First 5 Contra Costa
Annual Evaluation Report
2006-2007

Prepared by
Harder+Company
Community Research

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- Steve Fisch, whose beautiful photographs of the children and families of Contra Costa County are included on the chapter summary pages of this report.

- We especially thank the families and service providers for their willingness to share their experiences with the evaluation team. The evaluation would not have been possible without their input.
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Beginning in 2001, First 5 Contra Costa has funded a variety of programs designed to improve the lives of children and families throughout Contra Costa County. This page presents an overview of key accomplishments across the Commission’s Strategies. Evaluation results and accomplishments specific to each of the seven main Strategies are presented in the following sections of this report. In the 2006-2007 fiscal year, First 5 Contra Costa:

+ Expended $9.6 million in funding to programs serving families with children 0-5 years of age.
+ Served 5,092 children, 6,232 parents, and 1,971 providers directly through a multitude of programs aimed at fostering age-appropriate child development.
+ Funded home visiting programs that intensively served 1,490 families by providing information on several topics including child development, parenting, health insurance, and community resources.
+ Supported a shelter that admitted 57 homeless families with 60 children 0-5 years of age.
+ Delivered comprehensive prenatal care and counseling services to 404 extremely high-risk pregnant women, with 98% delivering normal birth weight babies.
+ Provided 306 families with arts and sports activities through enrichment grants.
+ Provided literacy preschool opportunities to 224 children as well as hosting 220 children at summer kindergarten readiness camps.
+ Provided financial incentives to 622 child care providers participating in the Professional Development Program where providers receive stipends and other assistance for developing their professional skills.
+ Distributed 9,456 New Parent Kits and 2,640 Baby Bags, both of which contain information about child development, early literacy, parenting skills, nutrition, local services, and more.
+ Engaged over 75 community volunteers from three Regional Groups, to organize childhood obesity prevention fairs in West, Central and East County. These fairs drew nearly 10,000 participants this past year alone offering parents and children with valuable educational materials and child health screenings.
+ Provided comprehensive training on second hand smoke to 55 health and service providers at 14 health clinics for at-risk prenatal mothers.
+ Received 54,457 unique hits to “CORD,” an information and referral database of Contra Costa Human Services implemented by the Contra Costa Crisis Center.
+ Invested $375,331 in Community Grants, including $51,434 for 12 Family-Friendly Community grants; $112,135 for two Enrichment Programs; $28,180 to 10 Ready, Set, Read Community grants; an additional $21,000 for a collaboration of 5 libraries in East County; $139,001 for 279 child care providers to participate in a Literacy Fair; and $23,582 for 27 projects for Week of the Young Child projects that included Nonprofits, child care centers, and a collaboration of licensed child care providers.
+ Assisted low-income workers in claiming more than $2.4 million in tax credits and refunds.
Overview of Participants

In 2006-2007, programs funded by First 5 Contra Costa provided a range of services to children ages 0-5, parents, and service providers. This section presents information about those served, including overall counts collected from the Outcomes, Collection, Evaluation and Reporting Service (OCERS) as well as participant characteristics as collected by 3,185 Family Surveys and 185 Provider Surveys.

Exhibit 1 presents the number of children, parents, and providers served directly within each strategy. Three strategies accounted for over 70% of children and parents served: First 5 Centers, School Readiness, and Home Visiting. The majority of service providers were served through the Early Childhood Education Strategy.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Intensity of Services</th>
<th>Children</th>
<th>Parents</th>
<th>Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Early Childhood Education</td>
<td>Medium</td>
<td>120</td>
<td>2%</td>
<td>265</td>
</tr>
<tr>
<td>Home Visiting</td>
<td>High</td>
<td>1,228</td>
<td>24%</td>
<td>1,490</td>
</tr>
<tr>
<td>First 5 Centers</td>
<td>Medium</td>
<td>1,291</td>
<td>25%</td>
<td>1,507</td>
</tr>
<tr>
<td>Mental Health</td>
<td>High</td>
<td>419</td>
<td>8%</td>
<td>419</td>
</tr>
<tr>
<td>School Readiness</td>
<td>Medium</td>
<td>1,580</td>
<td>31%</td>
<td>1,472</td>
</tr>
<tr>
<td>Substance Abuse Services</td>
<td>High</td>
<td>18</td>
<td>&lt;1%</td>
<td>22</td>
</tr>
<tr>
<td>Parent Education</td>
<td>Medium</td>
<td>70</td>
<td>1%</td>
<td>290</td>
</tr>
<tr>
<td>Special Reserve*</td>
<td>High</td>
<td>60</td>
<td>1%</td>
<td>461</td>
</tr>
<tr>
<td>Child Enrichment*</td>
<td>Low</td>
<td>306</td>
<td>6%</td>
<td>306</td>
</tr>
<tr>
<td>Tobacco Education*</td>
<td>Low</td>
<td>55</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Number Served</strong></td>
<td></td>
<td>5,092</td>
<td>100%</td>
<td>6,232</td>
</tr>
</tbody>
</table>

* External evaluation data were not collected for these strategies.
** Total number served within and between strategies is a duplicated count, as participants may receive services under multiple strategies and/or from multiple contractors within a strategy.
**Overview of Participants**

**Child Characteristics**

**Child Gender**
In 2006-2007, about half (53%, n=1,494) of the children served were male, and about half (47%, n=1,311) were female.

**Child Age**
Most children served (79%, n=1,979) were three years old or younger, and 32% (n=810) of children served were under the age of one.

**Child Ethnicity**
Over half (59%, n=1,664) of the children served by First 5 Contra Costa are Hispanic/Latino. Exhibit 3 presents the percentages of children served by ethnicity as compared to the percentages of children living in high-need areas within the county.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number Directly Served</th>
<th>Percent Directly Served</th>
<th>Number in Targeted Neighborhoods</th>
<th>Percent in Targeted Neighborhoods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino</td>
<td>1,664</td>
<td>59%</td>
<td>16,673</td>
<td>40%</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>476</td>
<td>17%</td>
<td>11,904</td>
<td>29%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>229</td>
<td>8%</td>
<td>6,739</td>
<td>16%</td>
</tr>
<tr>
<td>More than One</td>
<td>216</td>
<td>8%</td>
<td>2,608</td>
<td>6%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>177</td>
<td>6%</td>
<td>3,508</td>
<td>8%</td>
</tr>
<tr>
<td>Other</td>
<td>68</td>
<td>2%</td>
<td>315</td>
<td>1%</td>
</tr>
</tbody>
</table>

**Geographic Distribution of Children**
First 5 Contra Costa funds programs for children countywide with an emphasis on programs that reach children living in three high-need areas: West County (Richmond), Central County (Monument Corridor, Concord), and the Bay Point/Pittsburg/Antioch Corridor. These were designated high-need areas based on indicators of child well-being such as poverty, low school performance, and poor child health.

