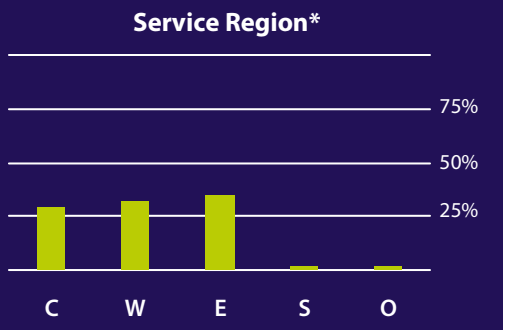
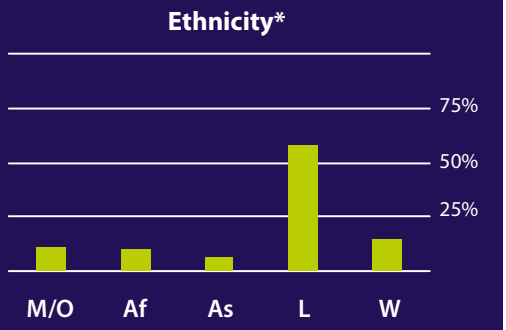
Overview of Families & Providers

Contra Costa's young children will be healthy, ready to learn and supported in safe, nurturing families and communities.





C=Central W=West E=East S=South O-Other
M/O= Multiple/other ethnicity Af=African American
As=Asian/Pacific islander L=Latino /Hispanic W=White

*Charts represent children served.

FIRST 5 CONTRA COSTA
CHILDREN AND FAMILIES COMMISSION

This highlight report presents descriptive and demographic information on the recipients of First 5 Contra Costa services from July 2008-June 2009. Data were collected through the First 5 Family Survey and the First 5 Provider Survey from children and parents who were new to First 5 Contra Costa services. These data are intended to create a snapshot of recipients of First 5 Contra Costa services and determine whether services are reaching First 5's target population. Where applicable, comparison data are presented to contextualize survey findings, and data from previous years illustrate trends over time.

Overview of Services

Number of Children, Parents, and Providers Served by Strategy in 2008-09

Strategy	Children	Parents	Providers	Total Number	Total Percent
Early Childhood Education	138	138	1,565	1,841	14%
Enrichment	154	154	—	308	2%
First 5 Centers	2,178	2,001	—	4,179	31%
Home Visiting	1,225	1,504	—	2,729	20%
Mental Health	391	391	129	911	7%
Parent Education	424	494	61	979	7%
Prenatal Health Services	247	480	—	727	5%
School Readiness	704	913	—	1,617	12%
Shelters	70	71	—	141	1%
Substance Abuse Services	20	20	—	40	<1%
Tobacco Education*	—	—	25	25	<1%
Total Number Served**	5,551	6,166	1,780	**13,497**	**~100%**

*Aside from counts, no other external evaluation data, including Family Survey data, were collected for this strategy.
**Total number served within and among strategies is a duplicated count, as participants may have received services under multiple strategies and/or from multiple contractors within a strategy.

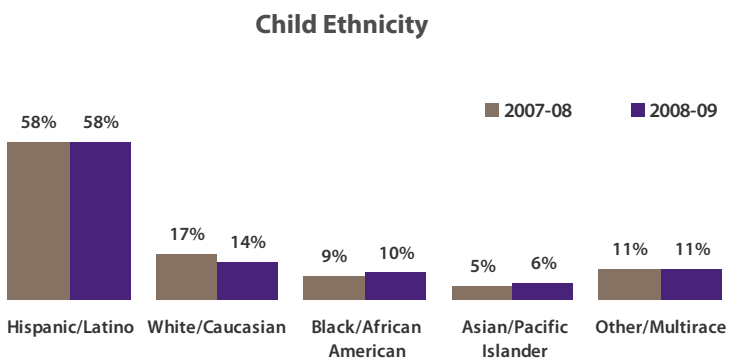
The overall counts of participants were collected by funded programs through the Outcomes, Collection, Evaluation and Reporting Service (OCERS) and reflect their best efforts to gather an unduplicated count of the total number of clients served. As seen below, First 5 Contra Costa served over 5,500 children, 6,000 parents, and nearly 2,000 providers in 2008-09. The highest proportion of children and parents were served through First 5 Centers which provide free classes to promote parent education, family literacy, and readiness for school, tobacco education, and early childhood learning opportunities. The next most utilized services included Home Visiting and School Readiness 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. More children and parents were served in 2008-09 (11,717) compared to 2007-08 (10,106); however, there was a decrease in the number of providers served (1,780 in 2008-09 compared to 2,220 in 2007-08). This decrease was mostly attributed to the Professional Development Program which increased the requirements for activities that must take place before receiving a stipend; therefore, the program served fewer providers this past fiscal year.

