



First 5 Contra Costa

2007-2008 Evaluation Highlight Report

Overview of Accomplishments

This page represents an overview to the Commission's accomplishments in addition to the evaluation results presented in the following Highlight Reports.

In the 2007-2008, First 5 Contra Costa expended a total of \$10,021,763 in funding to programs serving families with children 0-5 years of age. The following activities outside the Commission's major investments also help to support families in important ways.

- Enrichment classes attracted 167 families for free art, music and movement classes in five areas of the county.
- Three Regional Groups of volunteer parents in conjunction with four City Parks and Recreation Departments organized free soccer, dance and karate classes for 150 children.
- These same three Regional Groups of over 100 active parents planned three large-scale "Healthy & Active" family events last year that attracted well over 8,700 parents and young children.
- 77 homeless parents and 88 children age five or younger were served in a homeless shelter. 98% were successfully placed into permanent or transitional housing.
- Of the 562 high-risk pregnant women that received comprehensive prenatal care services last year, 98% had healthy babies with normal birth weights.
- 25 Community Grants were awarded to small neighborhood and agency projects to conduct health and safety projects, parent education classes, community festivals, or literacy projects.
- 223 Licensed Childcare Providers participated in a Ready Set Read Fair to purchase books and attend workshops
- Over 18000 New Parent Kits and nearly 4600 Baby Bags were distributed, both in Spanish and English to new and expectant parents.
- 211 call center launched in Feb. 2008, received 9987 calls in their first 4 months. There were 174,302 visits to the 211 website and 52,367 individual users (unique hits).
- Nearly 1400 prenatal patients were screened for the baby's exposure to secondhand smoke.
- Eighty-three providers at 13 Child Health Disability Prevention sites (CHDP), eight Comprehensive Prenatal Services Program (CPSP) sites, and prenatal staff providers at Contra Costa Regional Medical Center (CCRMC) received training on reducing secondhand smoke exposure.

First 5 Contra Costa also convened and participated in groups to ensure that activities were designed to improve the lives of children prenatal to age five. Collaborative efforts included:

- Building Blocks for Kids (BBK) with over two dozen agencies committed to improving conditions for children and families residing in the Iron Triangle neighborhood of Richmond.
- Family Economic Security Partnership (FESP), a public, private and nonprofit collaboration dedicated to increase the income and build the assets of low-income families and individuals living in Contra Costa County. FESP sponsors the annual Earn It! Keep It! Save It! Contra Costa campaign to help low-income families receive free tax help and claim federal income tax refunds and credits. In 2007, 8,259 families (a large percentage with children 0-5) received over \$6 million in tax refunds and credits.

- **Preschool Makes a Difference (PMD)** to ensure that all kindergartners in Contra Costa County are prepared to learn and have improved potential for success. Seventy-five child care professionals and school district representatives helped develop the PMD plan, to be implemented in phases as more funding is identified.
- **Healthy and Active Before 5** as a countywide action plan to address the problems of early childhood obesity. The plan encompasses a wide perspective of forces that influence healthy eating and active living for children ages birth through five years.
- **Safe & Bright Futures** as a partnership to develop a strategic plan to reduce the impact of domestic violence on Contra Costa's children.
- **Perinatal Substance Abuse Partnership** to identify and address pressing issues with regards to perinatal substance use screening, intervention and referrals, data collection and training needs. The Partnership expanded and improved policies and protocols at Contra Costa Health Services (CCHS) Healthy Start, Born Free and Labor and Delivery sites throughout the county.

First 5 Contra Costa

2007-2008 Evaluation Highlight Report

Overview of Families and Providers Served

This highlight report presents descriptive and demographic information on the recipients of First 5 Contra Costa services from July 2007-June 2008. Data are collected from children and parents that are new to services using the First 5 Family Survey and from providers using the First 5 Provider Survey. These data are intended to create a “snapshot” of recipients of First 5 Contra Costa services and demonstrate how services are reaching First 5’s target population. When applicable, comparison data are presented to help put statistics in perspective. In addition, some data from previous years have been included to illustrate trends over time.

Overview of Participants and Services

The overall counts are collected by funded programs through the Outcomes, Collection, Evaluation and Reporting Service (OCERS) and reflect their best efforts to gather an unduplicated count of the total number of clients served. As seen below, First 5 Contra Costa served nearly 5,000 children, and over 5,000 parents and 2,000 providers in 2007-08. The highest proportion of children and parents were served through First 5 Centers which provide free classes to promote parent education, family literacy, readiness for school, tobacco education, and early childhood learning opportunities. This was followed by School Readiness (SR) services (for children only) and Home Visiting (HV) services. The majority of providers were served through the Early Childhood Education strategy, which provides services to improve the quality of child care provider sites and increase the education level of child care providers. Compared to 2006-07, a similar number of children were served, although fewer parents were served (17 percent decrease), and more providers were served (13 percent increase) overall. While there was an increase in the number of children and parents served by First 5 Centers (30 percent) and Parent Education (64 percent) from 2006-07 to 2007-08, this was offset by a decrease in the number of children and parents served in several other strategies including SR and HV.

Number of Children, Parents, & Providers Served by Strategy in 2007-08

Strategy	Children		Parents		Providers	
	Number	Percent	Number	Percent	Number	Percent
Enrichment	167	3%	167	3%	—	
Early Childhood Education	122	2%	122	2%	1,763	79%
First 5 Centers	1,936	39%	1,697	33%	—	
Home Visiting	1,000	20%	1,252	24%	—	
Mental Health	394	8%	394	8%	219	10%
Parent Education	117	2%	472	9%	155	7%
School Readiness	1,089	22%	400	8%	—	
Special Reserve	88	2%	639	12%	—	
Substance Abuse Services	25	1%	25	<1%	—	
Tobacco Education*	—		—		83	4%
Total Number Served**	4,938	100%	5,168	100%	2,220	100%

*No external evaluation data were collected for this strategy.

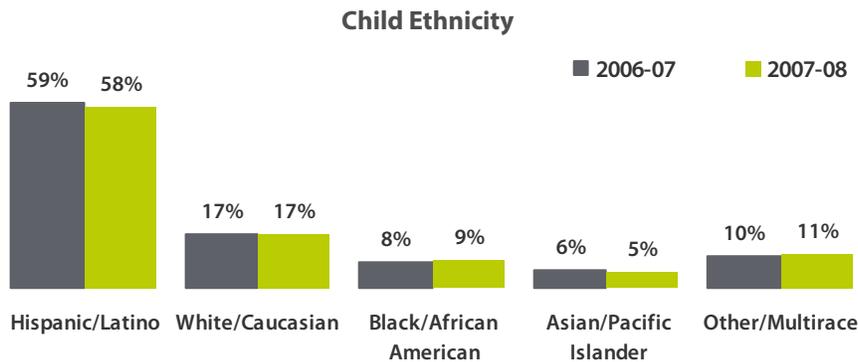
**Total number served within and between strategies is a duplicated count, as participants may have received services under multiple strategies and/or from multiple contractors within a strategy.

Child Characteristics

Family Surveys were completed for 3,217 children from 25 different First 5 Contra Costa-funded programs (see Appendix for list of programs). As noted previously, surveys are not completed for all children served—rather the intent is to capture data on children who are new to First 5 Contra Costa services. As such, these data do not represent all of the children served in 2007-08. Demographic data on these children are presented below.

Ethnicity

Many First 5 Contra Costa funded programs focus on reaching underserved, minority populations with the goal of reducing disparities in health and social outcomes. In both 2006-07 and 2007-08, the majority of children surveyed who accessed First 5 Contra Costa services were Hispanic/Latino, followed by White/Caucasian, Black/African American, and Asian/Pacific Islander. Comparing the ethnic breakdown of children served by First 5 Contra Costa to that of children in the county as a whole shows that First 5 Contra Costa has been highly successful at reaching Hispanic/Latino children.



2006-07 n=2,830; response rate=89%
2007-08 n=2,403; response rate=75%

Race/Ethnicity Children, Contra Costa County ¹	
White	46%
Hispanic/Latino	28%
African American	10%
Asian/Pacific Islander	9%
Other/Multi-race	6%

City of Residence

While First 5 Contra Costa programs reach children countywide, most programs target children living in three high-need areas: West County (Richmond), Central County (Monument Corridor, Concord), and East County (Bay Point/Pittsburg/Antioch Corridor). These were designated high-need areas based on indicators of child well-being such as poverty, poor school performance, and poor child health. As seen below, the majority of children surveyed in 2006-07 and 2007-08 lived in the Central Region of the county followed by the West and East. Comparing the regions of children served by First 5 Contra Costa to the county as a whole illustrates that services are being targeted in the designated three high-need areas.

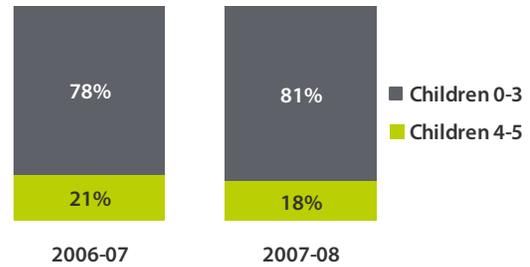
Geographic Distribution of Children by Region, First 5 Contra Costa and Contra Costa County			
	2006-07	2007-08	Contra Costa County ²
Central (Clayton, Concord, Martinez, Pacheco, Pleasant Hill, Walnut Creek)	35%	34%	30%
West (Crockett, El Cerrito, El Sobrante, Hercules, Kensington, Pinole, Port Costa, Richmond, Rodeo, San Pablo)	24%	27%	22%
East (Antioch, Bay Point, Pittsburg)	29%	26%	21%
Far East (Bethel Island, Brentwood, Byron, Discovery Bay, Knightsen, Oakley)	7%	10%	9%
South (Alamo, Blackhawk-Camino Tassajara, Danville, Diablo, Lafayette, Moraga, Orinda, San Ramon)	3%	2%	17%
Other	2%	2%	—

2006-07 n=2,805; response rate=89%
2007-08 n=3,082; response rate=96%

Age

In 2006-07 and 2007-08, over three-fourths of children surveyed were age 0-3. Many of the programs funded by First 5 Contra Costa target this age range, including home visitation programs, which provide services to expectant parents, first time parents, and parents of medically vulnerable infants.

Child Age³

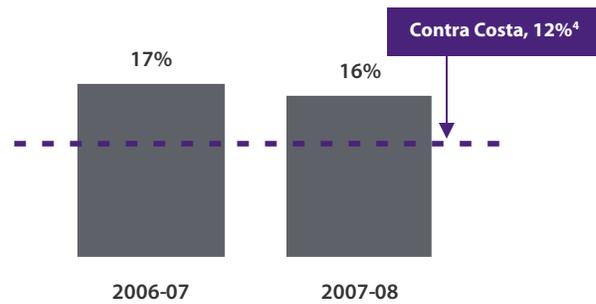


2006-07 n=2,381; response rate=75%
2007-08 n=2,508; response rate=79%

Special Needs

Children with special needs benefit from specialized care and services early on in life. In 2007-08, programs in three strategy areas provided services to children with special needs: the Inclusion Program, Early Childhood Mental Health Therapeutic and Consultation Services, and the CARE Parent Network. In 2007-08, 16 percent of children surveyed were identified by a health, school district, or regional center professional as having a developmental delay or disability. This number is about the same as that reported in 2006-07, but is higher than Contra Costa County's rate of 12 percent, suggesting that programs are effective in targeting children with special needs.

Special Needs Children



2006-07 n=2,679; response rate=84%
2007-08 n=2,248; response rate=70%

Health Insurance

Children with health insurance are more likely to have a regular source of care which can include physical exams, preventive care, screenings, immunizations, and sick care. In 2006-07 and 2007-08, the rate of health insurance coverage for children served by First 5 Contra Costa was similar to the rate of health insurance coverage for young children in Contra Costa County. However, while over half of children surveyed from First 5 Contra Costa programs are covered by government subsidized programs like Medi-Cal or Healthy Families/CHIP, only 20 percent of children have government health care countywide.

Child Health Insurance Coverage, First 5 Contra Costa and Contra Costa County

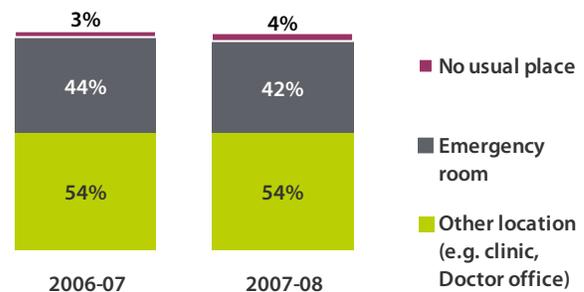
	First 5 Contra Costa		Contra Costa County ⁵
	2006-07	2007-08	2007
Private Insurance	35%	33%	77%
Medi-Cal	52%	55%	17%
Healthy Families/CHIP	6%	5%	3%
Other	4%	3%	1%
None	3%	3%	2%

2006-07 n=2,694; response rate=85%
2007-08 n=2,267; response rate=70%

Medical Home

Access to regular and routine care can aid in the early detection, prevention, or intervention of health issues and ultimately to the overall health and wellness of children. In 2007-08, the vast majority (92 percent) of parents surveyed reported having a doctor or health care provider that they usually take their child to for well-child care (data not shown).⁶ While a similar percentage (96 percent) reported having a place they usually take their child when he/she is sick or injured, 42 percent stated that place was the emergency room. These percentages are nearly identical to those reported in 2006-07.

Child's Source of Sick Care

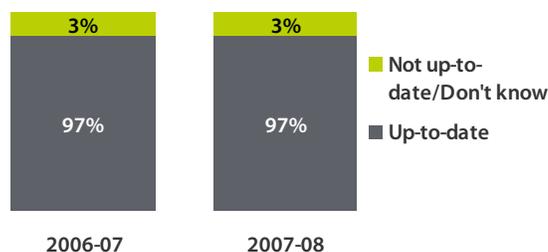


2006-07 n=1,360; response rate=43%
2007-08 n=1,859; response rate=58%

Immunizations

In 2006-07 and 2007-08, nearly all children (97 percent) receiving services from First 5 Contra Costa were up to date on their immunizations (as reported by parents or by reviewing current immunization cards or medical records). Three percent of children either did not have up-to-date immunizations, or their parents did not know if they had up-to-date immunizations.

Child Immunization Status

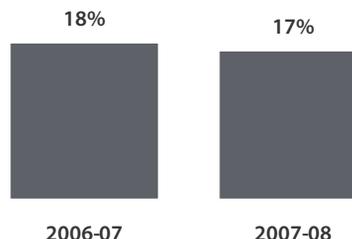


2006-07 n=2,409; response rate=76%
2007-08 n=1,938; response rate=60%

Tobacco Exposure

While 17 percent of children surveyed in 2007-08 lived with someone who smokes, only one percent lived with someone who smokes inside the house. In California as a whole, 2.5 percent of children aged 0-5 live with someone who smokes inside the house.⁷ The prevalence of tobacco exposure among children served has not changed since 2006-07.

Child Tobacco Exposure



2006-07 n=2,757; response rate=87%
2007-08 n=2,358; response rate=73%

Parent Characteristics

Family Surveys also collect demographic information on parents served by First 5 Contra Costa. Demographic data on the 3,217 parents who completed Family Surveys are presented below. As noted previously, surveys are not completed for all parents served—rather the intent is to capture data on families who are new to First 5 Contra Costa services. As such these data do not represent all of the parents served in 2007-08.

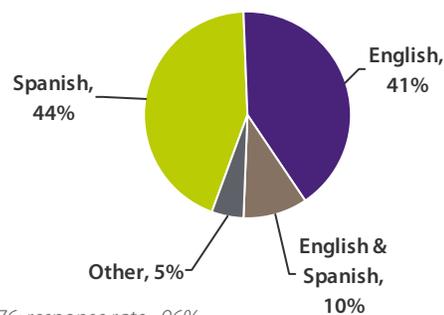
Ethnicity

Parents served by First 5 Contra Costa were similar in race/ethnicity to children served with most (59 percent) identifying as Hispanic/Latino, followed by White/Caucasian (17 percent), Black/African America (11 percent), and Asian/Pacific Islander (6 percent). Four percent of parents surveyed reported more than one ethnicity, and three percent reported another, unlisted ethnicity.⁸ These findings are similar to those reported in 2006-07.

Language

Nearly half of parents (44 percent) surveyed in 2007-08 speak Spanish, 41 percent speak English, 10 percent speak both English and Spanish, and five percent speak another language or combination of languages. The most common “other” languages included Tagalog, Mandarin, Farsi, Chinese, Japanese, Arabic, Hindi, and Punjabi. These percentages are very similar to those reported in 2006-07.