As seen in Exhibit 4, the majority of children served live in Concord (26%, n=739), Richmond (22%, n=624), Pittsburg (15%, n=419), or Antioch (14%, n=380). These data indicate that First 5 Contra Costa is successfully reaching children who live within the targeted, high-need areas.

**Children with Special Needs**
Specialized care and services provided early on in life are important in promoting the optimal development of children with special needs. In 2006-2007, several programs funded by First 5 Contra Costa focused on providing services to children with special needs.

Seventeen percent (n=453) of children served had been identified by a health, school district, or regional center professional as having a developmental delay or disability.
Overview of Participants

Child Immunization Status
A complete series of childhood immunizations protects a child from more than a dozen diseases. Childhood immunization rates also give some indication of parental attention to child health, as parents who immunize their children may be more likely to take other steps to ensure that their children are healthy. Additionally, up-to-date immunizations are required prior to entry into preschool and kindergarten.

Current immunization cards or medical records were used to determine that 71% (n=1,716) of children served were immunized, and parent report indicated that an additional 26% (n=630) of children were immunized (97% total, n=2,346). Three percent, (n=63) of children either did not have up-to-date immunizations, or their parents did not know if they had up-to-date immunizations.

Child Insurance Status
Health insurance coverage is a key factor in access to appropriate medical care. Insured children are more likely to receive services that maintain their health, such as regular check-ups and routine preventive care.

Family Survey results suggest that 97% (n=2,620) of children served have health insurance. Over half of children served (52%, n=1,414) are insured through MediCal.

Child Tobacco Exposure
Results from the Family Survey suggest that 18% (n=491) of children served live in a household with at least one individual who smokes. Only 1% (n=39) of children served live in a household with an individual who smokes inside the house.

Parent Characteristics

Parent Ethnicity
The racial/ethnic background of the parents served was very similar to that reported for the children served. Most of the parents served were Hispanic/Latino (60%, n=1,789), followed by White/Caucasian (18%, n=542), Black/African American (9%, n=275), and Asian/Pacific Islander (6%, n=179). Four percent (n=113) of parents served were more than one ethnicity, and 2% (n=73) self identified as “other.”

Parent Primary Language
Almost half (48%, n=1,457) of parents served reported speaking Spanish as their primary language at home, while 40% (n=1,228) reported speaking English as their primary language.

Exhibit 6. Parent Primary Language (n=3,061)
Provider Characteristics

Provider Ethnicity
Most providers served are White/Caucasian (51%, n=82), followed by Hispanic/Latino (22%, n=35), Black/African American (14%, n=22), and Asian/Pacific Islander (5%, n=8).

Geographic Distribution of Providers
Providers served by First 5 Contra Costa reported working in 22 different cities (only top 8 shown in pie chart). The highest percentages of providers reported working in Antioch (17%, n=29), Concord (15%, n=26), or Martinez (13%, n=22).

Types of Providers
Nearly three quarters (74%, n=127) of providers served were child care or preschool/Head Start providers. Center-based child care providers comprised the largest group at 40% (n=68).

Provider Education & Training
Over half (58%, n=100) of providers served had an Associate’s Degree or higher, while 25% (n=43) had less than a high school diploma or GED.

Additionally, nearly all providers served (90%, n=147) report continuing their education by attending at least one early childhood development training in the last two years.

*Other cities (with less than 5% each) include Discovery Bay, Oakley, Clayton, Lafayette, Pleasant Hill, Walnut Creek, El Cerrito, El Sobrante, Hercules, Kensington, Pinole, Rodeo, Alamo, and Danville.
The Early Childhood Education (ECE) strategy was launched in 2001 to improve the quality of child care in Contra Costa County. In 2006-2007, a total of $2,479,136 was expended in this strategy. The ECE strategy focuses on increasing provider education and professional development, enhancing the quality of child care programs, and increasing accessibility to child care for children with special needs.

**Funded Programs**

- The **Early Learning Demonstration Project (ELDP)** provides grants and support to help child care sites enhance the quality of their programs and move toward or achieve national accreditation standards.
  - **Funded contractor: Contra Costa Child Care Council**

- The **Professional Development Program (PDP)** offers child care providers professional networking opportunities, support, training resources, and financial incentives to increase their education and professional training.
  - **Funded contractors:** Contra Costa Child Care Council, Contra Costa County Office of Education, Los Medanos College, Diablo Valley College, Contra Costa College, California State University East Bay (CSUEB) Foundation, Inc.

- Two special needs inclusion programs - **Inclusion Facilitators** and the **CARE Parent Network** - are designed to make child care more accessible for children with special needs by increasing provider capacity through training, and providing one-on-one support to providers and families.
  - **Funded contractors:** Contra Costa Child Care Council and Contra Costa ARC/CARE Parent Network

**Services Provided**

- The ELDP funded a total of 32 provider sites including 21 family child care programs (17 continuing and 4 new) and 11 child care centers (9 continuing and 2 new). Overall, the 180 providers working at these sites served 1,409 children ages 0-5. Sites received training and staff support, funding for classes, facilities improvements, educational materials and mentoring programs.

- **Funded contractor:** Contra Costa Child Care Council

- The PDP distributed stipends to 268 child care providers to support their further education and professional development.

- The PDP awarded 348 providers with scholarships or other incentives to work toward a degree in ECE, incentives to 471 providers for professional planning activities, over 3,000 hours of tutoring, 12 cohort classes to approximately 240 students, and academic advising.

- **Funded contractors:** Contra Costa Child Care Council, Contra Costa County Office of Education, Los Medanos College, Diablo Valley College, Contra Costa College, California State University East Bay (CSUEB) Foundation, Inc.

- Over 30 providers enrolled in the PDP BA or MS program at California State University East Bay.

- The Inclusion Facilitators served 120 children ages 0-5 at 71 child care sites (38 child care centers, 33 family child care programs) caring for over 3,000 children.

- **CARE Parent Network** received 165 new referrals for children with special needs, provided ongoing support and follow-up to 265 families, and made 344 calls to other agencies on behalf of families.

- Trainings were provided to 126 providers at 61 sites as a result of CARE Parent Network. The program also held 6 early childhood interagency meetings and conducted 11 outreach presentations.
Evaluation Highlights

Data were collected by Harder+Company Community Research in association with First 5 Contra Costa from family surveys, provider surveys, focus groups, environment rating scales, contractor reports, and contractor records. Evaluation highlights reveal:

**Improved Program Quality: ELDP**

- 29 of the 32 child care centers and family child care programs created and carried out improvement plans. On average, these sites increased program quality to levels considered “high” quality by national standards during their involvement in the ELDP.