Key Findings – First 5 Family Survey Child Characteristics

The following section describes 3,816 children from 29 different First 5 Contra Costa funded programs who were new to services in 2008-09, as reported on the First 5 Contra Costa Family Survey (representing 97 percent of new participants).[1] Please see the Appendix for a list of the programs.

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 2007-08 and 2008-09, the majority of children who accessed First 5 Contra Costa services are 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 shows that First 5 Contra Costa has been highly successful at reaching Hispanic/Latino children.



2007-08 n=2,403; response rate=75%.
2008-09 n=3,065; response rate=78%.
Percents might not equal 100 due to rounding.

Race/Ethnicity Children 0-5, Contra Costa County 2008*	
White	41%
Hispanic/Latino	34%
African American	8%
Asian/Pacific Islander	12%
Other/Multi-race	6%

*Source: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2050.
Percents do not equal 100 due to rounding.

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 largest percentage of children served lived in the West, Central, and East regions of the county. Moreover, 62 percent of the children served in 2008-09 lived in the targeted high need areas, with 78 percent of the children served in West county living in Richmond or San Pablo, 62 percent of the children served in the Central region living in Concord, and 53 percent of the children served from East County living in Pittsburg or Antioch (data not shown). These findings demonstrate that First 5 Contra Costa has been effective in reaching families in the targeted high need areas.

Geographic Distribution of Children by Region, First 5 Contra Costa and Contra Costa County		
	2007-08	2008-09
Central (Clayton, Concord, Martinez, Pacheco, Pleasant Hill, Walnut Creek)	33%	29%
West (Crockett, El Cerrito, El Sobrante, Hercules, Kensington, Pinole, Port Costa, Richmond, Rodeo, San Pablo)	27%	32%
East (Antioch, Bay Point, Pittsburg)	26%	24%
Far East (Bethel Island, Brentwood, Byron, Discovery Bay, Knightsen, Oakley)	10%	11%
South (Alamo, Danville, Lafayette, Moraga, Orinda, San Ramon)	2%	2%
Other	2%	2%

2007-08: n=3,100; response rate=96%. 2008-09: n=3,663; response rate=93%.

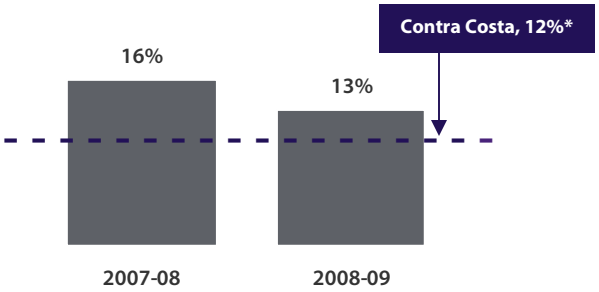
Age

In 2008-09, 87 percent of the 2,970 children surveyed were 0 through 3 years of age (based on a 75 percent response rate). Many of the programs funded by First 5 Contra Costa target this age range, including home visiting programs, which provide services to expectant parents, first time parents, and parents of medically vulnerable infants. This is similar to 2007-08 in which 81 percent of children served were 0 through 3 years of age.

Special Needs

Children with special needs benefit from specialized care and services early on in life. In 2008-09, programs in three strategy areas provided services to children with special needs: the Special Needs Inclusion Program, Early Childhood Mental Health Therapeutic and Consultation Services, and CARE Parent Network. In 2008-09, 13 percent of children newly served were identified by a health professional, school district professional, or regional center professional as having a developmental delay or disability. This percentage is less than that reported in 2007-08, and only slightly higher than Contra Costa County's rate of 12 percent, indicating that programs should continue to allocate resources towards targeting children with special needs.