Primary Language



n=3,076; response rate=96%

Education

While most (64 percent) parents served by First 5 Contra Costa had at least their high school diploma, the remaining 35 percent reported not having a high school diploma or GED. In comparing these data to that collected countywide, the educational attainment of parents served was much lower than that of adults in Contra Costa County.

Education, First 5 Contra Costa Parents & Contra Costa County

	First 5 Contra Costa	Contra Costa County ⁹
Did not earn a high school diploma	35%	12%
High school degree or GED	33%	27%
2-year college/vocational school	15%	21%
Bachelor's degree	12%	23%
Master's degree or higher	4%	17%

n=2,223; response rate=69%

Income

Living in poverty, especially in a child’s first five years, is related to a number of negative outcomes. Young children from very low income families perform much poorer on cognitive assessments, somewhat poorer on behavioral assessments, and go on to complete fewer years of school than children from higher income families. Families served by First 5 Contra Costa in 2007-08 had much lower annual household incomes than families in Contra Costa County as a whole, suggesting that First 5 Contra Costa services are reaching families in need. Forty-nine percent of families surveyed earned less than \$15,000 per year, compared to only seven percent of Contra Costa County families. The majority (59 percent) of Contra Costa County families earned more than \$60,000 per year, while just eleven percent of First 5 Contra Costa Families surveyed earned \$60,000.

Annual Household Income, First 5 Contra Costa & Contra Costa County		
	First 5 Contra Costa*	Contra Costa County ¹⁰
Less than \$15,000	49%	7%
\$15,000-\$30,000	30%	14%
\$30,001-\$60,000	10%	20%
More than \$60,000	11%	59%

n=1,662; response rate=52%

**Missing responses include 14% “don’t know” and 14% “decline to state.”*

Provider Characteristics

The following section includes data from 692 providers who completed First 5 Provider Surveys. Data were collected by the three programs that serve providers and include an evaluation component: the Professional Development Program (PDP) (n=555), Early Childhood Mental Health Consultation Services (MHCS) (n=70), and the Early Learning Demonstration Project (ELDP) (n=67).

Geographic Distribution

Data from 2007-08 show that providers served by three of First 5 Contra Costa’s programs—MHCS, the PDP, and the ELDP—reported providing child care in 24 different cities, with the highest proportion working in the West Region (34 percent), followed by the Central and East regions of the county. Compared to the geographic distribution of children served (page 2), a higher percentage of providers surveyed reported working in the West and South and a smaller percentage reported working in Central and East.

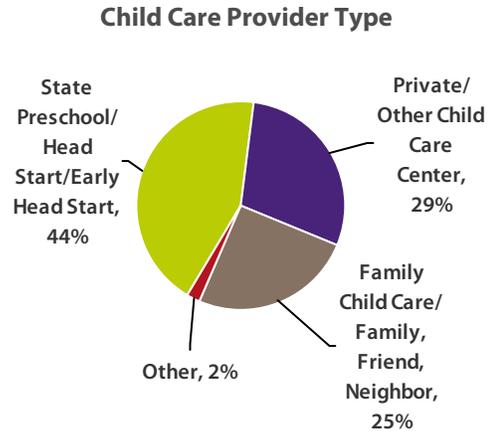
While programs funded by First 5 Contra Costa serve providers throughout the county, the ELDP targets low-performing school areas. In 2007-08, 79 percent of providers served by ELDP were located in low-performing school areas.¹¹

Geographic Distribution of Child Care Providers by Region	
West (Crockett, El Cerrito, El Sobrante, Hercules, Kensington, Pinole, Port Costa, Richmond, Rodeo, San Pablo)	34%
Central (Clayton, Concord, Martinez, Pacheco, Pleasant Hill, Walnut Creek)	27%
East (Antioch, Bay Point, Pittsburg)	19%
Far East (Bethal Island, Brentwood, Byron, Discovery Bay, Knightsen Oakley)	9%
South (Alamo, Blackhawk-Camino Tassajara, Danville, Diablo, Lafayette, Moraga, Orinda, San Ramon)	10%

n=649, response rate=94%

Child Care Provider Type

As seen in the chart to the right, the highest proportion of child care providers surveyed reported working in a state preschool (43 percent) followed by a child care center (29 percent) or a family child care program (25 percent). A small percentage reported working in another type of program including six providers who reported working in both a state preschool as well as a Head Start/Early Head Start, three who reported working in both a family child care as well as a Head Start/Early Head Start, and two who reported working for a city recreational program.



n=679; response rate=98%

Ethnicity

First 5 Contra Costa is reaching a diverse group of providers, however the ethnicity of providers surveyed in 2007-08 was very different from children 0-5 served by First 5 Contra Costa. One-quarter of providers identified as Hispanic/Latino, compared to over half (58 percent) of children and nearly one-third of providers were White compared to 17 percent of children. Compared to the county as a whole, these data suggest that First 5 Contra Costa has been especially successful in reaching out to African American providers. Whereas only 8 percent of the county population is African American there were double that many First 5 Contra Costa providers served.¹²

Ethnicity, First 5 Contra Costa Child Care Provider & First 5 Contra Costa Children

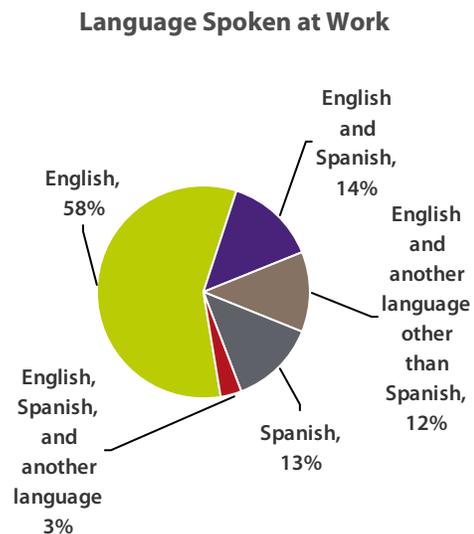
	First 5 Contra Costa Providers	First 5 Contra Costa Children ¹³
White/Caucasian	31%	17%
Hispanic/Latino	25%	58%
Black/African American	18%	9%
Asian	15%	5%
Other/Multi-race	11%	11%

n=589; response rate=85%

Note that Pacific Islander is included in Asian for First 5 Contra Costa children but Other for First 5 Contra Costa providers.

Language Spoken at Work

Over half of providers (58 percent) served in 2007-08 reported speaking only English at work, thirteen percent only Spanish and 29 percent reported speaking multiple languages. The most common combination of languages spoken was English and Spanish (14 percent). Another 15 percent of providers reported speaking English and another language, or English, Spanish and another language. Languages other than English and Spanish reported by more than one provider included American Sign Language, Farsi, Chinese, Tagalog, Punjabi, Arabic, Mandarin, Cantonese, and Hindi. It should be noted that four percent of providers that reported speaking only English at work, did report that they speak another language at home.

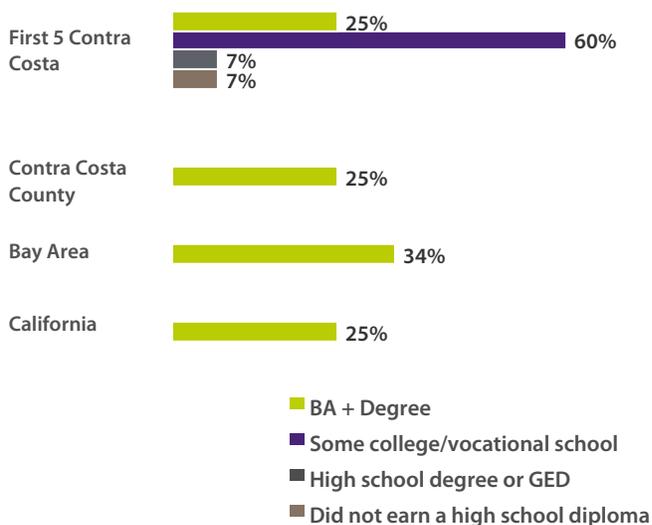


n=404; response rate=58%

Education

Research has consistently linked higher levels of formal education and training, and college coursework in early care and education (ECE), with higher quality child care programs.¹⁴ However, family child care providers in California are only required to complete 15 hours of training in preventive health practices with no ongoing training or credentialing required.¹⁵ While teachers working in child care centers in California do have more rigorous pre-service qualifications, no ongoing training is required nor is a degree in ECE, which some other states do require.¹⁶ Data from the providers surveyed shows that an equal percentage of First 5 Contra Costa providers reported having a Bachelor’s Degree or higher compared to the general county ECE workforce, and California’s ECE workforce (25 percent each). However, more ECE providers had a bachelor’s degree in the Bay Area (34 percent).

ECE Provider Education by Location¹⁷



n=547; response rate=79%

Training

In 2006-07 and 2007-08, the vast majority (90 percent and 89 percent, respectively) of providers served reported attending at least one training on early childhood development in the past two years (2007-08 n=134).¹⁸ Additionally, First 5 Contra Costa served 1,670 providers through the Professional Development Program which offers child care providers financial incentives in the form of stipends and participation awards for completion of college coursework to increase their education and professional training. The Commission has invested in professional development for child care providers since 2001—assisting 3,700 child care providers in the county to increase their education and training.

Summary

Evaluation data on parents and children served show that the population receiving services from First 5 Contra Costa is demographically different from the overall population of Contra Costa County, especially with regard to race/ethnicity, type of insurance coverage, annual income, and educational attainment. Parents served by First 5 Contra Costa are seven times as likely to earn less than \$15,000 per year and nearly three times as likely to have less than a high school education compared to the county as a whole. These differences suggest that First 5 Contra Costa is successfully targeting their services to reach populations that need them most. Providing specialized services to this high needs population may help buffer children against negative outcomes associated with ethnic/language minority status, low parental education, and poverty.

Data also reveal that First 5 Contra Costa has been highly successful at drawing in Hispanic/Latino families—59 percent of children surveyed in 2006-07, and 58 percent in 2007-08 were Hispanic/Latino compared to 28 percent of children 0-5 in the county. Currently First 5 Contra Costa is reaching a similar proportion of African American and Asian families as the county population and might consider making additional efforts to reach out to more African American and Asian families.

Evaluation data also suggest that the providers served by First 5 Contra Costa are diverse in terms of race/ethnicity and language—a high percentage of providers are African American and Asian compared to children and families served, and 42 percent speak a language other than English at work. However, the race/ethnicity of providers surveyed was different than the population of parents and children served by First 5 Contra Costa—one-quarter of providers identified as Hispanic/Latino (21 percent), compared to over half (58 percent) of children. As the county continues to change demographically it is important that First 5 continue to make efforts to reach a diverse ECE workforce and to improve the cultural competence of the ECE workforce.

Endnotes

¹ Data on the ethnicity of children 0-5 in Contra Costa County in 2007 calculated from *E-3 Race / Ethnic Population Estimates with Age and Sex Detail, 2000–2007*. Sacramento, CA, May 2009.

² State of California, Department of Finance, *E-4 Population Estimates for Cities, Counties and the State, 2001-2008*. For Bay Point: US Census, American Survey, 2005-07, Table B01001.

³ Child age is calculated by subtracting the date the survey was completed from the child's date of birth. For many children (1,200) the date the survey was completed was unknown. To calculate age for these children, the middle of the fiscal year (January 1, 2008) was used in place of the date the survey was completed.

⁴ Data on special needs in Contra Costa County in 2007 are from the State of California, Department of Education, DataQuest. Retrieved from www.kidsdata.org.

⁵ Data on insurance coverage of children 0-5 in Contra Costa County are from the California Health Interview Survey, retrieved from www.askchis.com.

⁶ n=1,933; response rate= 60%

⁷ Data on tobacco exposure of children in Contra Costa County are from the California Health Interview Survey, retrieved from www.askchis.com.

⁸ n=3,051; response rate=95%

⁹ Data on the education level of adults in Contra Costa County in 2007 is from the California Health Interview Survey, retrieved from www.askchis.com.

¹⁰ Data on annual household income in Contra Costa County in 2007 are from the California Health Interview Survey, retrieved from www.askchis.com.

¹¹ Source: ELDP Master Spreadsheet 2007-08 as accessed from the Department of Education's API reports

¹² Data on the ethnicity of Contra Costa County in 2007 calculated from *E-3 Race / Ethnic Population Estimates with Age and Sex Detail, 2000–2007*. Sacramento, CA, May 2009. The race/ethnicity of the county is as follows: 49% White, 24% Hispanic, 13% Asian/Pacific Islander, 9% Black/African American and 4% Other/Multi-race.

¹³ Data on the ethnicity of Contra Costa County Children in 2007 calculated from *E-3 Race / Ethnic Population Estimates with Age and Sex Detail, 2000–2007*. Sacramento, CA, May 2009.

¹⁴ Raikes H.A., Raikes H.H., Wilcox B. Regulation, Subsidy Receipt and Provider Characteristics: What Predicts Quality in Child Care Homes?

¹⁵ National Child Care Information Center. Family Child Care Licensing Requirements. June 2007. Accessed from: <http://nccic.acf.hhs.gov/pubs/cclicensingreq/cclr-famcare.html#2>.

¹⁶ National Child Care Information Center. Center Child Care Licensing Requirements. October 2006. Accessed from: <http://www.nccic.org/pubs/cclicensingreq/cclr-teachers.html>.

¹⁷ Source: Center for the Study of Child Care Employment and California Child Care Resource and Referral Network, 2006.

¹⁸ n=134; response rate=98%

APPENDIX

The following chart illustrates which programs collected First 5 Contra Costa Family Surveys and Provider Surveys in 2007-08.

Number of Family Surveys & Provider Surveys Returned by Program, 2007-08				
Strategy & Program	Family Surveys		Provider Surveys	
	Number	Percent	Number	Percent
Enrichment				
East Bay Center for the Performing Arts	21	1%	--	--
Walnut Creek Civic Arts Education	60	2%	--	--
Early Childhood Education				
Early Learning Demonstration Project	--	--	67	49%
Inclusion Program	101	3%	--	--
First 5 Centers				
Antioch First 5 Center	133	4%	--	--
Bay Point First 5 Center	107	3%	--	--
Delta First 5 Center	175	5%	--	--
Monument First 5 Center	268	8%	--	--
West County First 5 Center	417	13%	--	--
Home Visiting				
Lift Every Voice	82	3%	--	--
Medically Vulnerable Infant Program	67	2%	--	--
Prenatal Care Guidance	164	5%	--	--
Welcome Home Baby	436	14%	--	--
Mental Health				
Early Childhood Mental Health Program	4	<1%	--	--
Lynn Center	19	1%	--	--
We Care Services	11	<1%	--	--
Mental Health Consultation	--	--	70	51%
Parent Education				
CARE Parent Network	250	8%	--	--
Crossroads	54	2%	--	--
Through the Looking Glass	7	<1%	--	--
YMCA of the East Bay	32	1%	--	--
School Readiness				
Literacy Preschools	183	4%	--	--
School Readiness Outreach	24	1%	--	--
Special Reserve				
Planned Parenthood	536	17%	--	--
Shelter Inc.	41	1%	--	--
Substance Abuse Services				
Rosemary Corbin House	13	<1%	--	--
Total:	3,205*	100%	137	100%

*An additional 12 surveys were returned without a program name, for a total of 3,217 returned Family Surveys.

Substance Abuse Services

Exposure to maternal use of alcohol, drugs, and tobacco is harmful to the developing brain of a fetus. Children with early exposure to these substances are at much higher risk for developmental delays, removal to foster care, and long-term health problems. Moreover, addicted women may not be able to form strong maternal attachments with their infants. Since 2002, First 5 Contra Costa has invested in the provision of substance use services for women who are at-risk of having their children removed to foster care. This strategy was designed to provide a special service delivery system that co-located residential substance use treatment and mental health services and parenting education at a site where mothers could be with their young child.

Program Overview

First 5 Contra Costa has funded the Rosemary Corbin House since 2002-03. Since that time, the program admitted nearly 150 women and their children. Since 2005-06, 62 women were admitted and 61 percent (36 women) successfully completed the program.¹ First 5 allocated \$894,136 in 2007-08 and \$958,934 in 2008-09 for this program. The Corbin House program consists of the following two components:

- **Residential substance use treatment** is provided in a healthy setting that reunites mothers and their most recently-born child. Corbin House combines the expertise of several agencies working together to provide comprehensive and coordinated services including group and individual counseling, parent education and support groups, case management, trauma therapy, domestic violence services, as well as substance use treatment and discharge planning for mothers. Children at Corbin House receive developmental assessments, referrals to outside care, and developmental services, as needed.
- **Continuing care** services are provided to mothers and children for up to one year following the completion of residential treatment. These services are an extension of the support women receive while at Corbin House and can include weekly home visits, parent education, case management, relapse prevention support, child development services, and emotional and practical support.