- ELDP providers reported in focus groups that the program helped them achieve a number of quality improvements, such as retention of quality staff, enhancement of program policies and procedures, and increased knowledge of quality improvement and issues including developmentally appropriate teacher-child interactions.

- As a result of the ELDP, 12 child care sites became nationally accredited either through NAFCC or NAEYC and 11 sites are awaiting their accreditation visit. Accredited sites are recognized nationally as providing a superior level of care.

**Increased Provider Education and Professional Development**

- Of the 268 PDP stipend recipients, 162 (60%) increased their permit level, and acquired additional units/education.

- 147 (91%) of PDP providers surveyed reported that they provide a higher quality of care as a result of their participation in the PDP.

- Over half (n=85) of PDP providers surveyed said they would not have gone back to school if it were not for the PDP.

- College students in ECE reported in focus groups that the PDP college advisory system was extremely helpful and valuable to advancing professionalism within the field.

- In 2006-2007 the PDP instituted a professional growth advising (PGA) program whereby providers at the Master Teacher Permit level or higher could be paid to advise their PDP peers. Twenty-three providers became trained PGAs and offered advising support to their peers.

**Increased Retention in the Field and in the Program**

- 74% (n=106) of PDP providers surveyed agreed that the stipend they received contributed to them staying at their current job.

- Some longstanding providers in the field reported in focus groups that prior to participation in the ELDP, they had considered changing careers, but stayed as a result of the program.

- Nearly 40% of providers participating in 2006-2007 also participated in the PDP the previous year. This is an increase from 2005-2006 when 20% of providers returned from the previous year.

**Increased Services to Diverse ECE Providers and Programs**

- The PDP is reaching more family child care programs in recent years, a goal of the program. 66% of ELDP participants were family child care centers.

- Nearly one-third (31%) of PDP providers reported speaking a language other than/in addition to English at their child care site.

- Both the PDP and ELDP are reaching providers in targeted low-performing school areas and areas of low supply. Of the 268 PDP providers who received a permit stipend, 76% were located in these target areas. 83% of the 29 ELDP providers completing the program were in low-performing areas.
Improved Care for Children with Special Needs

- 18 of 20 parents indicated that the Inclusion Facilitator supported them with navigating the referral process, including requesting assessment letters and school district follow-up.

- Of 15 parents surveyed that have children with special needs, 67% felt much more confident in their ability to get what their child needed, and 27% felt somewhat more confident as a result of their work with CARE Parent Network.

Systems Change

Increased Collaboration and Support

- Most providers surveyed “agreed” or “strongly agreed” (89%, n=139) that the collaboration between First 5 Contra Costa, County Office of Education, the Contra Costa Child Care Council and the colleges is working effectively to carry out the PDP.

- PDP college advisors noted that organizations are now working together to develop a shared vision for ECE professional standards and goals.

Increased Awareness of Technical Assistance

- ELDP providers who participated in focus groups reported that the program has increased their networking, peer support, and linkages to professional development opportunities and supports.

Increased Access to Child Care for Children with Special Needs

- Five child care providers served by Inclusion Facilitators reported that additional children with special needs would be able to receive care from their program as a result of the trainings and the TA they received.

Expanded Access to Higher Education

- According to independent ECE consultants, First 5 Contra Costa is a leader in creating and supporting the higher education system for ECE by developing the CSUEB BA and MS programs.

“The CARE Parent Network has helped me understand the law for special education and [provided] emotional help when my life was in turmoil regarding my special needs children.”

-Parent

“The college and PDP … have given me everything from direction on how to get through school to financial support including transportation money and advice on how to get my own child free lunch…The individual attention and support have kept me going.”

-PDP participant (ESL)
Strategy: Home Visiting

The Home Visiting strategy was launched in 2002 to provide in-home support to children ages 0-3 and their families in Contra Costa County. In 2006-2007 First 5 Contra Costa expended $1,532,890 on this strategy. This strategy focuses on providing direct services to children and families as well as providing home visitors with expert support, information and resources.

Funded Programs

- **Home Visiting Services** provide in-home support for expectant parents and children birth to age three, in which trained professionals provide families with information, referrals, and support. Home visitors talk with parents about child development, breastfeeding and nutrition, child safety, immunizations, health insurance, and other supportive services. Programs also offer parents social support through group activities.
  
  - **Funded Contractors:**
    - Employment and Human Services Department:
      Moss Beach Homes/Welcome Home Baby and Community Services Bureau/Early Head Start;
    - Health Services Department:
      Prenatal Care Guidance, Lift Every Voice, and Medically Vulnerable Infant Program
  
- The **Consultation and Response Team (CRT)** provided consultation to home visitors and their supervisors working with high-risk children and families. The CRT- consisting of a public health nurse, mental health specialist, social worker, child development specialist, and a manager- coordinated service in cases involving multiple agencies. At the end of the 2006-2007 fiscal year, the CRT was dissolved to make way for new models of training and consultation.

**Services Provided**

- Home Visiting Services provided support to 1,490 families during the 2006-2007 fiscal year. Of those, 231 were pregnant mothers, 235 were mothers of children with serious health issues, and 88 were incarcerated mothers.

- A total of 9,553 home visits were provided in 2006-2007, an average of 6.4 per family.

- 55 home visitors/supervisors received a total of 316 consultations from the CRT. Of those, 132 were initial consultations and 184 were follow-up consultations.
Evaluation Highlights

Data were collected by Harder+Company Community Research in association with First 5 Contra Costa through family surveys, online provider surveys, phone interviews, and contractor service records. Evaluation highlights reveal:

Parents Report an Increase in Knowledge and Parenting Skills

One hundred and five parents were interviewed by phone regarding their experiences and benefits received from services provided by home visitors.

- 89% of parents reported an increase in knowledge and parenting skills following services.
- 90% reported feeling more comfortable as a parent overall following home visits.
- 85% of parents also reported their home visitor helped them learn how to get their family what they need.
- 82% of parents indicated that they were satisfied with the home visits they received.

Home Visitors Are Prepared to Meet the Needs of Families in Contra Costa County

Forty home visitors participated in an online survey regarding their experiences and the services they provided.

- 72% of providers reported the assistance of the CRT as “very helpful” with an additional 24% reporting the CRT assistance as “somewhat helpful.”
- 90% of providers indicated they would refer a co-worker to the CRT.

