)	35%	45%	56%
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%	59%
Engages in conversations that develop a thought or idea (e.g., tells about a past event, asks how something works)	35%	46%	52%
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%	52%
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%	45%
Percentage of Children who Fully or Almost Mastered All Items	26%	39%	43%

Exhibit 3			
Approaches to Learning	Percent Fully Mastered or Almost Mastered		
	Anna Kyle Elementary School 04-05	Anna Kyle Elementary School 05-06	Anna Kyle Elementary School 06-07
Observes and examines natural phenomena through senses (e.g., notices different types of bugs, asks why it rains.)	33%	49%	60%
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%	73%
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%	60%
Percentage of Children who Fully or Almost Mastered All Items	28%	45%	48%

Exhibit 4			
Emotional Well-Being	Percent Fully Mastered or Almost Mastered		
	Anna Kyle Elementary School 04-05	Anna Kyle Elementary School 05-06	Anna Kyle Elementary School 06-07
Seeks adult help when appropriate (e.g., asks adult for assistance to open bottle of paint)	60%	72%	65%
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%	61%
Negotiates with peers to resolve social conflicts with adult guidance (e.g., agrees to alternatives like sharing or taking turns)	41%	58%	57%
Expresses empathy or caring for others (e.g., consoles or comforts a friend who is crying)	47%	62%	67%
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%	65%
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%	61%
Follows rules when participating in routine activities (e.g., handles toys with care, joins group for snack or circle time, tolerates transitions)	57%	69%	63%
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%	65%
Understands and follows rules in different settings (e.g., transitions between classroom, after-school program, and playgroup; lowers voice when enters library)	48%	70%	64%
Percentage of Children who Fully or Almost Mastered All Items	26%	49%	44%

Exhibit 5			
Cognition and General Knowledge	Percent Fully Mastered or Almost Mastered		
	Anna Kyle Elementary School 04-05	Anna Kyle Elementary School 05-06	Anna Kyle Elementary School 06-07
Orders objects from smallest to largest (e.g., orders various circle sizes, nests cups, lines up from shortest to tallest)	47%	61%	49%
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%	60%
Understands numbers and simple operations, and uses math manipulatives, games, toys, coins in daily activities (e.g., adding, subtracting)	17%	32%	20%
Understands that letters make up words (i.e., knows some of the letters in his or her name)	35%	54%	65%
Recognizes print in the environment (e.g., recognizes signs around the room as labels for "Puzzles," "Toys," or "Books")	35%	49%	51%
Makes three or more letter-sound correspondences (e.g., knows the letter "b" makes the "buhh" sound)	19%	51%	54%
Pretends to read books	41%	72%	75%
Engages in discussion about books (e.g., predicts events in a story, retells main events from a story in order)	28%	47%	51%
Draws a picture related to a story and talks about his or her drawing	43%	61%	65%
Uses pretend writing during play activities (e.g., scribbles lines and shapes)	38%	61%	69%
Writes three or more letters or numbers	57%	63%	71%
Uses pictures and letters to express thoughts and ideas	48%	57%	64%
Percentage of Children Who Fully or Almost Mastered All Items	9%	27%	16%

Loma Vista Elementary

Exhibit 1			
Percentage of Children Who Fully or Almost Mastered All Items	Loma Vista Elementary School 04-05	Loma Vista Elementary School 05-06	Loma Vista Elementary School 06-07
Cognition and General Knowledge	26%	33%	5%
Emotional Well-Being	32%	43%	30%
Approaches to Learning	49%	46%	22%
Communication Skills	43%	52%	18%

Exhibit 2			
Communication Skills	Percent Fully Mastered or Almost Mastered		
	Loma Vista Elementary 2004-2005	Loma Vista Elementary 2005-2006	Loma Vista Elementary 2006-2007
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%	60%
Understands increasing number of specialized words (e.g., different types of dinosaurs, various ingredients in recipe)	55%	58%	25%
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%	36%
Engages in conversations that develop a thought or idea (e.g., tells about a past event, asks how something works)	49%	58%	40%
Participates in songs, rhymes, games, and stories that play with sounds of language (e.g., claps out sounds or rhythms of language; creates own rhyming words through songs, finger plays, chants)	62%	60%	53%
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%	45%
Percentage of Children who Fully or Almost Mastered All Items	43%	52%	18%