Funded Contractors: Contra Costa County, Alcohol and Other Drugs (AOD)

Sub-contractors: Ujima Family Recovery Services, Family Stress Center, STAND! Against Domestic Violence

What Are We Evaluating?

This evaluation focuses on the impact of substance use services on participating women. This is evaluated by tracking changes in: 1) Drug and alcohol severity; 2) Risk of child abuse; and 3) Personal and familial functioning. The impact on children is assessed by tracking changes in: 1) Developmental skills; and 2) Children and Family Services status. This highlight report presents key findings related to these indicators.²

Overview of Participants

The following section provides an overview of the key demographic data from the First 5 Family Survey for women and their children who entered Corbin House between July 2005 and June 2009. Where applicable, comparisons with all families surveyed by First 5 Contra Costa in 2007-08 are included to highlight the differences in the characteristics of Corbin House participants.

Ethnicity and Language

Since 2005, most women who entered Corbin House identified as White, followed by other/or multiple ethnicities Black/African American, Hispanic/Latino and Asian/Pacific Islander. By comparison with other First 5-funded programs where most women receiving services identify as Hispanic/Latino, Corbin House is reaching a higher percentage of White and African American women.

The majority of women surveyed by Corbin House between 2005 and 2009 speak English (86 percent), 7 percent speak Spanish, five percent speak another language or combination of languages, and two percent speak both English and Spanish.

Age

The average age of women served by Corbin House between 2005-06 and 2008-09 was 31 years (range: 19 to 45 years). The majority of women (64 percent) were between the ages of 25-34, followed by 30 percent 35 years or older, and 24 percent under 25 years of age.

The percentage of Corbin House children ages 0-3 is higher than for all First 5 Contra Costa programs, 97 percent and 82 percent, respectively.³ The majority (57 percent) of children served by Corbin House were infants (less than a year of age), followed by an equal percentage of children one and two years of age (17 percent) (data not shown).

Child Tobacco Exposure

A population-based study found that the odds of being a smoker were much greater among illicit drug users than among the general population.⁴ Data from Corbin House reveals a similar finding in that the majority of children (n=41, or 91 percent) live with someone who smokes. This compares to 17 percent of families surveyed by other First 5 Contra Costa programs.

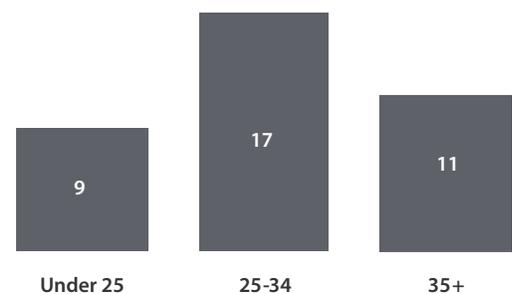
Child Insurance

Almost all the Corbin House children are covered by Medi-Cal (98 percent), compared to just over half of all children served by other First 5 Contra Costa programs (55 percent in 2007-08).⁵ This suggests that families participating in the Corbin House program are among the neediest of families.

Race/Ethnicity of First 5 Participants		
	Corbin House (women)	All First 5 Programs
African American	18%	9%
Asian/Pacific Islander	9%	5%
Hispanic/Latino	14%	58%
White	48%	17%
Other/Multi-race	11%	11%

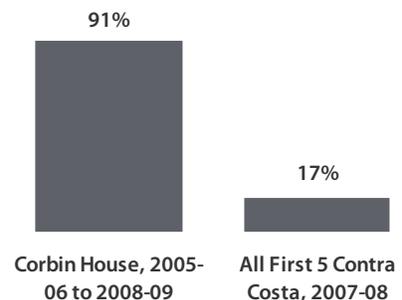
Corbin House: 2005-06 –2008-09; n=44; response rate= 71%. All F5 programs: 2007-08; n=3,051; response rate=95%

Mother's Age, Number of Women



n=37; response rate=60%

Child Tobacco Exposure



Corbin House: n=45, response rate=73%
All F5 programs: n=2,358; response rate=73%

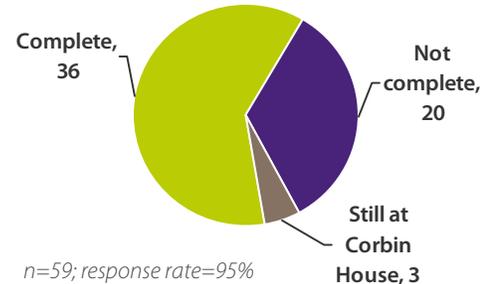
Key Findings – Program Completion at Corbin House

+ Nearly two-thirds of Women that Enter Corbin House Complete the Program

Program completion is defined by Corbin House as six months in residence and the completion of a prescribed curriculum. In rare instances, a woman may graduate from the program in less than six months if satisfactory progress has been made. Of the women who have passed through Corbin House, 61 percent completed and 5 percent are still in the program.

The average length of stay was 3.9 months and ranged from one day to seven months (data for length of stay was not available for 2005-06).⁶

Corbin House Completion Status, FY 2005-06 to FY 2008-09, Number of Women



+ Higher Medical Problems are Associated with Early Treatment Drop-Out

Early drop-out from treatment is a widespread problem, limiting overall treatment effectiveness, increasing likelihood of relapse, and exacerbating health, financial and legal consequences. As illustrated above, Corbin House is not exempt from this problem. There is growing literature suggesting that factors that are associated with early drop-out from treatment programs include younger age, higher substance use severity, and increased psychopathology.⁷ Identifying factors associated with non-completion affords an opportunity to intervene with the aim of preventing its occurrence. Analysis of past 30 day ASI assessments (described below) taken at intake at Corbin house indicates that medical problems were associated with early treatment drop-out (n=38). No other initial ASI composite subscale factor, including alcohol, drug and psychiatric severity was associated with an increased likelihood of attrition from the Corbin House program. Nor were substantial differences in treatment completion found by mother's age.⁸ This finding indicates that women of any age and with a range in past 30 day severity of alcohol, drug, and psychiatric problems were equally likely to complete the program, but those with medical problems were less likely to do so.

Key Findings –Changes in Addiction at Corbin House

+ Addiction Severity Decreased from Intake to Discharge from Corbin House

The widely used, well-validated Addiction Severity Index (ASI) was used to assess women's lifetime and past 30 day problems in seven domains. The assessment was completed at intake and was repeated at six months, or discharge, and after six months in the continuing care program (described below). Participants' average severity ratings for lifetime problems with both alcohol and drug use were high at intake—5.6 and 7.7, respectively (on a scale of 0 to 9; data not shown) indicating great need for treatment.⁹ While Corbin house participants had severe problems with alcohol and drugs over the course of their lives, many had reduced their use in the month or so prior to admission to the House for reasons such as their pregnancy or treatment in another program. The post 30 day composite scores for the ASI's seven domains are shown in the table to the right for women who completed the program. Composite score values range from 0 (no problem) to 1 (severe problem). As can be seen, participants' ASI scores decreased significantly

Average ASI Composite Subscale Scores at Intake and Discharge from Corbin House, FY 2005-06 to FY 2008-09

	Intake	Discharge
Alcohol*	0.15	0.06
Drug*	0.14	0.04
Employment	0.88	0.88
Family and social*	0.42	0.22
Legal	0.17	0.12
Medical	0.42	0.39
Psychiatric*	0.44	0.30

n=30; response rate=83%
*p < 0.05.

on four of the seven subscales—alcohol, drug, family/social support, and psychiatric—indicating an overall reduction of problems related to substance use. As expected, the scores on the employment domain did not change while women were in residential care.

Key Findings – Reduction in Risk of Child Abuse at Corbin House

+ Fewer Women are Rated as At-Risk of Physical Child Abuse at Discharge from Corbin House

Taking Steps Towards Change

Although Josie* entered Rosemary Corbin House in 2006, just four weeks after giving birth to her daughter, this was not her first attempt at recovery. One month prior to going to Corbin House, Josie spent time in another treatment facility and had also participated in a 28-day program several years before. Her addiction spans nearly two decades. “I used drugs for a long time. It started with pot when I was 13, [then] I snorted meth. By the time I was 21, I was smoking it.” Josie used substances while she was pregnant, and as a result the court took custody of her daughter on the day she was supposed to return home from the hospital. When she entered Corbin House her goal was to “[get] off of drugs [so] that I could get custody of my daughter and keep her.” Two weeks after being at Rosemary Corbin House, Josie was able to have her daughter with her. “It was great! It was a very emotional reunion getting her back.”

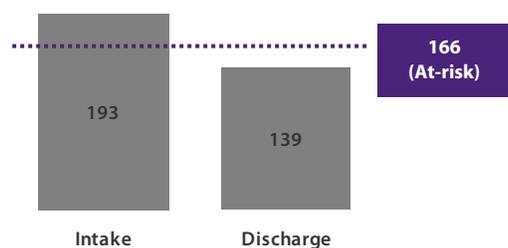
Josie described her treatment at Corbin House as unlike anything she had done before. She developed a support system and people to go to for help. “The counselors at Corbin House have [gone through] similar experiences and can validate your feelings.... the other women there helped a lot too. They were women who were going through the same thing you were. We supported each other.” Another key aspect of the program that Josie says helped her maintain her sobriety was the constant supervision. “They supervise you 24/7. You’re not allowed to leave the house without a supervisor. If you go for a walk, they have someone walk with you so no one can offer you drugs.”

A key feature of Corbin House is a focus on parenting empathy and developing parenting skills. “Priscilla*, [one of the counselors] just really cared about how you treated the kids. She taught us that we have to go down and live at their level to be able to understand. If I had any questions, I knew I could go to Priscilla.”

When it was time for Josie to leave Corbin House, she was very apprehensive. “It was scary. Scary because you’re coming from basically companionship with the counselors.” From Corbin House, Josie went into Continuing Care, but only participated for several weeks. “They wanted me to do it for six months, but I wanted to move on with my life.” Josie has in fact successfully moved on. She has maintained her sobriety for nearly three years and has custody of her daughter. Sometimes she attends Narcotics Anonymous, but says she mostly keeps busy with schoolwork—Josie is working on a medical office administration program at Heald College. “Sometimes when I used to get overwhelmed I wanted to escape through drugs, but now I don’t have time to even think about that. It’s important for me to stay focused on my homework and stay on the honor roll.”

The Child Abuse Potential Inventory (CAP Inventory) is a screening tool to assess the risk of a mother committing physical child abuse. Typically, CAPs are administered by Corbin House at six months intervals—at intake, at six months, or discharge, and after six months in the continuing care program. Higher scores on the CAP reflect a higher possibility of physical child abuse. Respondents with scores above 166 are considered to be at medium- risk and those above 215 at high-risk for intervention by child protective services (CPS). The chart to the right shows the average Physical Abuse scores at intake and discharge for clients who

Average Physical Abuse Scores at Intake and Discharge from Corbin House, FY 2005-06 to FY 2008-09



n=30; response rate=83%

*Findings were significant at p-value <0.05.

completed treatment at Corbin House. At intake, the average score was 193 (range: 33 to 381) which is above the medium-risk category for intervention by CPS. Scores decreased significantly from intake to discharge with the average score falling below the medium risk range.

At intake, the percentage of clients scoring at or above the medium-risk range was 63 percent, compared to 33 percent among those same women approximately six months later ($p < 0.05$; data not shown).

+ Decrease in Proportion of Women have Elevated Scores on the Physical Abuse Factor Scales

The table to the right shows that the number of women assessed with elevated scores decreased from intake to discharge from Corbin House on all six of the factor scales that comprise the Physical Abuse scale. Significant decreases were seen in the number of women with elevated distress, unhappiness and family interactions scores. This suggests that women who completed treatment at Corbin House have reported a decrease in their level of parenting stress, are generally happier with life, and noted improved interpersonal and familial relationships by the end of their stay.

While there was no change in the number of women who had elevated scores on the Problems with Child/Self subscale (i.e., the degree to which one describes their self or their child(ren), this number was low at intake.

Number of Women with Elevated CAP Factors Scores at Intake and Discharge from Corbin House, FY 2005-06 to FY 2008-09

	Intake	Discharge
Unhappiness*	13	4
Distress*	11	5
Problem-Family*	12	5
Problem-Others	7	5
Problem-Child/Self	5	5
Rigidity	2	0

*n=28-30; response rate=78%-83%
Differences significant at $p < 0.05$

It's Not Just About Sobriety but Becoming a Better Parent Too

Lisa, who is the mother of three children, has a history of substance use and previous attempts at recovery. She entered Rosemary Corbin House in July 2007, receiving six months of treatment, and was able to bring her one month old daughter with her. While living at Corbin House Lisa was able to focus both on sobriety as well as on refreshing her parenting skills.

Lisa explained how her time at Corbin House gave her a new perspective on many aspects of her life. "The experience gave me more responsibility and more independence. I learned how to not worry so much about the future and making things happen the way I wanted them to. I had to learn that things would come as they [are] needed." Corbin House also helped Lisa learn to be a more patient parent. By observing other mothers and their children and participating in Corbin House's parenting classes, Lisa was able to decide what parenting strategies she wanted to use with her own daughter. Because of the skills she learned and the support she received from Corbin House, Lisa was able to accomplish her recovery goals of regaining and maintaining custody, getting out of an unhealthy relationship, renewing her driver's license, and addressing medical conditions.

Transitioning from Corbin House back to home was difficult for Lisa. Because she was addressing a medical condition, she was not able to stay at Corbin House. "I was unprepared, very unprepared. Due to a medical thing they discharged me because they were not a medical facility. I had no housing in place." Although Lisa asked for an extension of treatment, Corbin House was not able to offer it. "I had to leave and [I] went to my sister's [house] who had been living with alcoholics. It wasn't easy to stay sober in that place, but somehow I did it." Lisa stayed with her sister for two months, and then entered another family program.

Lisa receives Continuing Care services one to two times per month. She has been living on her own for the past year and has been clean and sober for two years.

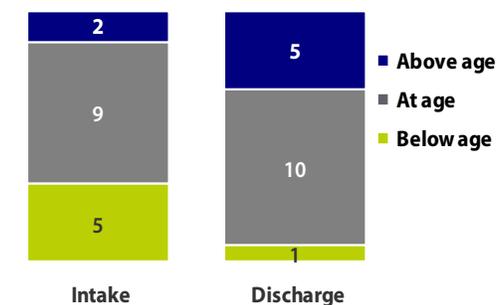
Key Findings – Child Outcomes at Corbin House

✦ Children Demonstrate Developmental Progress as Rated on the Denver

Corbin House uses the Denver II to test child's development in four domains: Gross Motor, Fine Motor/Adaptive, Language, and Personal/Social. Together, these domains can be used to help clinicians determine if the child's overall developmental progress is "at age level," "above age level," or "below age level."

The chart to the right shows that nearly one-third of children whose parents completed treatment at Corbin House were assessed at below age level at intake. However, this decreased to just six percent at discharge (approximately six months later). Additionally, the percentage of children assessed above age level increased from 13 percent to nearly one-third.

Child's Denver Developmental Level Rating, FY 2006-07 to 2008-09. Number of Children



n=16; response rate=67%

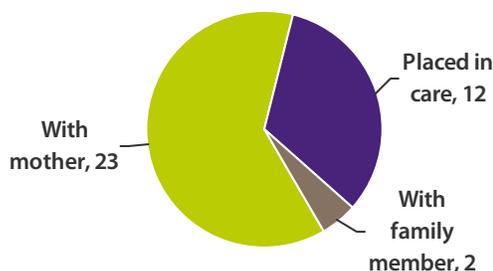
Each subscale score also improved; specifically, while one-quarter of children were below age level on the gross motor domain at intake, none were below age level at discharge. Similarly, 19 percent were rated at below age level at intake on the fine motor domain, yet none were rated at below age level at discharge (n=16).

Multiple studies have shown that a mother's score on the CAP inventory (see previous page) is predictive of the child's long-term intelligence.¹⁰ Therefore, this evaluation explored whether mother's initial CAP scores were associated with a lower developmental rating on the Denver instrument (for all clients with data from FY 2005-09, regardless of program completion). Results reveal that children whose mothers had an elevated initial CAP Physical Abuse scale score were more likely to be rated below age level compared to those women rated as normal (38 percent vs. 13 percent; n= 32; finding not statistically significant).¹¹

✦ The Majority of Women Retain Custody with Their Youngest Child

All women are admitted to Corbin House because of their involvement with Children and Family Services (CFS). The child is placed with the mother at intake into Corbin with the goal of permanent reunification upon successful completion of treatment. Nearly two-thirds (62 percent) of women retained custody of their most recently-born child after their treatment episode at Corbin (regardless of successful completion).¹² Approximately one-third of children were placed into care and the remaining five percent of children were placed with a family member.