The CRT Supported Home Visitors

As seen below, the majority of home visitors reported agreement with statements that indicate an increase in a wide range of key skills following assistance from the CRT.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percent of Providers Agreeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am better able to meet the needs of my families because of my participation in the CRT.</td>
<td>57%</td>
</tr>
<tr>
<td>I feel more confident addressing the complex needs of my families because of my participation in the CRT.</td>
<td>71%</td>
</tr>
<tr>
<td>I feel more comfortable collaborating with other agencies around a family’s needs because of my participation in the CRT.</td>
<td>67%</td>
</tr>
<tr>
<td>I feel comfortable applying the recommendations I get from the CRT.</td>
<td>81%</td>
</tr>
</tbody>
</table>

- A high percentage of home visitors reported being well equipped to meet the needs of their families.

“My home visitor let me know how to feed them (my children), how to check their weight to make sure they were growing, and she provided me with a lot of emotional support.”

-Parent
Since 2004, the First 5 Contra Costa Commission has funded five strategically placed community centers (First 5 Centers) where parents and young children are invited to attend a wide variety of classes and workshops. In 2006-2007, First 5 Contra Costa expended $1,260,761 on this strategy.

**Funded Programs**

First 5 Centers offer free services to families with children 0-5 in Antioch, Bay Point and Pittsburg, Brentwood and Oakley, Concord, Richmond, and San Pablo. Most services offered included information on family literacy, tobacco cessation, parent education or child development.

Services are provided at five centers:

- **Antioch First 5 Center**  
  Lead Agency: Brighter Beginnings

- **Bay Point First 5 Center**  
  Lead Agency: The Family Stress Center  
  (1/07-6/07)  
  Pittsburg Preschool Community Council  
  (7/06 – 1/07)

- **Delta First 5 Center**  
  Lead Agency: Mt. Diablo Region YMCA

- **Monument First 5 Center**  
  Lead Agency: Monument Community Partnership

- **West County First 5 Center**  
  Lead Agency: Bay Area Community Resources

**Services Provided**

- A total of 334 classes and workshops were offered to parents and children in 2006-2007. Topics included parent education, nutrition, tobacco cessation, family literacy, and more. During the fiscal year, 1,291 parents and 1,507 children participated in First 5 Center services.

- First 5 Centers strive to offer services to families that are culturally and linguistically representative of the area’s population. Below are participant demographics:
  - 64% of participants were Hispanic/Latino followed by 19% White/Caucasian;
  - 57% of families spoke Spanish at home;
  - 50% of children were female and 50% were male; and
  - 38 children were identified by their parent/guardian as having special needs.

- First 5 Centers hosted 77 community events with a total attendance of over 9,800 participants in 2006-2007. Events focused on topics such as community building, health, immigration, parent education, tobacco cessation, and school readiness.

“My kids [became] very interested in music after I [brought] them here for this [class]. I see a lot of difference in them.”

- Parent
Evaluation Highlights
A variety of data were collected by Harder+Company Community Research in association with First 5 Contra Costa. Data sources include family surveys, registration forms, class attendance sheets, and First 5 Center evaluation forms. Key findings include:

Improved Parenting Skills
The majority of parents (88%) reported an improvement in parenting skills following the completion of a class or workshop.

Improved Knowledge of Child Development
The majority of parents (89%) reported a better understanding of their child.

Improved Social Support
Eighty-seven percent of parents indicated that the classes and workshops at the First 5 Centers provided opportunities to develop new social networks.

Capacity Building
The First 5 Centers have continued to increase the number of classes/workshops offered each year since the strategy began in 2004.

- The 334 classes/workshops offered in 2006-2007 represent a 70% increase over the previous year.

- In addition to providing more classes, the First 5 Centers are demonstrating a high level of engagement with the families they serve. Over half of all participants attended multiple classes and/or workshops at a First 5 Center during the 2006-2007 fiscal year.
The Mental Health strategy offers services to both children with mental health needs and providers in care of children with special needs. In 2006-2007 First 5 Contra Costa expended $1,064,085 on this strategy. Mental Health Consultation Services began in 2001 and focuses on supporting child care providers while Mental Health Therapeutic Services (beginning in 2003) supports children and families coping with mental health needs.

Funded Programs

- **Early Childhood Mental Health Therapeutic Services** offers therapeutic services to families with children exhibiting or at-risk of social, emotional, behavioral, and developmental problems. "Wraparound" services are provided for families in cases of high need or complexity. "Wraparound" refers to a planning process that organizes a family's formal and informal resources into a team to identify the family's needs and provide them with necessary services.

- **Early Childhood Mental Health Consultation Services** offers consultation to childcare providers who care for children struggling with mental health, social, emotional, and developmental problems enrolled in licensed child care. Consultants work with parents and providers to develop effective solutions for problems and refer children in need to early intervention services to help improve their long-term development.

- **Funded Contractors:** Contra Costa Health Services Department/Mental Health Division, Contra Costa ARC/The Lynn Center, Early Childhood Mental Health Program, We Care Services for Children

### Services Provided

+ **Overall, Mental Health Therapeutic Services provided support services for 138 children and families.** “Wraparound” services were also provided for 50 of these families.

+ **Therapeutic services are typically provided over a long period of time, usually more than 1 year. Of the children and families served in 2006-2007, 19 concluded services receiving a total of 1,752 hours of service. Each family received an average of 92 hours of service.**

+ **Mental Health Consultation Services consultants served 209 child care providers at 125 child care sites providing 5,397 hours of service.**

+ **Consultants provided 4,364 consultation services to the parents and providers of 278 children.** This included 1,652 in-person visits to child care sites.

+ **Mental Health Consultants made 288 referrals to families for additional services.**

“[Therapeutic Services staff] has helped me with occupational therapy for son, mental health services for myself and my daughter [and] they helped find pediatricians for my kids. They have been phenomenal, really supportive; I can’t even describe how much of a support they’ve been.”

-Parent
Evaluation Highlights

Harder+Company Community Research, in association with First 5 Contra Costa, collected data through family surveys, provider surveys, contractor intake and exit forms, and contractor service records. Evaluation findings reveal:

Families Benefited From Therapeutic Services

Families concluding therapeutic services in 2006-2007 displayed a wide variety of improvements.

- 83% of children were rated as “better off” or “much better off” as a result of receiving services.
- 89% of children remained with their biological or adoptive parents at the conclusion of services.

Improved Childcare for Children

- Both child care providers (89%) and child care center directors (90%) agreed that Mental Health Consultation Services improved the ability of their site to care for the child needing assistance.
- Directors and childcare providers also noted that they obtained new skills that helped them do their job better (92% and 90%, respectively), and that they are prepared to care for a child in the future with similar behaviors (96% and 94%, respectively).

Referrals Provided For Families

As indicated below, Mental Health Consultation Service consultants provide a wide variety of referrals for children and families.