Exhibit 3			
Approaches to Learning	Percent Fully Mastered or Almost Mastered		
	Loma Vista Elementary 2004-2005	Loma Vista Elementary 2005-2006	Loma Vista Elementary 2006-2007
Observes and examines natural phenomena through senses (e.g., notices different types of bugs, asks why it rains.)	53%	52%	26%
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%	62%
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%	65%
Percentage of Children who Fully or Almost Mastered All Items	49%	46%	22%

Exhibit 4			
Emotional Well-Being	Percent Fully Mastered or Almost Mastered		
	Loma Vista Elementary 2004- 2005	Loma Vista Elementary 2005- 2006	Loma Vista Elementary 2006- 2007
Seeks adult help when appropriate (e.g., asks adult for assistance to open bottle of paint)	49%	52%	53%
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%	45%
Negotiates with peers to resolve social conflicts with adult guidance (e.g., agrees to alternatives like sharing or taking turns)	34%	48%	49%
Expresses empathy or caring for others (e.g., consoles or comforts a friend who is crying)	43%	56%	51%
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%	64%
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%	61%
Follows rules when participating in routine activities (e.g., handles toys with care, joins group for snack or circle time, tolerates transitions)	62%	54%	60%
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%	64%
Understands and follows rules in different settings (e.g., transitions between classroom, after-school program, and playgroup; lowers voice when enters library)	60%	54%	59%
Percentage of Children who Fully or Almost Mastered All Items	32%	43%	30%

Exhibit 5			
Cognition and General Knowledge	Percent Fully Mastered or Almost Mastered		
	Loma Vista Elementary 2004-2005	Loma Vista Elementary 2005-2006	Loma Vista Elementary 2006-2007
Orders objects from smallest to largest (e.g., orders various circle sizes, nests cups, lines up from shortest to tallest)	45%	42%	38%
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%	29%
Understands numbers and simple operations, and uses math manipulatives, games, toys, coins in daily activities (e.g., adding, subtracting)	40%	38%	20%
Understands that letters make up words (i.e., knows some of the letters in his or her name)	36%	44%	43%
Recognizes print in the environment (e.g., recognizes signs around the room as labels for "Puzzles," "Toys," or "Books")	40%	44%	24%
Makes three or more letter-sound correspondences (e.g., knows the letter "b" makes the "buhh" sound)	34%	46%	39%
Pretends to read books	49%	50%	72%
Engages in discussion about books (e.g., predicts events in a story, retells main events from a story in order)	62%	48%	38%
Draws a picture related to a story and talks about his or her drawing	53%	50%	46%
Uses pretend writing during play activities (e.g., scribbles lines and shapes)	51%	52%	53%
Writes three or more letters or numbers	49%	58%	65%
Uses pictures and letters to express thoughts and ideas	49%	52%	33%
Percentage of Children Who Fully or Almost Mastered All Items	26%	33%	5%

Markham Elementary

Exhibit 1			
Percentage of Children Who Fully or Almost Mastered All Items	Markham Elementary School 04-05	Markham Elementary School 05-06	Markham Elementary School 06-07
Cognition and General Knowledge	18%	24%	23%
Emotional Well-Being	24%	43%	41%
Approaches to Learning	22%	53%	37%
Communication Skills	24%	41%	34%

Exhibit 2			
Communication Skills	Percent Fully Mastered or Almost Mastered		
	Markham Elementary School 04-05	Markham Elementary School 05-06	Markham Elementary School 06-07
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%	68%
Understands increasing number of specialized words (e.g., different types of dinosaurs, various ingredients in recipe)	37%	55%	39%
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%	60%
Engages in conversations that develop a thought or idea (e.g., tells about a past event, asks how something works)	38%	56%	53%
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%	59%
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%	50%
Percentage of Children who Fully or Almost Mastered All Items	24%	41%	34%