Child Placement Status At Discharge from Corbin, FY 2006-07 to FY 2008-09, Number of Children



n=37; response rate=82%

✦ Completion of Corbin House Treatment is Associated with Improved Child Placement

A comparison of this point in time assessment of custody status was made between mothers who successfully completed residential treatment and mothers that either dropped or were discharged early. Mothers that completed treatment were more likely to retain custody of their child or have their child placed with a family member. Conversely, mothers who did not complete treatment often had their child placed in protective services care.

Child's Placement Status and Mother's Completion Status, FY 2006-07 to FY 2008-09

	Complete (n)	Incomplete (n)
With mother	16	7
With family member	2	0
Placed in care	1	11

n=37; response rate=82%

Findings were significant at p-value <0.05

From Incarceration to Reunification

April's recovery process has been long. In 2003, she entered Rosemary Corbin House, but left after 30 days. When she entered Corbin House again in 2006, not only was it her second time there, it was her eighth attempt at recovery.

April had a one year old daughter when she entered Corbin House in 2006, but because she had lost custody of her, April decided to seek treatment. "I needed to be clean and sober to be there for her and to take care of her." At Corbin House she was able to keep in contact with her Child Protective Service worker and just two weeks into the program April was awarded custody of her daughter. April described that having her daughter with her at Corbin House was great. "She helped me focus. If she wasn't there I wouldn't have been able to focus on my recovery."

In addition to having her daughter with her at Corbin House, April cited other reasons why she had such a positive treatment experience and recovery process. She explained that the way that the program was designed, which was different from other facilities that she has entered, was very helpful. "I got to learn more about myself and it's easier to do that when there are only six women instead of 30 to 40." April also liked how structured the program was noting "we had a schedule everyday."

Nevertheless, April expressed that treatment and recovery was not easy, "I went to Corbin House from jail. It was hard. Six months seemed like a long time, but I figured that I needed it." Despite the difficulty, April has been able to maintain her sobriety, "I've been clean for two years now." When leaving Corbin House, April was scared, noting "I didn't know where I was going to go." However, April had a support network lined up, including her family and Narcotics Anonymous, to help her maintain her sobriety. "Actually, Corbin made sure I had a good support network before I left."

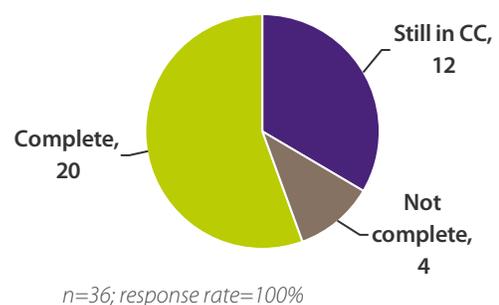
April continues to rely on her support system, occasionally attending Narcotics Anonymous meetings where her mother-in-law is her sponsor. April has also had to learn to count on herself even more. Her husband, the sole caretaker of their family, relapsed and is currently in jail. With financial assistance from CalWORKS, April has found her own place to live still maintains custody of her daughter [April has two sons as well who are in the custody of her parents].

Key Findings - Continuing Care

Recent studies show that engaging in continuing care is likely to yield sustained treatment outcomes. All women who complete treatment at Corbin House are offered at least six months of continuing care from Ujima Family Recovery Services. The chart to the right shows that over half of women that entered continuing care services completed and another third are still receiving continuing care services.

Depending on the level of need and interest, some women may remain in continuing care for a year or more. Of the 14 women who completed residential treatment between 2006-07 and 2008-09 and entered continuing care, the average length of services was 9.6 months (range: 4.6 to 14 months) and all but one participated in continuing care for at least six months.¹³

Continuing Care Completion Status,
FY 2006-07 to FY 2008-09,
Number of Women



✦ Women Continue to Show Improvements in Addiction Severity from Discharge to Follow-up

The chart to the right shows the ASI composite scores from Corbin House discharge to follow-up for women that have received approximately six months of continuing care. While there were decreases in average composite scores across all of the subscales, significant differences were found in the employment, medical, and psychiatric domains.

These data suggest that women continued to make important improvements that result in being suited to care for their child(ren).

Average ASI Composite Subscale Scores at Discharge from Corbin House and Follow-up, FY 2005-06 to FY 2008-09

	Discharge	Follow-up
Alcohol	.065	.047
Drug	.039	.025
Employment*	.885	.773
Family and social	.220	.185
Legal	.120	.040
Medical*	.410	.191
Psychiatric*	.301	.158

n=24; response rate=75%

** Findings are significant at p-value <0.05*

What it Takes to Stay Sober

Mara is a mother of five who was pregnant with her youngest child during the six months she spent at Rosemary Corbin House in 2008. This was Mara's third time in recovery (and second time at Corbin House), but this time she felt more committed to the process. "I wanted to make sure I got the most out of everything... and I think that was what was missing in my previous attempts. Although her other four children were not with her, she feels that being there without them may have benefited her. "I felt I had an easier time adapting to life in recovery because I didn't have my children with me. Watching the other women having babies around, it looked like they had a harder time getting things done." Nevertheless, she also expressed appreciation for the focus on parenting as well as sobriety.

Mara speaks very highly of Corbin House, especially regarding the bonds she formed with the staff and the other women in recovery. "They're very supportive and understanding. I definitely made some life-long friends with both the other women in recovery there and the staff." In this supportive environment, Mara discovered some important lessons. "I learned a lot about... how to take care of my recovery and be there for my children at the same time." And most importantly, she noted, "You have to meet your needs first so that you can meet the needs of your children. If you can't meet your own needs, you definitely can't meet the needs of your child." According to Mara, a key component of Corbin's teachings is the importance of developing a network of sober friends. She mentioned that their recovery approach is "smart and informative" and that staff really know "what it takes to stay sober."

Today, Mara's life still reflects the recovery she experienced at Corbin House. She is living in a rented apartment with her infant, and sees her other four children on a part-time basis. Although she had hoped to regain full custody of her older children, she is proud to have stayed clean and sober since leaving Corbin House. With the help of staff, she has developed a strong support network, attends Narcotics Anonymous meetings, and participates in Continuing Care. Her support network also involves important people in her life, including her mom and several of the women who were also in recovery with her. With these resources, as well as through the parenting classes she has taken, Mara feels she is better equipped to deal with the stress of being a parent. In fact, she stated, "I have tons of support these days.... I made friends in that network, and I think that has made all the difference."

Summary of Client Interviews by Key Themes

There were six key themes that emerged from the client interviews that are summarized below, followed by quotes from program participants. It should be noted that interviews that were conducted included two women that began treatment at Corbin House, but moved to another treatment facility shortly thereafter. While they described similar experiences with sobriety, developing parenting skills, custody, and creating support networks, they did not have information specific to supervision and support from Corbin House staff or continuing care from Corbin House. For this reason, the findings around those two themes are specific to the four women that were successful in completing treatment at Corbin House.

While at Corbin House

1) Supervision and support from Corbin House staff:

- Mothers emphasized how supportive, knowledgeable, accepting and helpful were the Corbin House staff. Mothers viewed the support and supervision provided by the program as instrumental to their recovery process.

"The program helped me maintain my sobriety by having an extensive and structured program. We had a schedule every day...The way the program runs is different. I got to learn more about myself and it's easier to do that when there are only six women instead of 30-40."

"They really held my hand. It was offered and I felt like I needed it, so I took it."

"I loved it there. I felt very accepted. The staff was very helpful and I had a great counselor. They're very supportive and understanding. I learned a lot about recovery and how take care of my recovery and be there for my children at the same time."

"The experience gave me more responsibility, more independence. The staff at Corbin House really supported me and gave me a new perspective. They helped me in all areas."

"I really like the services that Corbin offers. They know what they're doing. They're very smart and informative about recovery and what it takes to stay sober."

"Before I went to Corbin House, I had already been clean for a month. Corbin House helped me maintain it by watching you like a hawk. They supervise you 24/7. You're not allowed to leave the house with out a supervisor. If you go for a walk, they have someone walk with you so no one can offer you drugs."

2) Support from peers:

- In addition to support from program staff, mothers described building close and supportive relationships with the other women in treatment. They described feeling less isolated and comforted knowing they were not alone—that there were other women going through a similar process.

"At Corbin House, the other women there helped a lot too. They were women who were going through the same thing you were. We supported each other. The counselors at Corbin House have also had similar experiences and can validate your feelings. You can go to them and say, "I want to use because of such and such and they'd say, "That's okay, but you still don't need to use.""

"I also had the support from other mothers. They were all younger than I was and some even had more than one. Even though I can talk to my mom, she doesn't understand because she's never used drugs."

"I liked going on group walks. I also liked supporting others clients and walking with them to the hospital or wherever they were going if they needed someone to be with them."

"I definitely made some life-long friends with both the other women in recovery there and the staff. I'm still in contact with three of the other five women that were there with me. I have tons of support these days."

3) Developing empathy and parenting skills:

- When mothers were asked to comment about the most important things they learned about caring for their child, they often cited learning new skills, patience and better ways to discipline their child. Some mothers also stated how they learned to care for both their child and care for themselves (getting clean and sober). Finally mothers emphasized the importance of having their child with them in their recovery.

"I was pretty set in my ways after so many years as a parent, but I think Corbin House very much helped me learn new parenting skills."

"I just realized that I needed to spend more time with them. I wasn't spending that much time with them before. That's one thing that I definitely took with me."

"I learned to be more patient with my child both through observing the other women with their children and through the parenting classes."

"I developed different parenting skills, better ones than what I had. I was raised in home where you can spank your kid and I got spanked a lot. But now I don't spank my kids anymore."

"I learned that I needed to be clean and sober to be there for her- in order to take care of her."

"I learned a lot about recovery and how take care of my recovery and be there for my children at the same time."

"I like that they incorporate your children into your recovery. They help you learn to parent better. It was great having the mommy and me time to enjoy my child and also be able to have classes during the day."

After leaving Corbin House (Continuing Care)

1) Custody:

- Mothers described how regaining custody of their child was the impetus for seeking treatment and getting sober. Several women told of the emotional reunion they experienced when regaining custody of their child. All of the women were able to regain or maintain custody of their child after participating in treatment (note that this does not mean they have custody of all of their children).

"It was great! It was a very emotional reunion getting her back. I was able to regain custody of her after Corbin House."

"As far as for the custody, the program allowed for me to keep in contact with my CPS worker."

"I have three children and they all live with me. My children were in foster care while I was at La Casa, but I got them back when I finished. [La Casa Ujima client]"

"Had my daughter been taken away sooner, I would have gone into treatment a lot sooner."

"I did my best to regain custody of my children but I still only have them part of the time, which is the same amount I had them before. .. I didn't get my kids back full time, but I do get to keep my youngest that I was pregnant with at Corbin full time."

"I have three children. My parents have custody of the boys. I have custody of my daughter and she's 3 years old." "I loved it! I got my baby back two weeks after entering Corbin House. I went to Corbin House from jail. It was hard. Six months seemed like a long time, but I figured that I needed it."

"It was great! It was a very emotional reunion getting her back. I was able to regain custody of her after Corbin House."

2) Continuing Care:

- Women described how Corbin House prepared them to leave the program. They spoke of successfully transitioning back home because of the services and supports that Corbin House helped initiate for them upon leaving, such as continuing care. Women viewed the continuing care they received after leaving Corbin House as critical to maintaining their sobriety. One woman described how the continuing care she receives supports not only her sobriety but her parenting as well.

"I have my aftercare specialist that I see at least once a week. And I call and talk to the staff there at least once a week. I have tons of support these days. The continuing support from Corbin has been a lot of help too."

"I was really prepared. I already had a place to live. I was already signed up for outpatient services (continuing care). I had everything really set-up. Half of it I did on my own but the other half Corbin staff helped me with. They helped me set up my continuing care counseling. If I needed any other help they would have helped me."

"The Continuing Care really supports me in parenting and staying sober. I guess they focus on parenting. Being able to deal with the stress of being a parent is a big part of staying in recovery."

"It's been very supportive. I get continuing care 1-2 times/month. I feel like it's enough support. I got to choose who the counselor would be, so I really like her. I've been clean and sober for 2 ½ years."

"It's gotten much easier because I have my own commitments in recovery. Continuing care is pretty important."

"I have a therapist who comes twice a week to my house.... I was prepared and in an outpatient program." [La Casa Ujima client]

3) Developing a clean and supportive network including Narcotics Anonymous:

- While not all women spoke about receiving continuing care specifically, all of the women described using some type of supportive services such as Narcotics Anonymous or Alcoholics Anonymous to help in their recovery. Women also emphasized the importance of having a clean network of family, friends or counselors to rely on for support and reported that Corbin house ensured such a network was in place before leaving. Some women described feeling nervous and unprepared to leave but soon realized they were more prepared than they expected.

"What really helped me was the focus they put on how important it is to make friends outside of your old group of friends—to have a network of sober friends, and to find a regular 'home meeting' as they say in NA. I made sure that before I exited I had set home meetings..."

"Scary because I didn't know where I was going to go. I had a good support network before leaving. Actually Corbin House made sure I had a good support network before I left."

"I have my mother, family and a girlfriend from Eugene West. There is also a group of us from Heald's College that are recovering addicts. We meet regularly and talk about how we're doing."

"Corbin House taught me that I could do this by teaching me that I had a lot of people I could fall back if I needed help. No matter how bad it gets with my daughter, I know I can ask for help."

"I was better prepared than I thought. Even though I had a problem with both drugs and alcohol, I was more worried about the alcohol. Drugs you have to call somebody. Alcohol you just walk down to the store and get it. It was hard for me. If I went anywhere it was with my husband. But now I'm okay. I was more prepared than I thought that I was. I didn't give myself enough credit."

Additional Case Studies

Following are two case studies for clients that transferred from Corbin House to another residential treatment facility that allowed them to smoke. Names have been changed to protect confidentiality.

Sandra spent just two days at Corbin House before moving to La Casa Ujima where she received treatment for four months. For Sandra, the move meant that she could smoke, but also that her five year old son would have to be placed temporarily in foster care along with her other two children. Sandra felt mixed about the move to La Casa Ujima stating "When [my son] left I think I was able to focus better, but I was kind of upset that he had to leave...I actually liked having him there with me." Nevertheless, Sandra expressed that this time around her recovery process has been better. "The first time I had a hard time."

One of the aspects of the program Sandra liked best was the social support. "I liked supporting other clients and walking with them to the hospital or wherever they were going if they needed someone to be with them." In fact, Sandra notes she continues to keep in touch with a few friends still in recovery. While Sandra was only at Corbin House for just a few days she had positive things to say about the program, "The meetings were great, and the counselors were there for me." She still reflects on the parenting classes where she learned about appropriate discipline techniques.

Sandra felt prepared when she left La Casa Ujima because she was already enrolled in an outpatient program, and she had the support of her parents. Today, Sandra still attends Narcotics Anonymous meetings and receives home visits twice a week from a therapist. Sandra has also been reunified with all three of her children. While another one of her goals was to live on her own, Sandra says "I'm still waiting on housing. Right now I live with my parents."

In 2008, Jenny began her second attempt at recovery from alcohol and cocaine addiction at Rosemary Corbin House. It did not take long, however, for her to realize that Corbin House's family-oriented setting might not be the right fit for her. "It was really hard. I was just coming off of drugs and alcohol...I was really frustrated and irritable and I didn't want [my daughter] around me that way." Jenny further described her first week in recovery as "horrible" during which withdrawals kept her from sleeping, gave her hot flashes, and made her shake terribly. In addition, not being able to smoke cigarettes was difficult for Jenny. "I was having nicotine withdrawals because they don't let you smoke at Corbin House."

Because of these circumstances, Jenny placed her infant daughter in foster care and moved to another recovery house, La Casa Ujima, which does not require women to have a child with them or be pregnant. While Jenny was hesitant to put her daughter in foster care, she was confident she could get her back after completing her recovery. "I felt that I needed to work on myself so I chose to not have [my daughter] with me." Jenny's first day at La Casa Ujima was an improvement over the past smoke-free week. As soon as she lit her first cigarette, she felt more at ease. "It sounds silly, but as soon as I had my first cigarette, all my other urges eased a little bit. I felt like it made a huge difference.

Jenny stayed at La Casa Ujima for 90 days and had a very positive experience. "The staff were great, fabulous. I developed different parenting skills, better ones than what I had." She also reported accomplishing her goals of regaining custody and getting sober. "To date, I feel like I've gotten everything I've needed. I'm handling my situation well, and I handle my daughter much better....They really helped me out."

When Jenny completed her time at La Casa Ujima, she was better prepared than she thought. "At first I was a little scared. I was too afraid of people, places, and things... If I went anywhere it was with my husband. But now I'm okay. I was more prepared than I thought that I was. I didn't give myself enough credit." Jenny has remained clean and sober since leaving La Casa Ujima over one year ago.