<table>
<thead>
<tr>
<th>Referral</th>
<th>N</th>
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</thead>
<tbody>
<tr>
<td>School District</td>
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<td>Outpatient Psychotherapy</td>
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<td>Family Child Care Center</td>
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<tr>
<td>Other</td>
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<td><strong>Total</strong></td>
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</table>

Children Received Appropriate Care

- At the conclusion of consultation services, 108 of 202 children (54%) were able to remain in their current child care setting, and 62 children (31%) were transitioned to a child care setting that was more appropriate and beneficial to their development.
- Ten children (5%) were newly diagnosed with special needs following consultation services.

“The suggestions [the consultant] made helped me immensely with all of the kids. They were simple ideas but I wouldn’t have known to use these techniques.”

- Child Care Provider
The School Readiness Program was launched in 2001 to help children entering Kindergarten prepare for and succeed in school. The initiative has reached 35 communities with low performing elementary schools by creating new preschools, offering parent education and support programs, literacy activities and outreach programs. A total of $946,901 was expended in 2006-2007 on the initiative.

**Funded Programs**

- **DARE to Be You** is a 12-week workshop that teaches parents how to problem-solve along with their young children, and the **Proud Fathers** support group aims to help men gain the skills and confidence necessary to be successful and responsible fathers.
  - *Funded contractor: Family Stress Center*

- **Literacy Preschools – Cooperative Preschools** (Co-ops) are taught by a kindergarten teacher with help from parent volunteers, and **Family Literacy Preschools** provide a dual preschool and English tutoring program for children and their parents; preschool classes are provided to children while their parent attends ESL classes.
  - *Funded contractor: Mt. Diablo USD*

- **Summer Pre-K Camps** offer the opportunity to practice kindergarten readiness skills to children without prior preschool experience.
  - *Funded contractors: Pittsburg USD, West Contra Costa USD, Mt. Diablo USD Adult Education*

- **Community Outreach** workers link parents with schools and provide workshops about school readiness and kindergarten transition activities.
  - *Funded contractors: Pittsburg USD, West Contra Costa USD, Mt. Diablo USD Adult Education, Community Services Bureau*

- **School Readiness Transition Teams** are made up of principals, kindergarten teachers, parents and early care providers to implement school readiness programs.
  - *Funded contractors: Pittsburg USD, West Contra Costa USD, Mt. Diablo USD*

**Services Provided**

- 224 children attended literacy preschools, while 218 parents of children in the Family Literacy Preschools learned English.

- 220 children attended Summer Pre-K Camps.

- The TIGO kit contains children’s books, learning materials and engaging activities that encourage parent-child interaction. Approximately 1,800 TIGOS were distributed to families with children ages 18 months to 5 years.

- The Raising a Reader program, which promotes early literacy and parent-child bonding, was offered to 180 parents caring for 95 children.

- Community outreach workers offered workshops for 1,015 families on a variety of topics including early literacy, nutrition, parent-child bonding, and kindergarten readiness skills.

- 33 fathers participated in The Family Stress Centers “Proud Fathers” support group and 26 families graduated from the “DARE To Be You” parenting skills workshop.
Evaluation Highlights

Data were collected by Harder+Company Community Research in association with First 5 Contra Costa from developmental skill assessments, parent surveys and family surveys. Evaluation highlights reveal:

**Children Attending Mt. Diablo Adult Education Preschools Increased their School Readiness Skills**

Children attending Literacy and Cooperative Preschools were assessed by their teachers twice using the Modified Desired Results Development Profile (MDRDP), once when the child enters preschool and again when the child leaves. The MDRDP measures children’s readiness for school in four areas. The table shows that:

- At post-test, a higher percentage of children almost or fully mastered all items.
- The Cognition and General Knowledge domain showed the most improvement, with an increase of 38 percentage points in the mastery of all items from pre to post-test.

### Areas of Development

<table>
<thead>
<tr>
<th>Areas of Development</th>
<th>Almost or Fully Mastered All Items Pre</th>
<th>Almost or Fully Mastered All Items Post</th>
<th>Percentage Point Increase</th>
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<tbody>
<tr>
<td>Social/ Emotional (n=164)</td>
<td>33%</td>
<td>67%</td>
<td>34%</td>
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<tr>
<td>Approaches to Learning (n=147)</td>
<td>53%</td>
<td>84%</td>
<td>31%</td>
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<tr>
<td>Communication (n=171)</td>
<td>25%</td>
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<tr>
<td>Cognitive (n=171)</td>
<td>11%</td>
<td>49%</td>
<td>38%</td>
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</table>

**Children Attending Summer Pre-K Camps Are More Prepared For Kindergarten**

The 220 children who participated in First 5 Contra Costa’s Summer Pre-K Camps were assessed using the Peninsula Partnership-based assessment; however it was only administered once, during the final week of the camp. Children are rated as either having made “no”, “some” or “significant” improvements in their skills, behaviors and knowledge for each of the items.

The table below shows the percentage of children who made any improvements in the four domains at the end of the camp.

- The vast majority, 88% or more, of children showed improvements in each of the domains during summer Pre-K camps
- The Approaches to Learning and Communication domains showed the most improvement.

### School Readiness Area (n=220) Percent of Children Showing Improvement

<table>
<thead>
<tr>
<th>School Readiness Area</th>
<th>Percent of Children Showing Improvement</th>
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<tbody>
<tr>
<td>Social/ Emotional</td>
<td>88%</td>
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<tr>
<td>Approaches to Learning</td>
<td>92%</td>
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<tr>
<td>Communication</td>
<td>92%</td>
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<tr>
<td>Motor Skills</td>
<td>90%</td>
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</table>

**The Kindergarten Entry Profiles Show Improvement in MDRDP Scores Over Time**

The Kindergarten Entry Profiles track school readiness trends by school year. Kindergarten teachers administer the Modified Desired Results Developmental Profile to entering kindergartners to provide a snapshot of children’s readiness for schools along four dimensions. The MDRDP is administered to schools in three districts, Pittsburg, West Contra Costa, and Mt. Diablo.

- The percentage of children almost or fully mastering all items across all four domains on the MDRDP increased from 10% in 2005 to 15% in 2006.

**Systems Change**

In order to increase schools’ capacity to prepare children and families for school success, “transition teams” were implemented at the schools to offer a variety of school readiness activities, such as orientations, tours of the school and classroom, and to provide a smooth transition into kindergarten.
The Substance Abuse Services strategy was launched in 2002 to assist mothers of children 0-5 with substance abuse issues in Contra Costa County. In 2006-2007 First 5 Contra Costa expended $884,101 to this strategy which focuses on both in-patient and outpatient continuing care with the goal of helping mothers retain or regain custody of their child(ren) while staying sober.