Special Needs Children



*Source: State of California, Department of Education, DataQuest (2007).
2007-08: n=2,248; response rate=70%.
2008-09: n=2,881; response rate=73%.

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 2007-08 and 2008-09, 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 about two-thirds (64 percent) of children surveyed from First 5 Contra Costa programs are covered by government subsidized programs, such as Medi-Cal or Healthy Families/CHIP, only 20 percent of children in Contra Costa County as a whole were insured by these programs.

Child Health Insurance Coverage, First 5 Contra Costa Compared to Contra Costa County

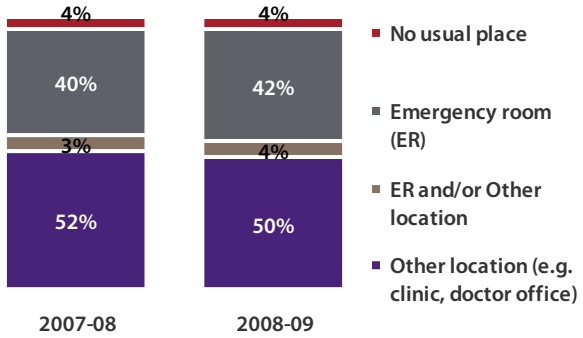
	First 5 Contra Costa		Contra Costa County*
	2007-08	2008-09	2007
Private Insurance	33%	30%	77%
Medi-Cal	55%	59%	17%
Healthy Families/CHIP	5%	5%	3%
Other	3%	3%	1%
None	3%	2%	2%

2007-08 n=2,267; response rate=70%.
2008-09 n=2,896; response rate=73%.
Percents might not equal 100 due to rounding.
*Source: California Health Interview Survey 2007.

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. First 5 Contra Costa has a goal of reducing the percentage of families relying on the emergency room for regular or routine care. In 2008-09, the vast majority (93 percent) of 2,787 parents reported having a doctor or health care provider that they usually take their child to for well-child care (71 percent response rate; data not shown). While a similar percentage (96 percent) reported having a place they usually take their child when s/he is sick or injured, 42 percent stated that this place was the emergency room. These percentages are nearly identical to those reported in 2007-08.

Child's Source of Sick Care

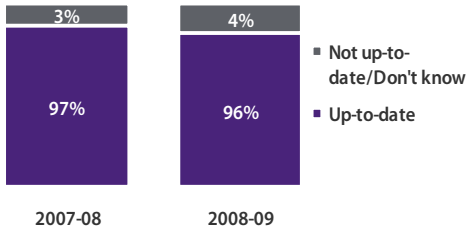


2007-08 n=1,859; response rate=58%.
2008-09 n=2,706; response rate=69%.
Percents might not equal 100 due to rounding.

Immunizations

In 2008-09, nearly all children (96 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). Four 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's Immunization Status



2007-08 n=1,938; response rate=60%.
2008-09 n=2,502; response rate=63%.

Tobacco Exposure

In 2008-09, 17 percent of children surveyed lived with someone who smoked. However, only one percent lived with someone who smoked inside the house (based on a 75 percent response rate). In California as a whole, 2.5 percent of children aged 0-5 live with someone who smoked inside the house.[2] The prevalence of tobacco exposure among children served has not changed since 2006-07.

Key Findings – First 5 Family Survey Parent Characteristics

Demographic data on the 3,816 parents who completed a Family Survey and were new to services in 2008-09 are presented in the following section (representing 90 percent of new adult participants).

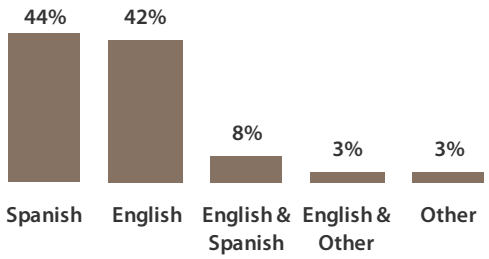
Ethnicity

Of the 3,623 parents that provided information on race/ethnicity most (59 percent) identified as Hispanic/Latino, followed by White/Caucasian (16 percent), Black/African America (12 percent), and Asian/Pacific Islander (seven percent) (based on an 86 percent response rate). Four percent of parents reported more than one ethnicity, and two percent self-identified as other. The racial/ethnic distribution of parents served was similar to children's in 2008-09. Additionally, the distribution was similar to that in the 2007-08 overview report.