Endnotes

¹ Data were only available for 59 clients and as such the completion rates were calculated based on 59.

² Where possible the data in this report are cumulative include information from fiscal years ranging from 2005-06 through 2008-09. The ASI, CAP Inventory and program completion status were available from 2005-06 through 2008-09 and the, length of time in treatment, CFS placement status, and the Denver assessments were available from 2006-07 through 2008-09. Only data for the youngest child is included in the analysis.

³ Corbin House: FY 2005-09, n=35; response rate=56%; All programs: FY 2007-08, n=2,508; response rate=79%. The date of birth was calculated by dividing the child's birth date by the date the Family Survey was completed. For nine children the survey date was missing and date of birth was calculated using January 1st of the appropriate fiscal year. One child was older than five years of age and was excluded from the analysis.

⁴ Richter, Kimber Paschall; Ahluwalia, Harsohena K.; Mosier, Michael C. Nazir, Niaman, Ahluwalia, Jasjit S. A population-based study of cigarette smoking among illicit drug users in the United States. *Addiction*. Volume 97, Number 7, July 2002, pp. 861-869(9).

⁵ Corbin House: FY2005-09, n=45; response rate=73%; All F5 programs: FY 2007-08, n=2,267; response rate=70%.

⁶ Length of time in treatment was not available for 2005-06 so data for this calculation includes women who entered Corbin House from fiscal year 2006-07 to 2008-09 and are not still in treatment (n=43; response rate=96%).

⁷ King, Andrea C.; Canada, Stephanie A. Client-related predictors of early treatment drop-out in a substance abuse clinic exclusively employing individual therapy. *Journal of Substance Abuse Treatment* 26 (2004) 189-195.

⁸ n=29; response rate=49% Calculated by dividing the number of women that completed treatment and had information on age by the number of women that entered Corbin House (and are not still in treatment) from FY2005-09 (n=59, 3 women are still at Corbin House).

⁹ n=49; response rate=79%. Calculated by dividing the number of women with an initial ASI by the number of women that have entered Corbin House since FY 2005-06 (n=62).

¹⁰ As described in the Child Abuse Potential Inventory overview and accessed at: http://www.ncctsnet.org/nccts/nav.do?pid=msr_detail&id=24.

¹¹ n=32; response rate=52%. Calculated by dividing the number of women that have an initial CAP Inventory assessment and a child Denver assessment by the number of women that have entered Corbin House from FY 2005-09 (n=62).

¹² Child's placement status is not collected at a consistent follow-up time. As a result, these are current snapshots of CFS status at time of data communication. In addition, we have no information on the custody or CPS involvement for children other than the youngest.

¹³ n=14; response rate=54%. Calculated by dividing the number of women with length of time in continuing care information by the number of women that completed residential treatment, entered continuing care but are not still in continuing care from FY 2006-09 (n=26, 10 women are still in continuing care).

Appendix

Description of Client Interviews

Between June and July 2009, Harder+Company Community Research completed six in-depth interviews with women who participated in the Corbin House program. Women were asked to reflect on their time during and after Corbin House. All interviews were conducted in English.

At least three call attempts at different times of the day and the early evening were made for clients with an active phone number. Additionally, an attempt was made to obtain updated contact information for several clients with disconnected/wrong phone numbers. In fact, for four of the completed interviews, the original phone number on the consent form was either incorrect or the person moved and Harder+Company was able to get updated information either from the family member/friend or from the funded program. Of those with an active and correct phone line and those eligible for the interview (n=14), six were completed (43 percent response rate). The average age of women that participated in the interviews was 31 years (range: 32 – 47 years).

The consent form allows Harder+Company to conduct interviews with clients up to two years from the date they signed the consent—a potential of 27 interviews. Below is the disposition information for the 27 clients eligible for the interview.

Disposition	Number
Complete	6
Scheduled interview at later date (never answered callback)	2
Message Left - With Person or Answering Machine	6
Still at Corbin House (not eligible)	1
Entered another treatment program	1
No answer/Unable to leave message	2
Moved/No longer living at that location	2
Wrong Number/Disconnected	7
Total	27

Limitations

As with all studies there were some limitations to the validity of the findings. Key limitations to this analysis are summarized below:

- Sample size is small and response rates are often low, especially with follow-up data. By design Corbin House serves a small number of women and children each year. Further about one-third of women leave the program early—before completing the follow-up assessments—leaving a small sample to look at significant changes over time.
- Analysis of client-related predictors of treatment outcomes is limited. The First 5 Contra Costa Family Survey is the only data source that collects client-level demographic information for Corbin House participants. However, not all families complete a Family Survey and even more importantly, most Family Surveys can not be linked to assessment data because a common identification number was either infrequently assigned or not consistently assigned. This coupled with the already small sample of clients, makes it difficult to conduct analysis predictive of program completion.
- Child placement status is not collected at a consistent follow-up time. As a result, these are current snapshots of CFS status at the time of data communication. In addition, we have no information on the

custody or CPS involvement for children other than the youngest.

- Denver Developmental assessments are often difficult to interpret: While attempts have been made to get child's developmental level in the form of "at," "below" or "above" age level overall, and for each of the domains, this is still a challenge. While clarifying some of the child assessments with the program, the evaluators found several differences in the developmental levels assigned to the child on the Denver assessment form versus what the program communicated.
- Reaching clients for in-depth interviews is a challenge. The biggest challenge to completing the in-depth interviews with Corbin clients is that they have either moved, changed their phone number, or their phone number has been disconnected, considering there is at least a six month lag between obtaining the informed consent (program intake) and conducting the interviews (program exit). Additionally, some clients might not have a permanent residence when they enter Corbin House or they might not return to their previous residence when exiting the program.
- Interviewees might not represent the Corbin House population. All of the interviews were conducted with women who according to self-report, successfully graduated from either Corbin House or La Casa Ujima. Because about one-third of the women who enroll do not complete the program, these responses may represent a biased sample and may not represent the views or opinions of other women, especially those who left early. Additionally, those women who had a more positive connection to the Corbin House program and/or those who have had a more positive experience with sobriety since participating may have been more likely to agree to the survey.

Evaluation Recommendations

- ✓ Increase efforts to collect Family Surveys for all clients entering Corbin House.
- ✓ Ensure that all assessment data, Family Surveys, and consent forms include the client's unique ID so that they can be linked.
- ✓ Develop a consistent timeline for checking CFS status. This can follow the same timeline for follow-up ASI and CAP Inventory assessments.
- ✓ Collect additional client-level information (e.g. number of previous treatment attempts) that might be associated with treatment outcomes.
- ✓ Ensure that Denver assessment data come clearly marked as "at," "above" or "below" age level overall and for each of the four domains.
- ✓ Collect updated contact information for clients at program exit and forward this information to the evaluator. Further, consider collecting additional contact information on the consent form (e.g. a family member or friend), so that if a client that has moved or changed their phone number it might be possible to still reach them.



First 5 Contra Costa

2007-2008 Evaluation Highlight Report

Early Childhood Education

First 5 Contra Costa's Early Childhood Education programs aim to improve the quality of child care programs, increase provider education and professional development, and increase the accessibility of child care for children with special needs.

Overview of Participants and Services

First 5 Contra Costa invested \$1,922,286 in 2007-2008 in early childhood education programs. **Nineteen** home-based child care sites and **nine** center-based sites received services from the Early Learning Demonstration Project (ELDP), while **66** child care providers (**32** center-based and **34** home-based) and **122** parents of children with special needs received services from the Inclusion Facilitators Program. Additionally, **1,670** child care providers received services from the Professional Development Program (PDP). Of those, 555 received a financial incentive for their participation in completing one of three requirements, and 134 completed all three requirements. Through First 5 early childhood education programs, child care sites, child care providers, and children receive the following services:

- **Home-based and center-based child care provider sites** who participate in the ELDP receive grants and support to help them move towards or achieve national child care accreditation standards. Sites receive training and staff support, funding for classes, facilities improvements, education materials, and mentoring support. The majority of these programs (79 percent in 2007-08) are located in low-performing school areas.

Funded Contractor: Contra Costa Child Care Council

- **Home-based and center-based child care providers** who receive services from the Inclusion Facilitators Program participate in trainings and receive one-on-one assistance to help make their child care setting more accessible for children with special needs. **Parents of children with special needs** receive information from the Inclusion Facilitators Program about how to care for their children and how to help them thrive in a licensed child care setting.

Funded Contractor: Contra Costa Child Care Council

- **Child care providers** in the PDP receive financial incentives in the forms of stipends and participation awards for completion of college coursework to increase their education and professional training. Additionally, the PDP offers academic advising, peer-to-peer support, cohort classes to help English Language Learners, and tutoring.

Funded Contractors: Contra Costa Child Care Council, Cal State East Bay, Contra Costa Community College, Diablo Valley Community College, and Los Medanos Community College

What Are We Evaluating?

The Early Childhood Education programs are evaluated by tracking changes in the following areas: 1) Quality of care; 2) Support to parents and providers; and 3) Education and professional development. This highlight report shows the key indicators related to these outcomes.¹

Key Findings

+ Center and Home-Based Child Care Sites Improved the Quality of their Child Care Setting

Environment Rating Scale Scores

n=25; (Response rate=89%)

Initial Quality Level *	Type of Site	N	Pre Assessment (Average)^	Post Assessment (Average)^	% Change (Average)
High	Center-based care	4	6.55	6.91	5%
	Home-based care	6	6.36	6.83	9%
Medium	Center-based care	2	5.15	6.76	31%
	Home-based care	12	5.07	6.63	31%
Low	Center-based care	0	-	-	-
	Home-based care	1	3.57	5.75	46%

*Levels were assigned to provider sites based on their initial ERS assessment. The high category is for sites with an average initial score from 7 to 6, medium is for sites with an average initial score from 5.99 to 4, and low consists of sites with an average initial score from 3.99 to 1.

^The ERS measures quality on a scale of one to seven, with one being "inadequate," five being "good," and seven being "excellent."

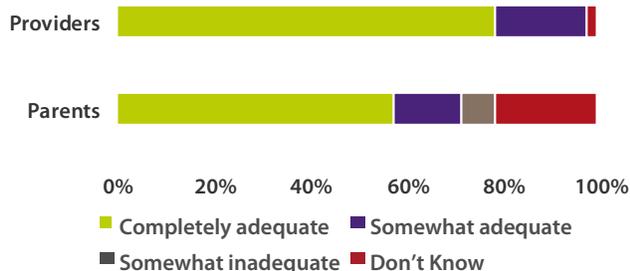
The Environment Rating Scale (ERS) measures all aspects of the child care facility including space, materials, daily schedule, supervision, and experiences that are designed to enhance children's development. All of the child care sites that completed a pre-post ERS assessment made improvements and increased their overall quality level during their involvement with ELDP. Specifically, sites initially assessed as medium quality had average initial ERS scores around the "good" level (5.0=good), but after making improvements were able to increase their quality level to between "good" and "excellent." The site initially assessed in the low category made the greatest improvement, increasing their quality level to within the "good" range (3.57 to 5.75).² Gains in lower quality levels were made in many areas, especially in health and safety. Gains made in the high quality level were made mainly in the area of child-teacher interaction.

Additionally, 19 child care sites met national accreditation standards and the remaining nine had nearly completed the process.

+ Parents and Providers Receive Needed Support for Children with Special Needs

Rating of Support Received from the Inclusion Facilitator

(n=14 parents; Response rate=11%); (n=64 providers; Response rate = 52%)



While the majority of parents and providers reported that the services they received from the Inclusion Facilitator were completely adequate, a higher proportion of providers reported this to be true (78 percent of providers compared to 57 percent of parents).

There was also a high level of satisfaction among providers (83 percent) and parents (67 percent) regarding the level of collaboration with the Inclusion Facilitator (data not shown).

"I just want to say thank you for providing me with a program that has taught me so much in providing me with the tools and resources needed to work with children with special needs."

-Child care provider

+ Child Care Providers Increased their Education and Professional Development

Providers in the PDP were encouraged to increase their education and improve their quality of care. All providers in the PDP program accessed educational advising and/or other college services that supported their continued education and many also conducted a quality improvement project. Additionally, 31 child care providers obtained an AA, BA, or graduate degree, and two hundred participants obtained or upgraded their child development permit.³

Endnotes

¹The data presented for child care provider sites served by the ELDP are from the Environment Rating Scales. Only sites with a pre and post assessment are included (n=25; response rate =89%). Data included from providers and parents of children with special needs who receive services from the Inclusion Facilitators are from surveys administered at the close of the program. While one parent survey and one provider survey is supposed to be collected for each child served (n=122), only 64 surveys were submitted from providers (response rate=54%) and only 14 were submitted from parents (response rate=11%). Data from the PDP comes from the respective programs and their databases. First 5 Contra Costa synthesizes these data for a CARES report which include data from the 3 community colleges, Cal State East Bay and the Alliance (Childcare Council).

²It should be noted that oftentimes provider sites with a lower initial score will show more improvement than provider sites with a higher initial score, as there is more room for improvement.

³ 2007-08 CARES database and accessed from First 5 Contra Costa Retreat Briefing Book; Retrieved June 18, 2009 from <http://www.firstfivecc.org>.

First 5 Contra Costa

2007-2008 Evaluation Highlight Report

First 5 Centers

First 5 Contra Costa funds five neighborhood-based First 5 Centers that provide free classes to families with children ages 0-5. By providing parent education, family support, and early learning opportunities for children, Centers aim to increase family literacy, improve parent-child interaction, and ensure children are ready for school. The First 5 Centers also work with members of the community to host a variety of community-wide events.

Overview of Participants and Services

In 2007-08, First 5 Contra Costa invested **\$1,445,624** in First 5 Centers, serving a total of **1,596** families representing 1,697 adults and 1,936 children. Of these families, approximately 1,275 were newly served in 2007-08—just slightly more than the number of new families that was served in 2006-07.¹ Through First 5 Centers, children and families receive the following services:

Children and families served by First 5 Centers attend free classes on a variety of topics. Classes most commonly offered include Music Together, Artists and Motion, Nurturing Parents, Tigo, Infant Massage, Baby Signs, Incredible Twos, Science for Tots, and Parenting Counts. The number of classes/class series offered by First 5 Centers has steadily increased over the past four years, and in 2007-08 Centers offered a total of 552 separate classes or class series—a 65 percent increase from the previous year, 2006-2007. Because parents and children often attend multiple classes per year, the number of duplicated class participants is much higher than the number of unduplicated individuals. In 2007-08, families attended an average of 3.3 classes—up from 3.0 in 2006-07. Increases were also seen in the number of unduplicated individuals served with these classes (30 percent increase), and the number of duplicated class participants (43 percent increase). In addition to offering 552 classes, the First 5 Centers and their partners hosted 92 community events in 2007-08. Events were attended by a total of 13,252 duplicated class participants, and focused on topics such as school readiness, health, culture, parent education, and community building.⁵

Number of Classes/Class Series & Number Served by Fiscal Year

	2006-07	2007-08	% change 06-07 to 07-08
Number of Classes/Class Series ²	334	552	+65%
Number of parents & children ³ (unduplicated)	2,786	3,633	+30%
Number of class participants ⁴ (duplicated)*	8,319	11,922	+43%

*Persons may take more than one class.

Funded Contractors: Antioch - Brighter Beginnings; Bay Point - Family Stress Center; Concord - City of Concord/Monument; Delta - YMCA of the Diablo Valley; and West County - Bay Area Community Resources.

What Are We Evaluating?

The impact of the First 5 Centers is evaluated by tracking changes in the following areas: 1) Services reaching underserved populations; 2) Parenting skills; 3) Attaining family goals; and 4) Social support. This highlight report presents indicator data related to these outcomes.

Key Findings

+ First 5 Centers Reach Underserved Populations

While the Contra Costa County population was less than one-quarter Hispanic/Latino in 2007, the majority (70 percent) of parents/caregivers who received First 5 Center services in 2007-08 were Hispanic/Latino. In addition, only 12 percent of individuals served (unduplicated) by First 5 Centers were White/Caucasian, compared to 50 percent of the county population as a whole.

As might be expected given the large number of Hispanic/Latino individuals served, over half (57 percent) of parents/caregivers served by First 5 Centers identified their primary language as Spanish.

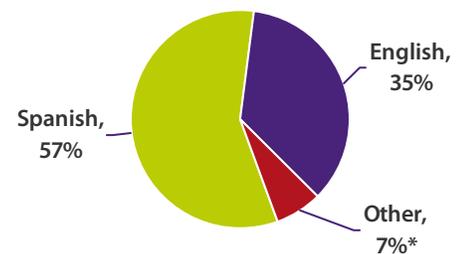
While the Centers, located in targeted communities, have been highly successful at drawing Hispanic/Latino families, more consideration should be given to drawing in African American and Asian families.