Funded Programs

The Rosemary Corbin House provides services to mothers and children identified by Children and Family Services (CFS) at risk of being legally separated. Mothers and children live together in a residential treatment setting. Mothers receive drug treatment services, counseling, and parenting classes while children are given mental health assessments and treatment. After completing six months of residential treatment, mothers and their children continue to receive ongoing counseling, child development services and support for relapse prevention.

- **Funded contractors:** Contra Costa Health Services Department: Alcohol and Other Drugs Division, Ujima Family Recovery Services, Family Stress Center, STAND Against Domestic Violence, Contra Costa County Employment and Human Services: Children and Family Services

“[The most important things I learned from Rosemary Corbin House] were the [parenting] skills we need and the routines we need for our kids. I never in my life had boundaries until now. I learned them from [the] parenting [classes].”

-Rosemary Corbin House Graduate
Evaluation Highlights

Data were collected by Harder+Company Community Research in association with First 5 Contra Costa from family surveys, telephone interviews, and contractor assessment tools. Evaluation highlights reveal:

**Reduced Addiction Severity**

Mothers receiving services during the 2006-2007 fiscal year showed reduced addiction severity on the Addiction Severity Index (ASI). The following table represents seven mothers who completed both an intake and follow-up ASI.

<table>
<thead>
<tr>
<th>ASI Area of Concern</th>
<th>Average Intake Score</th>
<th>Average Follow-up Score</th>
<th>Percent Improvement</th>
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<tr>
<td>Medical</td>
<td>4</td>
<td>2.86</td>
<td>29%</td>
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<tr>
<td>Employment</td>
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<td>4.86</td>
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<td>Alcohol</td>
<td>7.57</td>
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<tr>
<td>Drug</td>
<td>8.48</td>
<td>2.29</td>
<td>73%</td>
</tr>
<tr>
<td>Legal</td>
<td>2.57</td>
<td>2.89</td>
<td>-11%</td>
</tr>
<tr>
<td>Family</td>
<td>8</td>
<td>4.14</td>
<td>48%</td>
</tr>
<tr>
<td>Psychological</td>
<td>5.57</td>
<td>3.14</td>
<td>44%</td>
</tr>
</tbody>
</table>

*Elevated scores indicate higher levels of stress or need in a particular area

- ASI scores showed improvement in 6 of 7 areas at 6 month follow-up.
- The elevated follow-up score for the “legal” category generally reflects mothers who are addressing outstanding legal problems including regaining custody of their children.

**Age Appropriate Child Development**


- At intake, 3 of 5 children were developing at age level with 2 assessed at below age level.
- At follow-up, all 5 children were developing at age level with 2 assessed as being above age level.

**Mothers Prepared to Stay Sober**

Eleven mothers were contacted for a phone interview regarding their experiences during and after residential treatment.

- 8 out of 10 mothers reported not having a relapse after leaving the Rosemary Corbin House. One mother was still receiving residential services at the time of the interview and also reported not having a relapse. At the time of interview, mothers reported being drug free with individual lengths of sobriety ranging from 30 days to over 1 year.
- All eleven mothers indicated that Rosemary Corbin House has had an impact on their recovery.
- 10 of 11 mothers were still receiving support services at the time of interview. Services included:
  - Outpatient therapy
  - Narcotics Anonymous meetings
  - Phone support from former counselors

“[Before Rosemary Corbin House] I was more violent in the sense that I was addicted. I didn’t have patience. I didn’t have time. I was always running in the streets chasing after the drugs so I just wasn’t plugged in to my children. They kind of went outside and did what they wanted to [do] while I was taking care of my addiction. My relationships [with my children] have changed dramatically. They were loved prior to me going into the program, but just [having] the simple patience of sitting down, watching a program [on TV], reading a book [with them]. Those types of things I didn’t do. Now, we read books, we play games, we watch TV together, movies, [and] do outings. There has been a lot of change.”

-Rosemary Corbin House Graduate
The Parent Education strategy was launched in 2001 to provide services to parents and pregnant women in Contra Costa County. In 2006-2007 First 5 Contra Costa expended $236,864 on the strategy. This strategy provides education and support to parents with an emphasis on serving specific parent populations including pregnant and parenting teens, parents of children with special needs, and parents with disabilities.

### Funded Programs

- **Pregnant and teen mothers** enrolled in parenting programs are provided counseling, casework support, and education in the areas of health, child development and parenting.
  - *Funded contractors: Crossroads High School, YMCA of the East Bay*

- **Parents of children with special needs** receive peer support, information and services, parent-to-parent mentoring, one-on-one support by CARE staff, and parent workshops.
  - *Funded contractor: ARC/CARE Parent Network Parent Education*

- **Parents with special needs** and their families can access support groups, home visitation, mental health services, developmental services, adaptive equipment, parenting education, and referrals from Through the Looking Glass.
  - *Funded contractor: Through the Looking Glass*

### Services Provided

- 145 pregnant or parenting teenagers participated in parenting education programs (78 at Crossroads High School and 67 at YMCA of the East Bay).

- CARE Parent Network provided one-on-one support to 107 parents of children with special needs and workshops to 40 parents of children with special needs.

- 24 continuing and 5 new parent mentors provided one-on-one support to 59 parents receiving services from CARE Parent Network. In 2006-2007, new parent mentors received 15 hours of training to facilitate their development in this role.

- Through the Looking Glass provided services and support to 9 parents with disabilities.

“I am thankful to have come across CARE. Meeting other people who share my problems and concerns makes me feel like I’m not alone on this life long journey.”

-CARE participant
Evaluation Highlights
Data were collected by Harder+Company Community Research in association with First 5 Contra Costa from contractor exit forms and parenting education questionnaires. Evaluation highlights reveal:

Improvements for Pregnant and Parenting Teenagers
Parenting Skills and Knowledge
- All (n=18) students agreed that their parenting skills had improved as a result of YMCA of the East Bay’s parenting program.
- At the end of YMCA of the East Bay’s parenting program, students completing a Parenting Education Questionnaire correctly answered an average of 89% (n=18) of the questions about child development, health, and safety.
- Based on Parenting Education pre- and post-tests, students at Crossroads High School demonstrated an increase in knowledge of child development, as well as an increased understanding of their role in supporting their child’s development.

Access to Services and Support
- 89% (n=15) of students report that YMCA of the East Bay’s parenting program taught them where to get services for their children and themselves.
- 89% (n=15) of students report receiving referrals to other agencies from YMCA of the East Bay.
- At the beginning of the Crossroads program, 57% (n=25) of students strongly agreed with the statement, “I have the support I need.” By the end of the Crossroads program, 70% (n=31) of students strongly agreed with the same statement.