Language

Nearly half of parents (44 percent) newly served in 2008-09 speak Spanish, 42 percent speak English, eight percent speak both English and Spanish, and six percent speak another language or combination of languages. The most common "other" languages include Chinese, Tagalog, Japanese, Arabic, and Portuguese. These percentages are very similar to those reported in 2007-08.

Primary Language Spoken at Home



2008-09 n=3,645; response rate=86%.

Education

While most parents (65 percent) newly served by First 5 Contra Costa had at least their high school diploma, the remaining 36 percent reported not having a high school diploma or GED. In comparing these results to data 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 Compared to Contra Costa County

	First 5 Contra Costa*	Contra Costa County**
Did not earn a high school diploma	36%	12%
High school degree or GED	33%	27%
2-year college/vocational school	15%	21%
Bachelor's degree	13%	23%
Master's degree or higher	4%	17%

n=2,960; response rate=70%.
*Percent does not equal 100 due to rounding.
**Source: California Health Interview Survey 2007.

Income

Living in poverty, especially in a child's first five years, is related to negative health, social, and developmental outcomes. Young children from very low income families tend to 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 2008-09 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. **Half of families served earned less than $15,000 per year, compared to only seven percent of Contra Costa County families.** The majority of Contra Costa County families (59 percent) earned more than $60,000 per year, while just 11 percent of First 5 Contra Costa Families surveyed earned more than $60,000.

Annual Household Income, First 5 Contra Costa Compared to Contra Costa County

	First 5 Contra Costa	Contra Costa County*
Less than $15,000	50%	7%
$15,000-$30,000	27%	14%
$30,001-$60,000	12%	20%
More than $60,000	11%	59%

n=2,193; response rate=52%.
*Source: California Health Interview Survey 2007.

Key Findings – First 5 Provider Characteristics

The following section presents data from 449 providers who completed a First 5 Provider Survey.[3] Data were collected by the three programs that serve providers: the Professional Development Program (PDP) (n=314), Early Childhood Mental Health Consultation Services (MHCS) (n=88), and the Early Learning Demonstration Project (ELDP) (n=47).

Geographic Distribution

Data from 2008-09 show that providers served by three of First 5 Contra Costa's programs—MHCS, PDP, and ELDP—reported providing child care in 25 different cities, with the highest proportion working in the Central region (34 percent), followed by the West 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 Central and South and a smaller percentage reported working in the West, East and Far East regions.

Additionally, while programs funded by First 5 Contra Costa serve providers throughout the county, many programs provided services in low-performing school areas. In 2008-09, 78 percent of providers served by ELDP were located in low-performing school areas (data not shown).[4]

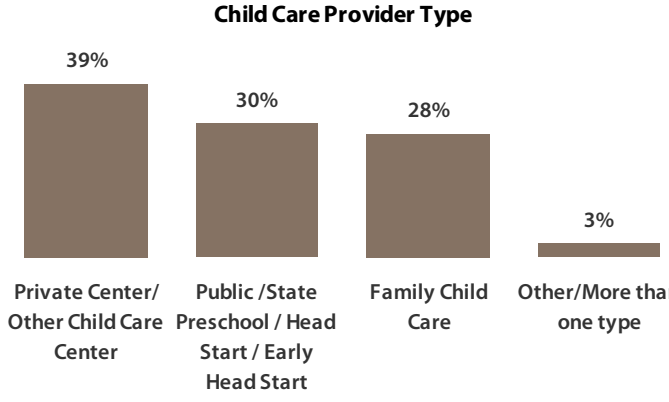
Geographic Distribution of Child Care Providers by Region

Central (Clayton, Concord, Martinez, Pacheco, Pleasant Hill, Walnut Creek)	34%
West (Crockett, El Cerrito, El Sobrante, Hercules, Kensington, Pinole, Port Costa, Richmond, Rodeo, San Pablo)	24%
East (Antioch, Bay Point, Pittsburg)	20%
Far East (Bethel Island, Brentwood, Byron, Discovery Bay, Knightsen Oakley)	8%
South (Alamo, Danville, Lafayette, Moraga, Orinda, San Ramon)	15%

n=446; unable to calculate response rate.