Adult Ethnicity:

Individuals Served by First 5 Centers & Contra Costa County

	Individuals Served ⁷	Contra Costa County ⁸
Hispanic/Latino	70%	23%
White/Caucasian	12%	50%
Asian	7%	14%
Black/African American	6%	9%
Other/Multi-race	4%	4%

Parent/Caregiver Primary Language⁶



*Includes 6% "more than one language" and 1% "other."

n=1,247; response rate=73%⁹

+ Parents Report Gaining Parenting Skills, Increasing Social Support & Attaining Family Goals

The vast majority of parents (86-90 percent) agreed that the services they received from the First 5 Centers helped them understand their child, improve their parenting skills, connect with other parents, and reach their goals for their family and themselves, with more than half (58-67 percent) of parents "strongly" agreeing.

This Program Helped Me...¹⁰

	Strongly Disagree				Strongly Agree
... understand my child.	2%	1%	7%	23%	67%
... improve my parenting skills.	2%	1%	8%	24%	65%
...connect with other parents.	2%	2%	10%	24%	62%
...reach my goals for my family and me.	2%	2%	9%	29%	58%

n=2,588-2,625; response rate=46%¹¹

When asked to indicate their "top reasons" for liking the program, the majority of participants reported that they "learned a lot" (75 percent) and that "it was fun" (72 percent). While most parents reported connecting with other parents, only 28% selected this as a "top reason" for liking the program. Parents have found the First 5 Centers to be an important and valued resource in their community. Through a wide variety of activities, the First 5 Centers have successfully engaged families, exposed parents and caregivers to the importance of the first five years, and helped to reduce isolation.

"[I learned how] to educate my kids, speak with patience, and pay more attention to my family."

Endnotes

¹ Data on the number of new families served is from First 5 Center Registration Forms. In 2006-07, 1,250 Registration Forms were received and in 2007-08, 1,284 Registration Forms were received. The number of new families per year is estimated to be slightly lower than the number of Registration Forms received because a small proportion of Registration Forms that come in each year are updates to existing families.

² Data on the number of classes offered are from First 5 Center Attendance Sheets.

³ Data on the number of individuals served (unduplicated parents and children) are from First 5 Center Registration Forms and Attendance Sheets.

⁴ Data on the number of class participants (duplicated parents and children) are from First 5 Center Attendance Sheets.

⁵ Data on community events offered by the Centers are from OCERS.

⁶ Data on parent/caregiver language are from First 5 Center Registration Forms.

⁷ Data on the ethnic composition of unduplicated adults served are from Registration Forms.

⁸ Data on the ethnic composition of Contra Costa County adults in 2007 were calculated for Contra Costa County residents ages 18 and over using data from: State of California, Department of Finance, *E-3 Race / Ethnic Population Estimates with Age and Sex Detail, 2000–2007*. Sacramento, CA, May 2009.

⁹ Response rate calculated out of the number of unduplicated parents served (1,697).

¹⁰ Data on outcomes such as parenting skills, social support, and family goals are from First 5 Center Course Evaluation Forms. In 2007-08, 2,699 of the 5,661 parent participants (duplicated parents) completed First 5 Center Course Evaluation Forms for a response rate of 48 percent.

¹¹ Response rate calculated out of the number of duplicated parents served (5,661). The duplicated count of 5,661 is based on 1,697 adults attending more than one class/class series.

First 5 Contra Costa

2007-2008 Evaluation Highlight Report

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+ First 5 Centers Reach Underserved Populations

While the Contra Costa County population was less than one-quarter Hispanic/Latino in 2007, the majority (70 percent) of parents/caregivers who received First 5 Center services in 2007-08 were Hispanic/Latino. In addition, only 12 percent of individuals served (unduplicated) by First 5 Centers were White/Caucasian, compared to 50 percent of the county population as a whole.

As might be expected given the large number of Hispanic/Latino individuals served, over half (57 percent) of parents/caregivers served by First 5 Centers identified their primary language as Spanish.

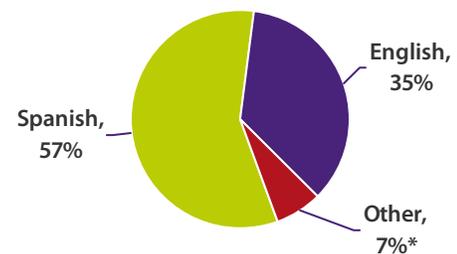
While the Centers, located in targeted communities, have been highly successful at drawing Hispanic/Latino families, more consideration should be given to drawing in African American and Asian families.

Adult Ethnicity:

Individuals Served by First 5 Centers & Contra Costa County

	Individuals Served ⁸	Contra Costa County ⁹
Hispanic/Latino	70%	23%
White/Caucasian	12%	50%
Asian	7%	14%
Black/African American	6%	9%
Other/Multi-race	4%	4%

Parent/Caregiver Primary Language⁷



*Includes 6% "more than one language" and 1% "other."

n=1,247; response rate=73%¹⁰

+ Parents Report Gaining Parenting Skills, Increasing Social Support & Attaining Family Goals

The vast majority of parents (86-90 percent) agreed that the services they received from the First 5 Centers helped them understand their child, improve their parenting skills, connect with other parents, and reach their goals for their family and themselves, with more than half (58-67 percent) of parents "strongly" agreeing.

This Program Helped Me...¹¹

	Strongly Disagree				Strongly Agree
... understand my child.	2%	1%	7%	23%	67%
... improve my parenting skills.	2%	1%	8%	24%	65%
...connect with other parents.	2%	2%	10%	24%	62%
...reach my goals for my family and me.	2%	2%	9%	29%	58%

n=2,588-2,625; response rate=46%¹²

When asked to indicate their "top reasons" for liking the program, the majority of participants reported that they "learned a lot" (75 percent) and that "it was fun" (72 percent). While most parents reported connecting with other parents, only 28% selected this as a "top reason" for liking the program. Parents have found the First 5 Centers to be an important and valued resource in their community. Through a wide variety of activities, the First 5 Centers have successfully engaged families, exposed parents and caregivers to the importance of the first five years, and helped to reduce isolation.

"[I learned how] to educate my kids, speak with patience, and pay more attention to my family."

Endnotes

¹ Source: First 5 Registration Form and First 5 Attendance Sheet. Child's age was calculated using date of birth from the registration form and the date of the first class they attended, as reported on the attendance sheet. Data were missing for 270 children and excluded for 39 children whose DOB suggested they were older than five or younger than zero.

² Data on the number of new families served is from First 5 Center Registration Forms. In 2006-07, 1,250 Registration Forms were received and in 2007-08, 1,284 Registration Forms were received. The number of new families per year is estimated to be slightly lower than the number of Registration Forms received because a small proportion of Registration Forms that come in each year are updates to existing families.

³ Data on the number of classes offered are from First 5 Center Attendance Sheets.

⁴ Data on the number of individuals served (unduplicated parents and children) are from First 5 Center Registration Forms and Attendance Sheets.

⁵ Data on the number of class participants (duplicated parents and children) are from First 5 Center Attendance Sheets.

⁶ Data on community events offered by the Centers are from OCERS.

⁷ Data on parent/caregiver language are from First 5 Center Registration Forms.

⁸ Data on the ethnic composition of unduplicated adults served are from Registration Forms.

⁹ Data on the ethnic composition of Contra Costa County adults in 2007 were calculated for Contra Costa County residents ages 18 and over using data from: State of California, Department of Finance, *E-3 Race / Ethnic Population Estimates with Age and Sex Detail, 2000-2007*. Sacramento, CA, May 2009.

¹⁰ Response rate calculated out of the number of unduplicated parents served (1,697).

¹¹ Data on outcomes such as parenting skills, social support, and family goals are from First 5 Center Course Evaluation Forms. In 2007-08, 2,699 of the 5,661 parent participants (duplicated parents) completed First 5 Center Course Evaluation Forms for a response rate of 48 percent.

¹² Response rate calculated out of the number of duplicated parents served (5,661). The duplicated count of 5,661 is based on 1,697 adults attending more than one class/class series.



First 5 Contra Costa

2007-2008 Evaluation Highlight Report

Home Visiting

Through First 5 Contra Costa's home visitation programs, expectant parents and families with children birth to age three receive in-home parent education services. Home visitors provide families with information about health, child development, nutrition, safety, and community resources. In addition, home visitors screen children for health, mental health, and developmental problems and link families with needed services.

Overview of Participants and Services

First 5 Contra Costa invested \$**1,320,238** in 2007-08 in home visitation services providing over **8,200** home visits to **1,252** families (**343** were expectant parents, **697** were first-time parents, and **228** were parents of medically vulnerable infants).¹ Home visitors provide the following services to parents and their children:

- **Expectant mothers** are offered assistance with obtaining early and continued prenatal care (e.g., help with applications for Medi-Cal to pay for the costs related to the pregnancy and delivery, and/or with finding a doctor or health center that provides prenatal care). Additionally, the home visitor provides education and support around the pregnancy, labor and delivery, breastfeeding nutrition, infant care, and parenting.

Funded Contractor: Contra Costa Health Services: Prenatal Care Guidance

- **First-time parents** are offered home visits to ensure they have the support necessary to care for their new child. Visits are offered by Family Support Specialists who provide education related to child development, health, breastfeeding, and nutrition. Additionally, families receive assistance with other needs, such as housing and employment, or community resources.

Funded Contractor: Aspiranet/Welcome Home Baby

- **Medically vulnerable infants**—those who are at risk for developmental problems because of medical conditions or complications surrounding the pregnancy or birth—and their families are offered early intervention services from Pediatric Nurse Practitioners and Public Health Nurses to optimize the developmental and health outcomes of the child. Some of the services provided by the home visitor include comprehensive developmental assessments and monitoring of the child, the development of individualized care plans, and support and education for parents on caring for the special needs of their child.

Funded Contractor: Contra Costa Health Services: Medically Vulnerable Infant Program

What Are We Evaluating?

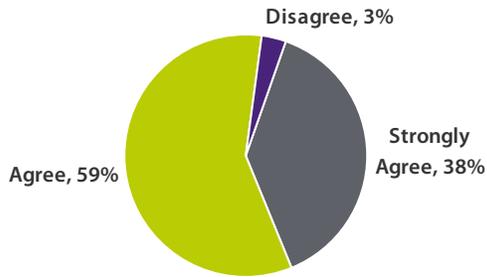
The impact of the home visiting services on families is evaluated by tracking changes in the following areas:

1) Parent knowledge of child development; 2) Parent social support; and 3) Parent knowledge/utilization of resources. This highlight report shows the key outcomes related to these indicators.²

Key Findings

+ Parents Demonstrate Increased Knowledge of Child Development

My home visitor helped me better understand my child's behavior



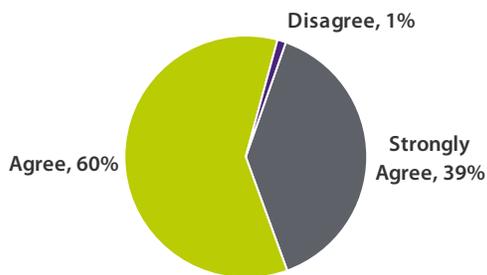
(n = 74; response rate=29%)

Nearly all parents (97 percent) agreed that the home visits they received helped them to better understand their child's behavior, with 38 percent stating they strongly agreed. Learning about child development helps parents understand why their child may be acting a certain way and may help improve the ways in which parents respond to their child's behaviors.

"I didn't know what was important for kids, like reading to them. I liked that I had someone to talk to and ask questions."

-Parent

Since receiving home visits I have felt more connected to my child



(n=77; response rate=30%)

Almost all parents (99 percent) reported that the home visits they received helped them to feel more connected to their child. Talking, singing, reading, and playing together all help improve parent-child bonds and help build strong and healthy relationships.

"I learned new things that I didn't know, since she's my first baby [like] how to take care of her and have patience."

-Parent

+ Parents Report Receiving Needed Social Support

Over half of respondents (58 percent) indicated that their home visitor gave them a referral for social/emotional support services and of those, nearly half (43 percent) said they followed through on the referral by participating in a support group or counseling, and/or meeting with a neighbor or parent.

"We talk about everything. Right now we usually talk about my baby, but we also talk about how I'm doing because I've been depressed and she helps."

-Parent

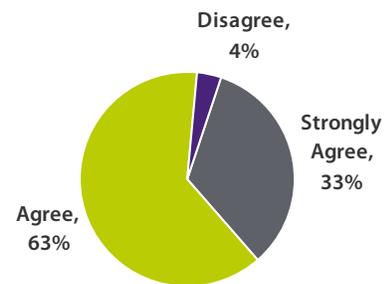
+ Parents Report Increased Knowledge/Utilization of Needed Resources

Ninety-six percent of parents agreed that their home visitor helped them learn how to get their family what they need.

Additionally, 98 percent of parents agreed that their home visitor helped them to feel more comfortable working with public services agencies, with 44 percent stating they strongly agreed (data not shown).³

Teaching parents about available resources and showing them how to access services will keep parents better informed and connected.

My home visitor helped me learn how to get my family what they need



(n=79; response rate=31%)

"[My home visitor helped me] to fill out the paperwork like MediCal because it gets confusing for someone who doesn't know. Also, she showed me how so when I wasn't in the program I would be able to fill out the forms on my own."

-Parent

Endnotes

¹First 5 Contra Costa also funds the Contra Costa Health Services: Lift Every Voice Project which provides services to incarcerated women. Evaluation data for Lift Every Voice is not included in this report because In 2007-08, no Home Visiting Family Phone Surveys were conducted with Lift Every Voice participants.

²The data included in this report come from the Home Visiting Family Phone Survey. As noted in the 2007-08 Home Visitation Evaluation Data Summary, families who participated in the Home Visiting Family Phone Survey were more likely to be Hispanic, speak Spanish, have a lower level of education, and a lower level of income, as compared to 749 new families that completed a First 5 Contra Costa Family Survey in 2007-08. Therefore, these findings may not be representative of all families who received home visiting services.

³n=71; response rate=27%



First 5 Contra Costa

2007-2008 Evaluation Highlight Report

Mental Health

First 5 Contra Costa's Mental Health programs assist young children at risk of or identified with social, emotional, behavioral, physical and/or developmental delays or disabilities. Child care providers receive consultation and training, and in cases of high need or complexity, families receive more intensive mental health therapeutic services.

Overview of Participants and Services

First 5 Contra Costa invested \$1,122,187 in 2007-08 to provide Mental Health Consultation Services (MHCS) to **219** child care providers and **278** children and Mental Health Therapeutic Services (MHTS) to **131** children. Child care providers and families receive the following services:

- **Mental Health Consultation Services** are designed to improve child care providers' capacity to care for children with emotional or behavioral issues and to help these children remain in their current child care setting. MHCS provide a Mental Health Consultant to conduct observations, gather information from the child care providers and parents, develop solutions with providers and parents, and refer children in need to appropriate early intervention services. In 2007-2008, consultants provided 1,252 in-person consultations to child care sites, 1,080 direct child observations, and 318 in-person visits with parents. These contacts averaged 75 minutes each.

Funded Contractors (MHCS): Early Childhood Mental Health, Contra Costa ARC/Lynn Center, and We Care Services for Children

- **Mental Health Therapeutic Services** are provided to children with severe mental health issues, and include intensive case management, individual and family treatment, and consultations with preschool or day care staff on behalf of the child. On average, these services are usually provided for one year or longer. Additionally, MHTS offers "wraparound" services in cases of high need or complexity, providing families with team-based support to develop realistic and effective transition plans to increase family reliance and decrease the need for formal services.

Funded Contractors (MHTS): Contra Costa Health Services, Mental Health Division/Children's Mental Health. Subcontractors: Early Childhood Mental Health, Contra Costa ARC/Lynn Center, and We Care Services for Children

What Are We Evaluating?