School Involvement and Performance
- Of the 145 teens in the 2 programs, 46 (32%) graduated and 71 (49%) successfully completed the school year. In addition, 98% (n=62) of students eligible to re-enroll for the 2006-2007 school year did so.
- All students (n=78) at Crossroads High School reported successfully completing at least one goal they had set for themselves at the beginning of the program, with more than half (60%, n=78) reporting achieving more than one goal (e.g., increased school attendance, improved school performance, learning new parenting skills).
- 88% (n=69) of students at Crossroads High School received a grade of “C” or higher in their Parenting and Health courses and 90% (n=70) received a grade of “C” or higher in their Child Psychology courses.

Improvments for Parents of Children with Special Needs
Ability to Adapt to Child’s Special Needs
- 95% (n=21) of parents of children with special needs report that the CARE Parent Network improved their ability to adapt to the special needs of their children.

Access to Services and Support
- All parents (n=21) report that participation in the CARE Parent Network made them feel more confident in their ability to get their children what they need.
- 47% (n=19) of parents report receiving referrals to other agencies from CARE Parent Network.
Conclusion

As seen in this report, First 5 Contra Costa made notable accomplishments within each of its funded strategies during 2006-2007. By providing key services throughout the county—including services targeted to high-need areas and programs to engage culturally and linguistically diverse providers—First 5 Contra Costa has clearly made important strides in the lives of children 0 to 5, their parents, and professionals that care for young children. First 5 Contra Costa has worked to ensure that health insurance rates continue to remain near 100% among children participating in these programs, one overall indicator of child well-being.

In the area of **Early Childhood Education**, First 5 Contra Costa has been successful in improving overall program quality, in child care centers and family child care programs alike. Funding has helped increase provider education levels and encourages providers to stay in the child care field. First 5 Contra Costa also continued to diversify services, building a provider population that better reflects the population served. Through increased collaboration and support, First 5 Contra Costa has played an important role in strengthening systems within the early care services countywide.

Within the **Home Visiting strategy**, First 5 Contra Costa was successful in ensuring that parents learn how to raise their children in a safe, healthy and supportive environment. First 5 Contra Costa has successfully assembled a cadre of well-trained home visitors, confident in their abilities to meet the needs of the families with whom they work. To further support home visitors, First 5 Contra Costa has ensured access to a team of specialists.

First 5 Centers have successfully reached culturally and linguistically representative families in targeted areas. Through activities offered at these centers, First 5 Contra Costa has helped parents improve their parenting skills and knowledge of child development, as well as increase their opportunities to develop social networks.

Children, parents and providers all benefited from important **mental health services** provided by the funded programs in Contra Costa County. **Mental Health Therapeutic Services** helped parents improve their parenting skills, while **Mental Health Consultation Services** helped child care providers and directors increase their skills and ability to meet the mental health needs of the children in their care.

After participating in a range of **School Readiness** activities, children in Contra Costa County increased their school readiness skills and were more prepared for kindergarten. Community outreach, parenting education, and school-based transition teams supported children’s successful entry into kindergarten.

The **Substance Abuse Services** funded by First 5 Contra Costa had an important impact on the mothers and children who participated. Overall, mothers showed a decrease in the severity of their substance addiction and were more prepared for sobriety. Children involved in the program demonstrated developmental gains and were at age-appropriate levels by program completion.

The **Parent Education strategy** included key services that resulted in positive outcomes for young parents. Increased skills and knowledge, increased access to services and support, and increased school involvement and performance were among those outcomes. Parents of children with special needs also indicated that as a result of First 5-funded programs, they were more able to adapt to their child’s special needs.

Overall, this has been a successful year for First 5 Contra Costa, with high quality services resulting in positive outcomes across a broad range of strategies. Children, parents and providers alike have benefited from these programs and services, and the impacts will likely be felt for years to come.
In 2006-2007 Harder+Company conducted an independent evaluation of the strategies funded by First 5 Contra Costa. The evaluation of First 5 Contra Costa utilizes individual program evaluations and common tools used by programs countywide to measure the impact of programs within each strategy.

**Evaluation Approach & Methods**

Seven main strategies are identified in First 5 Contra Costa’s 2006 Strategic Plan: Home Visitation, Substance Abuse Services, Mental Health, School Readiness Initiative, Parent Education, Early Childhood Education, and the First 5 Centers.

Programs within each strategy were evaluated utilizing a combination of quantitative and qualitative research methods. Quantitative research methods, such as surveys, make it possible to quickly collect relatively large amounts of standardized information, while qualitative research methods, such as interviews, allow a more in-depth and personal look at the impact of a program.

The table below presents the methods used to evaluate the programs within each strategy.

**Family Surveys**
The First 5 Family Survey collected information on child and parent characteristics. First 5 Family Surveys were distributed in both English and Spanish, and in 2006-2007 a total of 3,185 Family Surveys were completed. Data from the Family Surveys are summarized in the “Overview of Participants” section.

**Service Provider Surveys**
The First 5 Service Provider Survey collected information on service provider characteristics. First 5 Provider Surveys were distributed in both English and Spanish, and in 2006-2007 a total of 185 Provider Surveys were completed. Data from the Service Provider Surveys are summarized in the “Overview of Participants” section.

**Parent/Guardian Interviews**
Parent/guardian interviews collected information from 11 Substance Abuse Services families, 4 Mental Health Therapeutic Services families, and 103 Home Visiting families.

**Program-Specific Participant Data**
Funded programs collected data as determined necessary to measure the impact of their services. Methods included pre/post tests, client satisfaction questionnaires, intake screenings, contact logs, and case record reviews.

**Limitations**
Keep in mind that this report is a summary report and does not present results specific to each funded program, nor does it include all findings from the evaluation. The findings in this report may not be generalizable to all clients served by a particular program or all clients who receive a particular service. Further, programs within the same strategy may serve different target populations and require the use of different evaluation tools. Therefore, findings from one program cannot necessarily be generalizable to other programs in the same strategy. Finally, while observed changes in client knowledge, attitudes and behaviors imply these services may have affected the children and families involved, cause and effect cannot be directly linked to services and observed outcomes.
# Data Source - Children and Family Data

<table>
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<th>Program</th>
<th>Contractor</th>
<th>Data Source</th>
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## Appendix

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### Data Source - Service Provider Data

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## Appendix

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### Data Collection Tools

#### First 5 Contra Costa Family Survey
- **Distributed to:** Children and families receiving services from First 5 funded programs
- **Distributed by:** All programs focused on serving children and families
- **Collection:** In most cases, paper copies are sent directly to Harder+Company Community Research as they are collected by the program (generally at the start of services)
  - **Additional collection methods:**
    - Electronic database submissions
- **Description:** Countywide data collection tool used for gathering demographic data