Child Care Type

As seen in the figure to the right, the highest proportion of child care providers surveyed reported working in a private or other child care center (39 percent) followed by public/state preschools (30 percent) and family child care centers (28 percent). A small percentage reported working in other types of programs including adult education, or more than one type of child care program.



n=444; unable to calculate response rate.

Ethnicity

While First 5 Contra Costa reaches a diverse group of providers, the ethnicity of providers surveyed in 2008-09 was different than the ethnicity of children 0-5 served by First 5 Contra Costa. Less than one-quarter of providers identified as Hispanic/Latino (24 percent), compared to

over half (58 percent) of children. Over one-third of providers are White (36 percent) compared to 14 percent of children. However, when comparing the race/ethnicity of providers to Contra Costa County as a whole, these data suggest that First 5 Contra Costa has been successful in reaching out to African American providers. Only eight percent of the county adult population is African American yet 15 percent of First 5 Contra Costa providers are African American (data not shown).[5]

Language

Almost all (98 percent) of providers speak English only or English and another language at work. In 2008-09, nearly two-thirds reported speaking only English in the workplace. This was followed by English and Spanish (23 percent), English and another language (nine percent) and English and another combination of languages (three percent). Only one percent of providers served spoke only Spanish at work, and one individual reported speaking only Farsi at work. Languages other than English and Spanish reported by more than one provider included American Sign Language, Farsi, Chinese (Mandarin), and Arabic.

Education

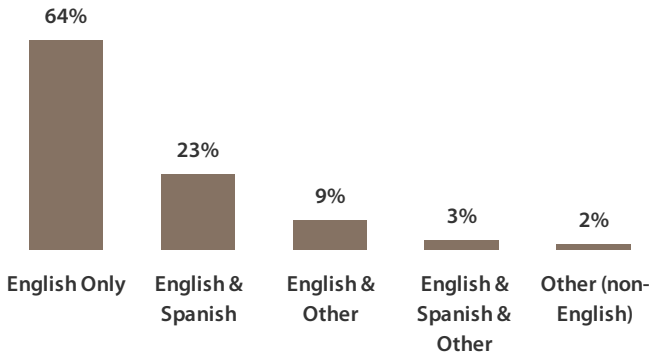
Research has consistently linked higher levels of formal education and training, and college coursework in early care and education (ECE) with higher quality child care programs.[6] However, family child care providers in California are only required to complete 15 hours of training in preventive health practices, with no ongoing training or credentialing required.[7] While teachers working in child care centers in California do have more rigorous pre-service qualifications, neither ongoing training nor a degree in ECE required, which is required in some other states.[8] The majority of First 5 Contra Costa providers completed at least some college. In fact, 39 percent have a bachelor's degree or higher. This is higher than a study conducted of California's ECE workforce where 25 percent of center-based teachers and 14 percent of family child care providers in California have a bachelor's degree or higher.[9]

Ethnicity, First 5 Contra Costa Child Care Providers Compared to First 5 Contra Costa Children

	First 5 Contra Costa Providers*	First 5 Contra Costa Children
White	38%	14%
Hispanic/Latino	24%	58%
African American	15%	10%
Asian/Pacific Islander	12%	6%
Other/Multi-race	10%	12%

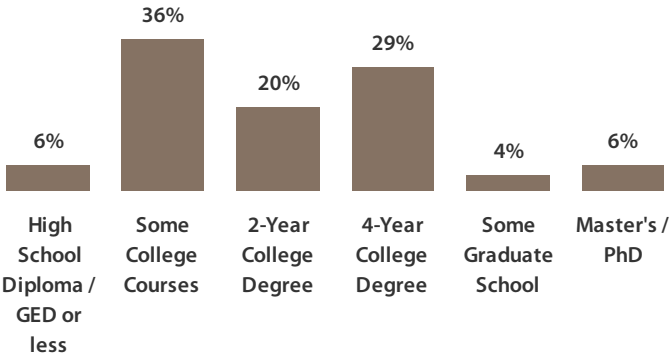
First 5 Contra Costa providers: n=434; unable to calculate response rate.
First 5 Contra Costa children: 2008-09 n=3,065; response rate=71%.
Percent does not equal 100 due to rounding.