Exhibit 3			
Approaches to Learning	Percent Fully Mastered or Almost Mastered		
	Markham Elementary School 04-05	Markham Elementary School 05-06	Markham Elementary School 06-07
Observes and examines natural phenomena through senses (e.g., notices different types of bugs, asks why it rains.)	34%	63%	45%
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%	53%
Stays with or repeats a task (e.g., finishes a puzzle, asks that block structure be left to work on after snack, makes a really long Play-Doh snake out of many pieces)	51%	66%	56%
Percentage of Children who Fully or Almost Mastered All Items	22%	53%	37%

Exhibit 4			
Emotional Well-Being	Percent Fully Mastered or Almost Mastered		
	Markham Elementary School 04-05	Markham Elementary School 05-06	Markham Elementary School 06-07
Seeks adult help when appropriate (e.g., asks adult for assistance to open bottle of paint)	57%	69%	70%
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%	60%
Negotiates with peers to resolve social conflicts with adult guidance (e.g., agrees to alternatives like sharing or taking turns)	42%	55%	56%
Expresses empathy or caring for others (e.g., consoles or comforts a friend who is crying)	53%	63%	67%
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%	67%
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%	72%
Follows rules when participating in routine activities (e.g., handles toys with care, joins group for snack or circle time, tolerates transitions)	71%	67%	76%
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%	71%
Understands and follows rules in different settings (e.g., transitions between classroom, after-school program, and playgroup; lowers voice when enters library)	68%	74%	80%
Percentage of Children who Fully or Almost Mastered All Items	24%	43%	41%

Exhibit 5			
Cognition and General Knowledge	Percent Fully Mastered or Almost Mastered		
	Markham Elementary School 04-05	Markham Elementary School 05-06	Markham Elementary School 06-07
Orders objects from smallest to largest (e.g., orders various circle sizes, nests cups, lines up from shortest to tallest)	56%	69%	62%
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%	54%
Understands numbers and simple operations, and uses math manipulatives, games, toys, coins in daily activities (e.g., adding, subtracting)	33%	46%	38%
Understands that letters make up words (i.e., knows some of the letters in his or her name)	45%	61%	59%
Recognizes print in the environment (e.g., recognizes signs around the room as labels for "Puzzles," "Toys," or "Books")	38%	55%	37%
Makes three or more letter-sound correspondences (e.g., knows the letter "b" makes the "buhh" sound)	46%	60%	58%
Pretends to read books	58%	65%	68%
Engages in discussion about books (e.g., predicts events in a story, retells main events from a story in order)	36%	59%	48%
Draws a picture related to a story and talks about his or her drawing	37%	69%	50%
Uses pretend writing during play activities (e.g., scribbles lines and shapes)	41%	56%	37%
Writes three or more letters or numbers	65%	74%	80%
Uses pictures and letters to express thoughts and ideas	47%	60%	50%
Percentage of Children Who Fully or Almost Mastered All Items	18%	24%	23%

Silveyville Primary

Exhibit 1			
Percentage of Children Who Fully or Almost Mastered All Items	Silveyville Primary School 04-05	Silveyville Primary School 05-06	Silveyville Primary School 06-07
Cognition and General Knowledge	30%	43%	37%
Emotional Well-Being	44%	38%	56%
Approaches to Learning	45%	42%	44%
Communication Skills	32%	41%	43%

Exhibit 2			
Communication Skills	Percent Fully Mastered or Almost Mastered		
	Silveyville Primary School 04-05	Silveyville Primary School 05-06	Silveyville Primary School 06-07
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%	72%
Understands increasing number of specialized words (e.g., different types of dinosaurs, various ingredients in recipe)	41%	51%	57%
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%	57%
Engages in conversations that develop a thought or idea (e.g., tells about a past event, asks how something works)	71%	55%	50%
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%	46%
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%	52%
Percentage of Children who Fully or Almost Mastered All Items	32%	41%	43%