The Mental Health programs are evaluated by tracking changes in the following areas: 1) Provider skills; 2) Parenting skills; 3) Parent social support; 4) Child behavior; and 5) Child placement status. This highlight report shows the key indicators related to these outcomes.¹

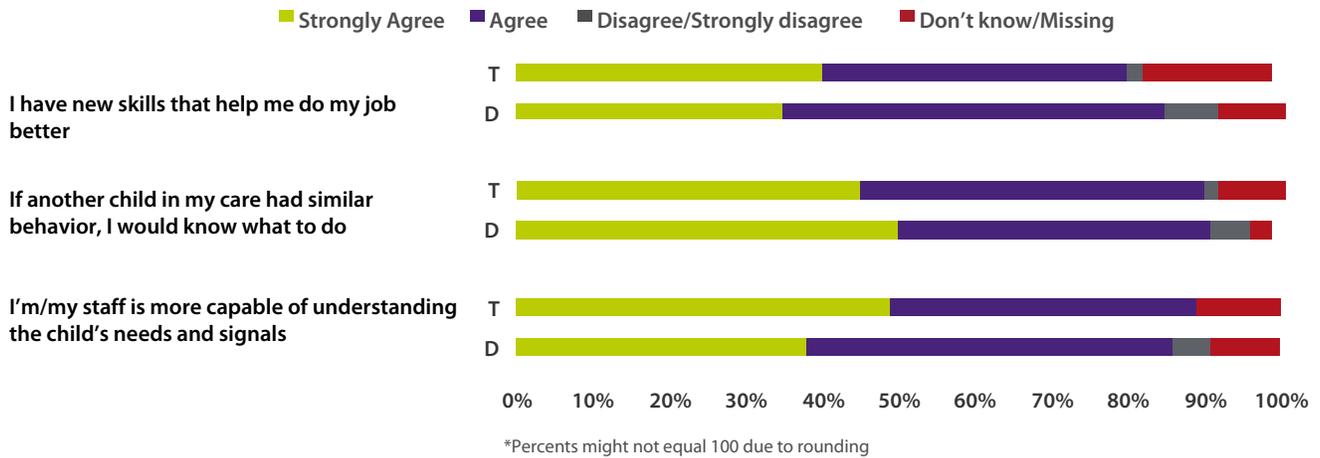
Key Findings

+ MHCS Providers Learned New Skills To Address The Special Needs of Children in Their Care

Consultants work closely with both child care staff and directors to build and model relationships with the child. Through this process, the consultant builds the capacity of child care providers to care for the child in need as well as other children who may exhibit similar behavior in the future.

The following graph shows the teachers' (T) and center directors' (D) opinions of the skills they gained after receiving consultation services.

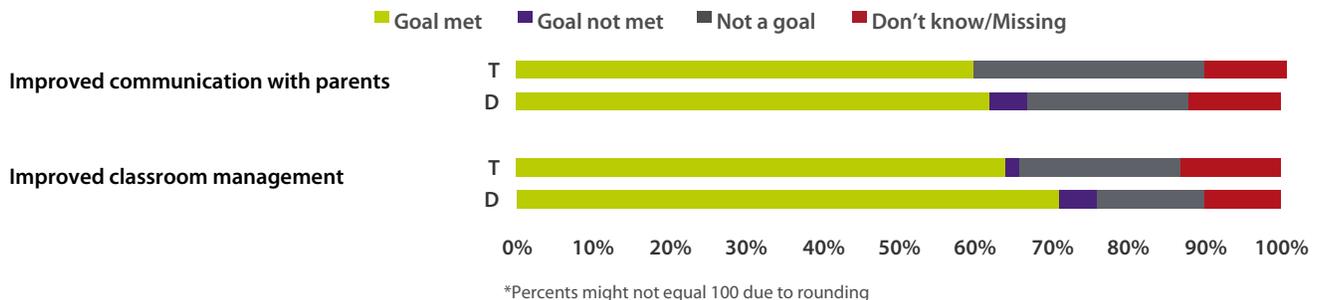
n=47 (T), n=58 (D); response rate=45% (T), 50% (D)



Both teachers and center directors reported that the consultation services improved their ability to understand and care for the issues displayed by children. Data reveal that the consultation services have been successful at improving provider capacity—91 percent of teachers and 90 percent of directors agreed that if another child in their care had similar behavior they would know what to do.

Consultants provide center directors and teachers with general training on effective communication and caring for children in a group setting. The following graph shows the goals met by both teachers (T) and center directors (D) after receiving consultation services.

n=47 (T), n=58 (D); response rate=45% (T), 50% (D)



The majority of both teachers and directors reported that the consultation services met their broad goal to better communicate with parents and to learn to effectively manage the classroom (e.g., minimizing disruptions and focusing attention on the entire class).

Both teachers and directors have received a variety of supports through First 5 Contra Costa in addition to consultation services: 26 received a stipend from the Professional Development Program to help with tuition costs for additional ECE college credits, 17 received one-on-one assistance to care for a child with special needs in their program from an Inclusion Facilitator, and 20 received assistance from the Early Learning Demonstration Project to improve the overall quality of their program.²

"[The consultant] has helped me so much. She believed in me. At first I felt I was way over my head. She helped me believe in myself and (my) capabilities. She gave me the tools to do the impossible."

-Provider

+ MHCS: The Majority of Children Remained in their Current Child Care Setting

Child outcomes are often improved when a child is allowed to remain in his/her child care setting, as movement might cause the child undue stress. However, keeping children in their current child care setting can be a challenge when they display behavior that is disruptive to the other children and require additional one-on-one attention from the child care provider or teacher.

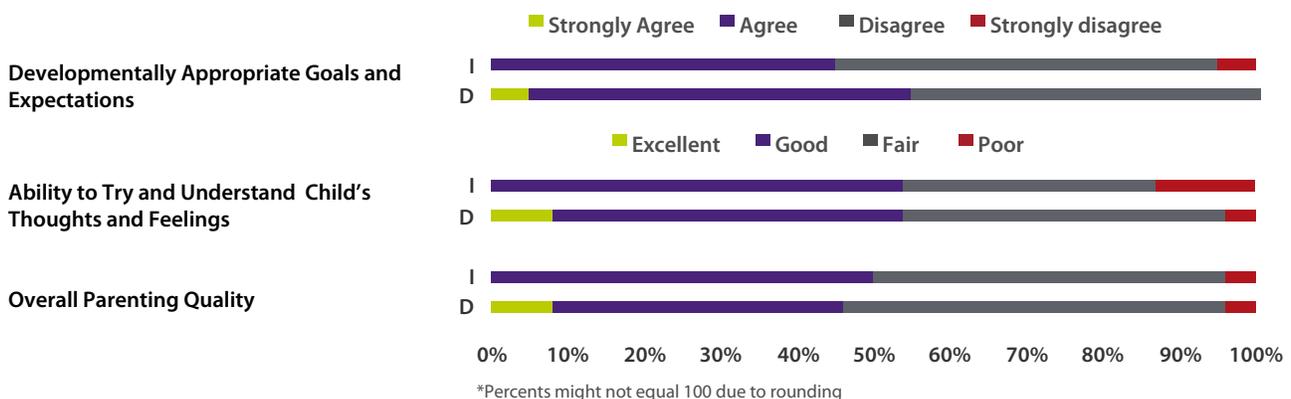
MHCS helped over 60 percent of children to remain in their current child care setting while 32 percent of children were recommended to be moved to a new child care setting.³

+ MHTS Caseworkers Report Modest Improvement in Parent's Skills

Research shows that improvements in a child's social-emotional development and/or behavior is linked to the parent having appropriate and realistic goals and expectations.

The following section shows how MHTS staff noted parents/guardians' parenting skills and the quality of parent-child relationships at both intake (I) and discharge (D).⁴

n=22-24; response rate=76%-83%



A higher percentage of MHTS case workers strongly agreed or agreed that parents/guardians had developmentally appropriate goals and expectations for their child at discharge (45% versus 55%). Two parents/guardians were rated as "excellent" at trying to understand their child's thoughts and feelings at discharge. Finally, two parents/guardians were rated as having excellent parenting practices at discharge compared to none at intake; however, one parent's skills decreased from "good" to "fair".

Additionally, of the 13 families who received wraparound services, MHTS staff reported that 69 percent increased their parental investment and involvement with their children.

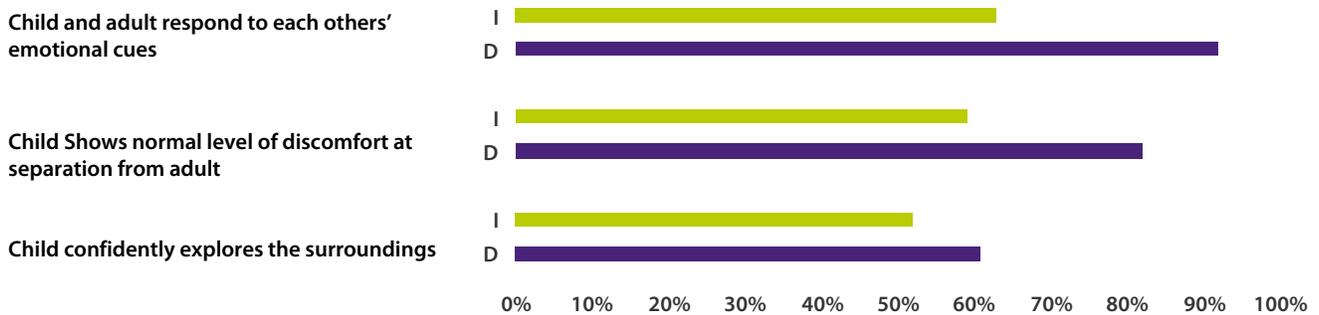
+ MHTS Caseworkers Report that Wraparound Services Provided Emotional Support

One of the important aspects of the wraparound team is that it provides emotional support for the family and teaches them how to access their support system. The team, which can include school staff, family, neighbors, faith-based leaders, or developmental disabilities supports, works together to develop a strength-based and culturally competent plan of action to help the child and family succeed. In fact, MHTS caseworkers reported that almost half (46 percent) of families that received wraparound services reduced their sense of isolation.

+ MHTS Caseworkers Report Improved Behavior of Children Receiving Services

Research in the field of children's mental health has shown that a child's behavior often reveals the quality of the parent-child relationship. While MHTS caseworkers did not report significant improvements in indicators related to parenting skills, there were improvements noted in the child's behavior.⁵

n=17-24; response rate=59%-83%



Child and adult respond to each others' emotional cues. 63 percent of children exhibited reciprocity when appropriate or most of the time with their parent/guardian at intake, this increased to 92 percent at discharge.

Child shows normal level of discomfort when separating from parent/guardian. At discharge, 82 percent of children expressed normal discomfort, or expressed discomfort but could either be comforted or recovered quickly compared to 59 percent at intake.

Child confidently explores the surroundings. 61 percent explored comfortably and occasionally "checked-in" at discharge compared to 52 percent at intake.

Endnotes

¹ The MHTS data included in this report come from Mental Health Therapeutic Services Intake and Discharge Forms. Only data from participants who closed their case in 2007-2008 and have both an Intake and Discharge Form are included, n=29; response rate=97% (matched Intake and Discharge forms were received for 29 participants and according to OCERS 30 cases were closed in 2007-2008). The MHCS data included in this report come from the CCS Exit Forms which contain data from the providers served. Exit Forms are sent to teachers and directors after a case is closed. In 2007-2008, forms were sent to 115 directors of which 58 were returned (50%) and to 105 teachers of which 47 were returned (45%). Data on the child receiving consultation services are from the Intake and Closing Summary Forms which are completed by staff after each consultation. In 2007-2008, 300 summary forms were returned (100% response rate) representing 278 children served (16 children were served more than once and accounted for an additional 22 intake and closing summary entries).

² It should be noted that this includes both center directors and teachers who responded to the survey—some of whom could work at the same facility. As a result, this could be an overestimate of the number of provider sites that received both Consultation and ELDP services.

³ Consultants reported another unspecified outcome for the remaining 7 percent of children. It should be noted that 94 children did not have outcome information.

⁴ While the overall response rate for the Intake and Discharge Forms was 97%, MHTS staff did not rate the parent on some of the items. As a result the item response rates were somewhat lower.

⁵ While the overall response rate for the Intake and Discharge Forms was 97%, MHTS staff did not rate the child on some of the items. As a result the item response rates were somewhat lower.

First 5 Contra Costa

2007-2008 Evaluation Highlight Report

Parent Education and Support

First 5 Contra Costa's Parent Education and Support programs provide information and supportive services to special parent populations with unique needs, including pregnant or parenting teens, parents who have children with special needs, and parents with disabilities who have young children. These programs aim to improve parenting practices by helping parents feel confident, well-informed, and capable of supporting their child.

Overview of Participants and Services

First 5 Contra Costa invested **\$436,559** in 2007-2008 in education and support services to special parent populations serving **303** parents of children with special needs, **156** teen parents, and **13** parents with disabilities. Through First 5 parent education and support programs, parents receive the following services:

- **Parents of children with special needs** receive support, information and resources on how to navigate the special needs and disability service systems. All of the staff are trained parents of children with special needs, which puts them in a unique position to support families in meeting the particular challenges of parenting a child with special needs. In addition, an Early Education Coordinator provides training and resources for child care providers and professionals in the early education and early intervention/special education preschool system to help them foster communication and collaboration, and better meet the needs of the children they serve.

Funded Contractor: Contra Costa ARC/CARE Parent Network

- **Pregnant or parenting teens** enrolled at Crossroads High School in Concord receive bilingual counseling, casework support, and education in the areas of health and child development. They also are taught parenting skills. Teen parents enrolled at Richmond and Kennedy high schools, located in West Contra Costa Unified School District, receive bilingual case management, one-on-one and group counseling, and health and parent education classes. Additionally, on-site child care is available to students enrolled at either school.

Funded Contractors: Mt. Diablo Unified School District's Crossroads High School and YMCA of the East Bay; Richmond and Kennedy High School

- **Parents with disabilities** are offered support groups, home visitation, and parenting education. Parents are also trained on how to navigate the disability service system and may use special adaptive baby care equipment, such as a walker with an infant seat, that allows a parent with poor balance to safely move her baby.

What Are We Evaluating?

The Parent Education and Support programs are evaluated by tracking changes in the following areas: 1) Parent knowledge of child development; 2) Parent knowledge of child health and safety; 3) Parenting skills; 4) Parent social support; 5) Parent continued education; and 6) Parent confidence in meeting child's needs. This highlight report shows the key indicators related to these outcomes.¹

Key Findings

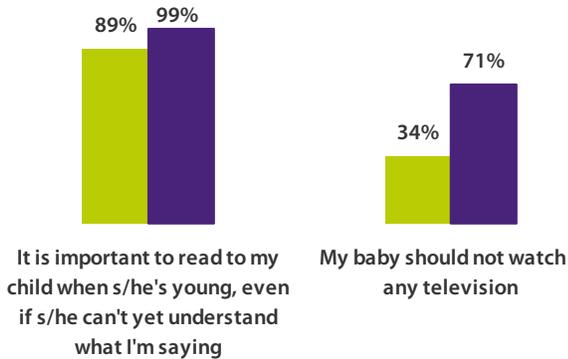
+ Teen Parents Demonstrate Increased Knowledge of Child Development, Health, and Safety

The following graphs show the percent of teen parents who answered selected questions correctly.

n=73-76; response rate=67%-70%

■ Pre-test ■ Post-test

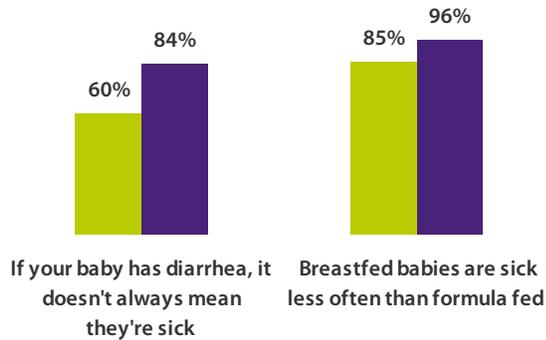
Child Development



At the end of the program, nearly all of the teen parents recognized the importance of reading to their young child even if s/he was too young to understand what was being said. This is important for parents to understand because reading aloud to young children can stimulate brain development, build language skills, and help with mother-child bonding.

Additionally, teen parents learned about appropriate television time for their baby. By the end of the program, the proportion of parents that knew their baby should not watch any television more than doubled (34 percent to 71 percent).

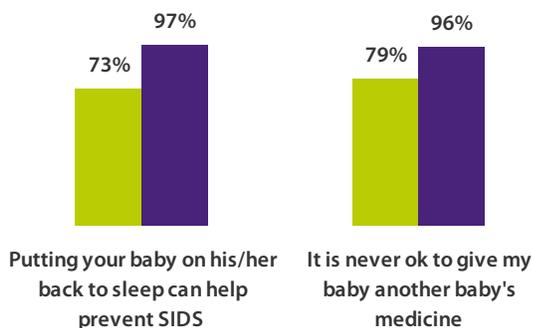
Child Health



Teen parents also learned ways to recognize signs of common illness versus more serious health problems that might require immediate medical attention. The percentage of parents who were able to recognize that diarrhea is not always indicative of a problem increased from 60 percent at program entry to 84 percent upon program completion.

By the end of the program, more teen parents were aware that breast milk differs from formula in that it contains various nutrients that have been linked to a lower risk of certain childhood illnesses.