#### First 5 Contra Costa Provider Survey
- **Distributed to:** Service Providers receiving services from First 5 funded programs
- **Distributed by:** All programs focused on serving providers
- **Collection:** In most cases, paper copies are sent directly to Harder+Company Community Research as they are collected by the program
  - **Additional collection methods:**
    - Electronic database submissions
    - Online distribution through SurveyMonkey
- **Description:** Countywide data collection tool used for gathering demographic data

#### Intensive User Phone Survey
- **Distributed to:** Recipients of services that are distributed on a more intense level/frequency
- **Distributed by:** Select programs with intensive services
- **Collection:** Surveys are collected over the phone by Harder+Company Community Research staff or a qualified outside agency
- **Description:** Detailed survey tool used to collect personal program experience and opinions

#### Birth to Six Collaborative Intake and Exit Forms
- **Distributed to:** Recipients of services focused in the Mental Health Strategy
- **Distributed by:** Early Childhood Mental Health Program, We Care, Lynn Center
- **Collection:** Surveys are collected by program staff at the beginning (intake) and close (exit) of services and mailed to Harder+Company Community Research
- **Description:** Detailed survey tool that is matched pre to post describing needs (intake), services received (exit), and outcome data (exit)

#### Child Care Solutions Exit Forms
- **Distributed to:** Provider recipients of services focused in the Mental Health Strategy
- **Distributed by:** Child Care Solutions
- **Collection:** Surveys are collected by program staff at the end of service and mailed to Harder+Company Community Research
- **Description:** Describes experience of service providers receiving assistance from Child Care Solutions
## Appendix

### Service Entry Document
<table>
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<td>Collection:</td>
<td>Entered and maintained by program staff and electronically submitted to Harder+Company Community Research after the end of the fiscal year</td>
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<td>Description:</td>
<td>Log of program staff activities</td>
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### Child Care Solutions Intake and Closing Summary Form
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<td>Description:</td>
<td>Summary of program staff’s caseload and status</td>
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### Consultation and Response Team Database
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<td>Description:</td>
<td>Record of services provided by the CRT to providers in Contra Costa</td>
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### Addiction Severity Index
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<td>Recorded at intake and regular follow-up intervals by program staff and submitted to Harder+Company Community Research</td>
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<td>Description:</td>
<td>Multidimensional assessment of service recipients’ stressors and addiction levels</td>
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### Child Abuse Potential Index
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<td>Collection:</td>
<td>Recorded at intake and regular follow-up intervals by program staff and submitted to Harder+Company Community Research</td>
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<td>Multidimensional assessment of service recipients’ potential for child abuse</td>
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### Denver Child Development Profile
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<td>Collection:</td>
<td>Recorded at intake and regular follow-up intervals by program staff and submitted to Harder+Company Community Research</td>
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<tr>
<td>Description:</td>
<td>Assessment of child development related to regular age milestones of participants’ children</td>
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## Appendix

### Children and Family Services Placement Forms
- **Distributed to:** Recorded by Children and Family Services
- **Distributed by:** Generated from CFS records
- **Collection:** Sent to Harder+Company Community Research directly from CFS after the end of each fiscal year
- **Description:** Anonymous document recording the placement of children formally in care of AODS service recipients (these forms are not viewed by First 5 or any AODS program contractor and are **confidential**)

### First 5 Center Registration Form
- **Distributed to:** Participants of a First 5 Center
- **Distributed by:** Antioch, Bay Point, Delta, Monument, West County
- **Collection:** Distributed to new participants by program staff and mailed to Harder+Company Community Research monthly
- **Description:** Collects demographic information of children and families participating in First 5 Center programs

### First 5 Center Attendance Forms
- **Distributed to:** Recorded by Staff
- **Distributed by:** Antioch, Bay Point, Delta, Monument, West County
- **Collection:** Mailed to Harder+Company Community Research at the end of each class cycle
- **Description:** Records attendance for classes conducted by First 5 Centers

### First 5 Center Evaluation Forms
- **Distributed to:** Participants of a First 5 Center
- **Distributed by:** Antioch, Bay Point, Delta, Monument, West County
- **Collection:** Mailed to Harder+Company Community Research at the end of each class cycle
- **Description:** Participant evaluation form of the class attended

### Modified Desired Results Development Profile
- **Distributed to:** Recorded by Staff
- **Distributed by:** Literacy Preschools and Summer pre-K camps
- **Collection:** Electronically submitted to Harder+Company at the end of each fiscal year
- **Description:** Assessment of child development

### Inclusion Facilitators Parent – Provider Survey
- **Distributed to:** Parents and Providers of children receiving services
- **Distributed by:** Inclusion Facilitators
- **Collection:** Mailed to Harder+Company Community Research every six months
- **Description:** Evaluation of services received
## Appendix

### Early Learning Demonstration Project Data Summary Form
- **Distributed to:** Recorded by Staff
- **Distributed by:** ELD
- **Collection:** Electronically submitted to Harder+Company at the end of each fiscal year
- **Description:** Information on participating program sites and pre-post environmental rating scores

### Early Childhood Connections Parent Survey
- **Distributed to:** Parents of children receiving services
- **Distributed by:** Care Parent Network – ECE
- **Collection:** Mailed to Harder+Company Community Research
- **Description:** Parent report of services received and evaluation of services

### Family Support Training Evaluations
- **Distributed to:** Training Attendees
- **Distributed by:** Care Parent Network – ECE
- **Collection:** Submitted in aggregate after each training cycle
- **Description:** Evaluation of training session

### PDP Stipend Data
- **Distributed to:** Recorded by staff
- **Distributed by:** PDP
- **Collection:** Electronically submitted to Harder+Company Community Research after the end of the fiscal year
- **Description:** Demographic information and stipend disbursement amount of recipients earning a stipend through the PDP

### ECE Strategy Review Session Focus Groups
- **Distributed to:** ECE participants
- **Distributed by:** Rory Darrah and Kara Dukakis, ECE consultants
- **Collection:** --
- **Description:** Between September and November 2007, consultants conducted 11 focus groups with 117 providers for the ECE Strategy Review Session

### Parent Education Pre-Post Questionnaire
- **Distributed to:** Parents receiving parent education services
- **Distributed by:** Crossroads, YMCA of the East Bay
- **Collection:** Mailed to Harder+Company Community Research
- **Description:** Pre-post assessment measuring knowledge of mothers or expectant mothers on topics related to child health and development

### Parent Education Parent Survey
- **Distributed to:** Parents receiving parent education services
- **Distributed by:** Care Parent Network – Parent Ed
- **Collection:** Mailed to Harder+Company Community Research
- **Description:** Parent report of services received and evaluation of services