Exhibit 3			
Approaches to Learning	Percent Fully Mastered or Almost Mastered		
	Silveyville Primary School 04-05	Silveyville Primary School 05-06	Silveyville Primary School 06-07
Observes and examines natural phenomena through senses (e.g., notices different types of bugs, asks why it rains.)	63%	50%	48%
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%	69%
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%	72%
Percentage of Children who Fully or Almost Mastered All Items	45%	42%	44%

Exhibit 4			
Emotional Well-Being	Percent Fully Mastered or Almost Mastered		
	Silveyville Primary School 04-05	Silveyville Primary School 05-06	Silveyville Primary School 06-07
Seeks adult help when appropriate (e.g., asks adult for assistance to open bottle of paint)	63%	68%	72%
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%	59%
Negotiates with peers to resolve social conflicts with adult guidance (e.g., agrees to alternatives like sharing or taking turns)	54%	50%	63%
Expresses empathy or caring for others (e.g., consoles or comforts a friend who is crying)	80%	58%	74%
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%	80%
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%	74%
Follows rules when participating in routine activities (e.g., handles toys with care, joins group for snack or circle time, tolerates transitions)	78%	72%	82%
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%	78%
Understands and follows rules in different settings (e.g., transitions between classroom, after-school program, and playgroup; lowers voice when enters library)	74%	69%	78%
Percentage of Children who Fully or Almost Mastered All Items	44%	38%	56%

Exhibit 5			
Cognition and General Knowledge	Percent Fully Mastered or Almost Mastered		
	Silveyville Primary School 04-05	Silveyville Primary School 05-06	Silveyville Primary School 06-07
Orders objects from smallest to largest (e.g., orders various circle sizes, nests cups, lines up from shortest to tallest)	58%	51%	61%
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%	67%
Understands numbers and simple operations, and uses math manipulatives, games, toys, coins in daily activities (e.g., adding, subtracting)	40%	50%	41%
Understands that letters make up words (i.e., knows some of the letters in his or her name)	83%	73%	63%
Recognizes print in the environment (e.g., recognizes signs around the room as labels for "Puzzles," "Toys," or "Books")	72%	70%	65%
Makes three or more letter-sound correspondences (e.g., knows the letter "b" makes the "buhh" sound)	67%	67%	59%
Pretends to read books	73%	74%	83%
Engages in discussion about books (e.g., predicts events in a story, retells main events from a story in order)	65%	60%	50%
Draws a picture related to a story and talks about his or her drawing	73%	68%	69%
Uses pretend writing during play activities (e.g., scribbles lines and shapes)	86%	74%	74%
Writes three or more letters or numbers	90%	70%	76%
Uses pictures and letters to express thoughts and ideas	86%	69%	100%
Percentage of Children Who Fully or Almost Mastered All Items	30%	43%	37%

Appendix D:

MDRDP

MDRDP

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. 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.

CHILD INFORMATION:

Child’s Name (First and Last): _____

Child’s School ID# _____

Did this child participate in the Pre-K Academy? Yes No Don’t Know

Child’s Sex: Male Female **Child’s Birthday:** _____
Month Day Year

Child’s Primary Language:

English Spanish Hmong Vietnamese Filipino Punjabi
 Other (specify): _____

Does this child have an IEP? Yes No Don’t Know

Child’s race or ethnicity: (Mark all that apply)

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian Indian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Chinese
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Filipino
<input type="checkbox"/> White or Caucasian	<input type="checkbox"/> Hmong
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Spanish/Hispanic/Latino/Chicano	<input type="checkbox"/> Russian
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Decline
<input type="checkbox"/> Do not know	

TEACHER INFORMATION:

Teacher Name: _____

School Name: _____ **District:** _____

Date completed: _____ 2007
Month Day

How long have you been this child’s teacher? _____ months

Do you speak this child’s primary language? Yes No

Developmental Theme	Child Desired Result 1: Children are personally and socially competent	Not Yet	Emerging	Almost mastered	Fully Mastered
Interaction with adults	1. Seeks adult help when appropriate (e.g. asks adult for assistance to open bottle of paint)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Seeks adult help after trying to resolve conflict or problem on his or her own (e.g., “Miss Lu, I asked Frederica not to play with the ball around our sand castle but she won’t stop”)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with peers	3. Negotiates with peers to resolve conflict or problem on his or her own (e.g., agrees to alternatives like sharing or taking turns)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Expresses empathy or caring for others (e.g., consoles or comforts a friend who is crying)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Participates in cooperative group efforts (e.g., group project or game, dramatic play, taking turns; organized play and games with specified or invented rules)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self regulation	6. Exhibits impulse control and self-regulation (e.g., uses appropriate words or sign language to show anger when a toy is taken by another child, waits for turn on playgroup equipment, shows some patience)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. Follows rules when participating in routine activities (e.g., handles toys with care, joins group for snack or circle time, tolerates transitions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8. Comforts self and controls the expression of emotion with adult guidance (e.g., can express anger or sadness without tantrums, fights, or physical conflicts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9. Understands and follows rules in different settings (e.g., transitions between classroom, after-school program, and playgroup; lowers voice when enters library)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Developmental Theme	Child Desired Result 1: Children are personally and socially competent	Not Yet	Emerging	Almost mastered	Fully Mastered
Language comprehension	10. Follows two-step requests that are sequential, but not necessarily related (e.g., “Please pick up the ball and then your coat”)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11. Understands increasing number of specialized words (e.g., different types of dinosaurs, various ingredients in recipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12. Understands complex, multi-step requests (e.g., “Put your jacket away, get any materials you need to finish what you started yesterday, and let me know if you need any help”)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language expression	13. Engages in conversation that develop a thought or idea (e.g., tells about a past event, asks how something works)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	14. Participates in songs, rhymes, games, and stories that play with sounds of language (e.g., claps out sounds or rhythms of language; creates own rhyming words through songs; fingerplays chants)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	15. Tells about own experiences in a logical sequence (e.g., “After I get picked up, it’s usually dinner time. Then, I play, brush my teeth and go to bed”)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in learning	16. Observes and examines natural phenomena through senses (e.g., notices different types of bugs, asks why it rains)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	17. Shows willingness to take risks in learning new skills (e.g., climbs jungle gym, tries to play a new musical instrument, tries a new game)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive competence	18. Stays with or repeats a task (e.g., finishes a puzzle, asks that block structure be left to work on after snack, makes a really long Pay-Doh snake out of many pieces)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Developmental Theme	Child Desired Result 1: Children are personally and socially competent	Not Yet	Emerging	Almost mastered	Fully Mastered
Measure, order and time	19. Orders objects from smallest to largest (e.g., orders various circle sizes, nests cups, lines up from shortest to longest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number concepts	20. Understands that numbers represent quantity (e.g., can get three apples out of the box, asks for two more crackers, can put out one napkin for each child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	21. Understands numbers and simple operations, and uses math manipulatives, games, toys, coins in daily activities (e.g., adding, subtracting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading skills	22. Understands that letters make up words (e.g., knows some of the letters in his or her name)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	23. Recognizes print in the environment (e.g., recognizes signs around the room as labels for “Puzzles,” “Toys,” or “Books”)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	24. Makes three or more letter-sound correspondences (e.g., knows the letter “b” makes the “buhh” sound)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in books and other written materials	25. Pretends to read books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	26. Engages in discussion about books (e.g., predicts events in a story, retells main events from a story in order)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	27. Draws a picture related to a story and talks about his or her drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	28. Uses pretend writing during play activities (e.g., scribbles lines and shapes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	29. Writes three or more letters or numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	30. Uses pictures and letters to express thoughts and ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VISION

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

MISSION

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

CORE VALUES

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

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

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

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

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

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

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



CHILDREN ARE OUR BOTTOM LINE