Child Safety



Upon completing the program, nearly all of the teen parents were aware of the American Academy's recommendation that babies should be put on their back to sleep in order to lower the risk of Sudden Infant Death Syndrome (SIDS).

Additionally, nearly all of the teen parents learned the dangers of giving their baby medicine that was not specifically prescribed to them.

"I believe that with the help and support of Crossroads I have matured and grown more responsible as a person and a mother."

-Teen Parent

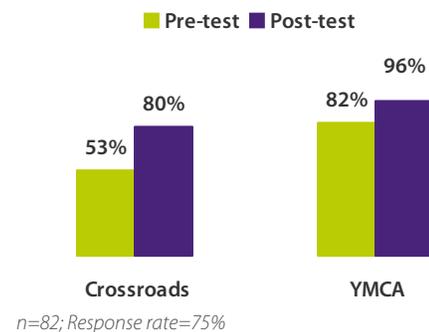
+ Teen Parents Report Increased Parenting Skills & Confidence

All of the teen parents who responded to the post-test agreed that as a result of their participation in the program, their parenting skills improved (data not shown).

Additionally, 80 percent of teen parents from the Crossroads program strongly agreed that they were a good parent after participating in the program, compared to 53 percent at the start of the program; 96 percent of parents from YMCA felt they were a good parent at the close of the program compared to 82 percent at the start.

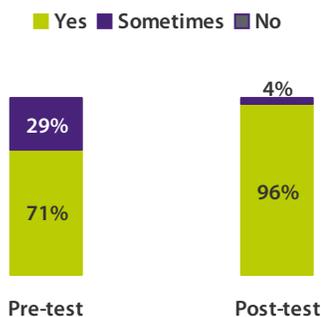
Nearly all (99 percent) of the teen parents served by YMCA and Crossroads agreed that as a result of their participation in the program, they learned where to go to get necessary help for their child, such as obtaining medical care, WIC, or food stamps (data not shown).

Percent of teen parents who strongly agreed with the statement "I am a good parent."



+ Teen Parents Report Receiving Needed Social Support

Percent of teen parents who agreed that they have the support they need



n=28; Response rate=90%

After participating in the teen parenting program at YMCA, more mothers felt supported. In fact, 96 percent said they have the support that they needed at the end of the program compared to 71 percent at the start of the program. Only one mother reported feeling supported only some of the time upon finishing the program.

Additionally, more mothers from the Crossroads program strongly agreed that they had the support that they needed after participating in the program (56% pre versus 64% post) (data not shown).²

Further, mothers expressed feeling supported as a result of the group and individual counseling sessions. As expressed by one mother, "...we all have problems but we as friends can solve them together," and another mother noted, "That there is always someone [there] to help you."

+ Teen Parents Continued Their Education

All of the teen parents reported that the program encouraged them to continue their education so that they can better care for their child.³ In fact, 87 percent of the teen parents either graduated or stayed in school.⁴

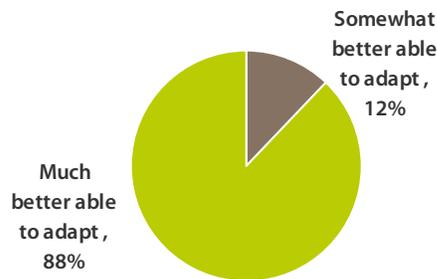
When asked to identify the most important thing they learned through the program, one mom noted, "How important my education is and why it's so important to stay in school. Not just for me but for my baby."

"Everyone supported me and helped me to be at school."

- Teen Parent

+ Parents of Children with Special Needs Report Increased Confidence

Percent of parents of children with special needs that reported the provider helped them to better adapt to the special needs of their child



n=20; Response rate=24%

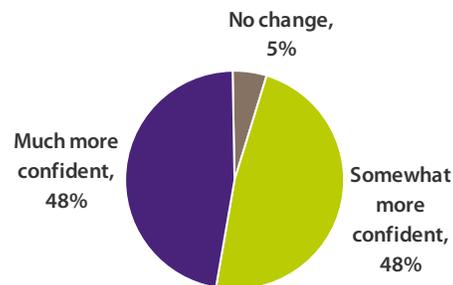
Nearly all (95 percent) parents who completed the CARE Parent Network Parent Survey reported feeling more confident in getting their child what s/he needed as a result of the CARE Parent Network, with 48 percent reporting feeling much more confident.

"I feel more knowledgeable about services for children with special needs and more confident in my dealings with professionals and gate keepers of services."

-Parent of child with special needs

Of the 84 parents who received intensive services for their child with special needs, 25 percent completed the CARE Parent Network Parent Survey. All of the parents who completed the survey reported that the various services offered by the program, including the individualized peer support, one-on-one counseling, help with referrals and contacting agencies, workshops, and the mentor parent program, helped them to better adapt to the special needs of their child, with 88 percent of parents reporting they were much better able to adapt.

Percent of parents of children with special needs who reported feeling more confident in their ability to get their child what s/he needs



n=21; Response rate=25%

*Percents do not equal 100 due to rounding

Endnotes

¹ The data presented in this report for teen mothers are from a pre-post questionnaire. In most cases, only data from matched pre- and post-test surveys are included—the exception being those questions only asked at the post-test. It should be noted that of the 156 participating teen mothers, only 78 from Crossroads and 31 from YMCA (n=109) were eligible to take the pre- and post-tests. As such, when data are presented for Crossroads alone, the response rates were calculated based on the 78 eligible mothers, when data are presented for YMCA alone, the response rates were calculated based on the 31 eligible mothers, and when data are presented for both Crossroads and YMCA, the response rates were calculated based on the total number of mothers eligible (n=109). Data for parents of children with special needs are from a parent survey that is administered at the end of services. Only 84 (28%) of the 303 parents who received services from CARE Parent Network received intensive services (3 or more calls/visits) and therefore were asked to complete a survey. All response rates for CARE Parent Network are calculated based on the 84 parents eligible to complete the survey.

² n=45; Response rate=58%

³ n=82; Response rate=75%

⁴ First 5 Contra Costa Retreat Briefing Book; Retrieved June 18, 2009 from <http://www.firstfivecc.org>

First 5 Contra Costa

2007-2008 Evaluation Highlight Report

School Readiness Initiative

Since 2003, the School Readiness Initiative has created preschool, outreach, and parent education programs to help children entering Kindergarten prepare for and succeed in school. First 5 Contra Costa has targeted services in the catchment areas of schools with low-performing standardized test scores—reaching 35 elementary schools and children and families living in geographic areas associated with four school districts: Mt. Diablo Unified, West Contra Costa Unified, Pittsburg Unified, and Antioch Unified.

Overview of Participants and Services

With funding provided by First 5 California, First 5 Contra Costa invested \$767,019 in the School Readiness Initiative in 2007-08 providing preschool to **189** children, summer pre-kindergarten to **251** children, and outreach and education to approximately **900** families.¹ A variety of programs have been developed through the initiative to meet the expressed needs in each district:

- **Family literacy and parent cooperative preschools** are part-day programs for children without previous preschool experience. The programs are designed to help improve parents' abilities to be their children's first teachers by increasing their own involvement in their children's education at school. In the Cooperative Preschools, parents are required to participate each week in the classroom. Parents of children in the Family Literacy preschools attend adult education classes for English Language Learners.

Funded Contractors: Mt. Diablo Unified /Mt. Diablo Adult Education

- **Summer pre-kindergarten programs** are offered to children who have never been to preschool. These four-week programs are offered the summer before starting kindergarten and are designed to ease the transition from a child's home to the elementary school setting.²

Funded Contractors: Pittsburg Unified, West Contra Costa Unified

- **Parent education** is offered through outreach workers, home visits, or workshops, to help parents gain parenting skills, learn what they can do to promote their children's development, and understand the importance of being involved in their children's education. Services include providing educational materials for parents to work together with their children. This includes the Tigo early learning kit, and the Raising a Reader book-lending program that encourages daily lap-reading. **Outreach** workers identify families with children entering kindergarten, link parents with schools, and provide resources and information about local school readiness and kindergarten transition activities.

Funded Contractors: Mt. Diablo Unified/Mt. Diablo Adult Education, Pittsburg Unified, West Contra Costa Unified, Family Stress Center, and Contra Costa Community Services Bureau

- **School transition activities** are designed to ease children's entry into kindergarten and offer opportunities for parents and children to meet kindergarten teachers, take tours of the school, attend parent groups, and participate in kindergarten registration activities to learn about school expectations.

Funded Contractors: Mt. Diablo Unified/Mt. Diablo Adult Education, Pittsburg Unified, West Contra Costa Unified, Contra Costa Community Services Bureau,

What Are We Evaluating?

The impact of the School Readiness Initiative is evaluated by tracking changes in children's mastery on items that are related to dimensions of school readiness, including: (1) social and emotional well-being; (2) communication

skills; (3) approaches to learning; (4) cognition and general knowledge; and (5) fine and gross motor skills.³ This highlight report presents indicator data related to these outcomes.

Key Findings

✦ Children participating in family literacy and cooperative preschools show improvements in development

The following table shows the proportion of children who have almost or fully mastered all of the items in each of the domains of the Modified Desired Results Development Profile (MDRDP) at pre- and post-assessment for both family literacy and cooperative preschools.⁴ Some important findings include:

Significantly more children had almost or fully mastered all items on each of the four MDRDP domains by the end of the school year for both types of preschool.⁵

The greatest increase was noted in the communication domain. The percentage of children almost or fully mastering all items from the pre- to post-assessment more than doubled for literacy, and tripled for cooperative preschools.

The cooperative preschools had a larger percentage of children that had almost or fully mastered all items, with child’s age as one of several factors strongly related to mastery of MDRDP items (children at the cooperative preschools were older).⁶

Domain	Literacy Preschools		Cooperative Preschools	
	Pre	Post	Pre	Post
Social emotional	31%	61%	56%	91%
Communication	22%	56%	29%	87%
Approaches to learning	45%	74%	62%	99%
Cognition and general knowledge	0%	52%	29%	80%

n=134-159; response rate=71%-84%

✦ Older children participating in family literacy and cooperative preschools showed greater improvements in development

Relationships between child characteristics (child’s age, gender, primary language, and length of time from the pre- to post-assessment), and kindergarten readiness (as measured by the MDRDP) were also explored. As seen in the following table, the strongest predictor of mastery across each of the four domains was the child’s age at post-assessment.⁷

Older children were more likely to almost or fully master all skills for each of the four domains at post-assessment. However, regardless of age, children demonstrated improvements from pre- to post-assessment in each of the four domains.⁸

The largest percent improvement in any domain was seen in social and emotional skills for children less than 4 years of age, and cognition and general knowledge for children 4 years of age or older.

Also of note, is that over half of children less than 4 years of age almost or fully mastered all items at post-test in the approaches to learning domain compared to 10 percent at the pre-test.

Domain	< 4 years		4 years or older	
	Pre	Post	Pre	Post
Social emotional	3%	29%	53%	86%
Communication	4%	22%	30%	79%
Approaches to learning	10%	53%	63%	91%
Cognition and general knowledge	5%	25%	16%	72%

n=129-153; response rate=68%-81%

✦ Children attending summer pre-kindergarten programs are more prepared for kindergarten

Children attending a First 5 Contra Costa summer pre-kindergarten program through Pittsburg Unified or West Contra Costa Unified are assessed using a modified version of the Kindergarten Observation Form.⁹ Teachers at West Contra Costa Unified assess children upon completion of the program—noting if the child has mastered the items and if they made “no,” “some,” or “significant” improvements for each of the items. Pittsburg Unified assesses children at both the beginning and the end of the program, noting the child’s mastery for each of the items at both points in time.

West Contra Costa Unified School District:

The table to the right shows that the majority of children from West Contra Costa Unified almost or fully mastered all items for three of the five domains—social emotional, approaches to learning, and fine and gross motor skills—after participating in the summer pre-kindergarten program.

A smaller percentage of children almost or fully mastered all items on the communication domain. However, 84 percent of children demonstrated significant improvements across all items in the cognition and general knowledge domain, from the pre- to post-assessment.

Pittsburg Unified District:

Children at Pittsburg Unified District demonstrated improvements across all of the domains, with more children mastering all of the items in each of the domains after the four-week program.¹¹

Notably, whereas only 1 percent of children almost or fully mastered all items on the communication domain at the pre-assessment, 10 percent did so after the four week program.

Additionally, the percent of children almost or fully mastering all of the items on the social and emotional well-being domain tripled from the pre- to post-assessment.

Percent Almost or Fully Mastered All Items and the Percent that Made Significant Improvements Across All Items at Post Assessment, West Contra Costa Unified		
Domain	% Mastered All Items	% Significantly Improved
Social emotional	78%	49%
Communication	28%	20%
Approaches to learning	87%	52%
Cognition and general knowledge	34%	84%
Fine & gross motor skills	83%	53%

n=71-80; response rate=83%-93%¹⁰

Percent Almost or Fully Mastered All Items at Pre- Post Assessment, Pittsburg Unified		
Domain	Pre	Post
Communication	1%	10%
Social emotional	17%	62%
Approaches to learning	22%	51%
Cognition and general knowledge	16%	43%
Fine & gross motor skills	36%	72%

n=109; response rate=94% for the social emotional, approaches to learning, cognition and general knowledge, and fine and gross motors domain. n=88; response rate=76% for the communication domain.¹²

Endnotes

¹ For the 251 children served by summer pre-kindergarten programs, 116 were from PUSD, 86 were from WCCUSD and 49 were served by MDAE. The outreach and education figure (n=900) includes 500 children served by the Raising a Reader program.

² Funding for these programs ended in 2008-09.

³ This skill measured for summer prekindergarten only.

⁴ Children attending Literacy and Cooperative preschools were assessed by their teachers twice using the Modified Desired Results Development Profile (MDRDP), once at the beginning of the program and again at the end.³ Children can be in the program for several years and as such can have more than two assessments. This report includes data from pre- and post-assessments completed in 2007-08 only. The MDRDP collects information about the developmental competencies of children that are important to school readiness. For each item, teachers are asked to rate individual children's level of mastery of specific skills using one of four answer choices: fully mastered, almost mastered, emerging, not yet mastered. The items are grouped into four dimensions: (1) social and emotional well-being (9 items); (2) communication skills (6 items); (3) approaches to learning (3 items); and (4) cognition and general knowledge (12 items). Domain scores were only computed for children with both a pre- and post-assessment for each of the items that are part of that domain.

⁵ P-value <0.001 from pre- to post-test for each of the items for both literacy and cooperative preschools based on the McNemar's test for two related dichotomous variables.

⁶ Literacy and cooperative preschools differed in terms of age, language the length of the program. Children participating in cooperative preschools were older, more likely to speak Spanish and participated for a shorter period of time.

⁷ While other factors were also independently associated with mastery of certain domains—children who spoke English as their primary language were significantly more likely to have mastered communication skills, learning approach skills, and cognition skills, and girls were more likely to have positive social and emotional skills and communication skills—after controlling for other factors, only age remained a significant predictor. Also explored was the relationship between program characteristics—whether the teacher speaks the child's primary language and the length of time from the pre- to post-assessment—and kindergarten readiness. Whether the teacher spoke the child's primary language was also associated with the mastery of three of the domains, however not independently. It was tangentially associated with child's primary language. Children who spoke Spanish were less likely to almost or fully master all of the items in each of the domains compared to children who spoke English or children who spoke another language that was not Spanish., regardless if the teacher spoke Spanish or not. Similarly, length of time from the pre- to post-assessment was associated with each of the domains, however it was also associated with the type of preschool and child's age—assessments at cooperative preschools were conducted within a shorter time period and older children were more likely to attend a cooperative preschool.

⁸ Improvements from pre- to post-test for children 4 years and older were significant at the $p < 0.01$ level for each of the items based on the McNemar's test for two related dichotomous variables. For children less than 4 years of age, improvements from pre- to post-test were significant at the $p < 0.01$ level for the social emotional and approaches to learning domains.

⁹ This tool is a modified version of the Kindergarten Observation Form 2003, originally created by the Peninsula Partnership for Children, Youth, and Families. It measures children's skills in 4 main areas: Gross Motor, Fine Motor, Language, and Social. Teachers were also asked to rate children's skills levels in the cognition and general knowledge domain. Domain scores were only computed for children with both a pre- and post-assessment for each of the items that are part of that domain.

¹⁰ Response rate calculated by dividing the number of children assessed for each of the items (n=71-80) by the total number of children served (n=86).

¹¹ P-value <0.001 from pre- to post-test for the social emotional, approaches to learning, cognition and general knowledge, and fine and gross motor domains and p-value <0.01 for the communication domain, based on the McNemar's test for two related dichotomous variables.

¹² Response rates calculated by dividing the number of children assessed for each of the items (n=109 and n=88, respectively) by the total number of children served (n=116).