Language Spoken at Work



n=422; unable to calculate response rate.
Percent does not equal 100 due to rounding.

Provider Education



n=445; unable to calculate response rate.

Training

Similar to the 2007-08, the vast majority of MHCS and ELDP providers (91 percent) reported attending at least one training on early childhood development in the past two years. Additionally, First 5 Contra Costa served 1,426 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. First 5 Contra Costa has invested in professional development for early education providers since 2001 by assisting a cumulative total of 5,126 providers in the county to increase their education and training.

Summary

Evaluation data from parents and children served by First 5 Contra Costa show that the characteristics of the population receiving services are different from the overall population of Contra Costa County, including differences seen in race/ethnicity, type of insurance coverage, educational attainment, and annual income. Families served by First 5 Contra Costa are seven times more likely to earn less than $15,000 per year and nearly three times more likely to have less than a high school education compared to the county as a whole. Additionally, First 5 Contra Costa has been effective in reaching families in the targeted high need areas of West County, Central County, and East County. These data suggest that First 5 Contra Costa is successfully serving populations that need them most. Providing specialized services to these high need populations may help buffer children against negative outcomes associated with ethnic/language minority status, low levels of formal parent education, and poverty.

Data also reveal that First 5 Contra Costa has been highly successful in drawing in Hispanic/Latino families (58 percent of children surveyed in both 2007-08 and 2008-09 compared to 34 percent of children 0-5 in the county). Currently First 5 Contra Costa is reaching a similar proportion of African American families and slightly fewer 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 36 percent speak a language other than English at work. Nonetheless, the race/ethnicity of providers surveyed was still not reflective proportionally to the population of parents and children served by First 5 Contra Costa. As mentioned previously, 24 percent of providers identified as Hispanic/Latino, compared to over half (58 percent) of children. As the county continues to change demographically, it is important that First 5 Contra Costa continue to make efforts to reach a diverse ECE workforce and improve the cultural competence of the ECE workforce.

End Notes

[1] While the vast majority of Family Surveys represent new clients, for a few programs the survey was administered to all families served.

[2] 2007 California Health Interview Survey, retrieved from www.askchis.com.

[3] Data from the Professional Development Program are from the program's database and not the First 5 Contra Costa Provider Survey.

[4] ELDP Master Spreadsheet 2007-08 as accessed from the Department of Education's API reports.

[5] State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2050. Accessed online at http://www.dof.ca.gov (February 2010). The race/ethnicity of the county adult population (18 years or older) is as follows: 57% White, 20% Hispanic/Latino, 13% Asian/Pacific Islander, 8% African American, and 2% Other/Multi-race.

[6] Raikes H.A., Raikes H.H., Wilcox B (2005). Regulation, Subsidy Receipt and Provider Characteristics: What Predicts Quality in Child Care Homes? Early Childhood Research Quarterly 20; 164–184.

[7] 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.

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

[9] Center for the Study of Child Care Employment and California Child Care Resource and Referral Network. California Early Care and Education Workforce Study. Licensed Child Care Centers and Family Child Care Providers. July 2006. Accessed from: http://www.irle.berkeley.edu/cscce/pdf/statewide_highlights.pdf.

APPENDIX

Number of Family Surveys & Provider Surveys Returned by Program, 2008-09				
Strategy & Program	**Family Surveys**		**Provider Surveys**	
	Number	**Percent***	**Number**	**Percent**
Early Childhood Education				
Early Learning Demonstration Project	--	--	47	10%
Professional Development Program**	--	--	314	70%
Special Needs Inclusion Program	127	3%	--	--
Enrichment				
East Bay Center for the Performing Arts	84	2%	--	--
Walnut Creek Civic Arts Education	48	1%	--	--
First 5 Centers				
Antioch First 5 Center	114	3%	--	--
Bay Point First 5 Center	99	3%	--	--
Delta First 5 Center	296	8%	--	--
Monument First 5 Center	233	6%	--	--
West County First 5 Center	455	12%	--	--
Home Visiting				
Hand to Hand	58	2%	--	--
Lift Every Voice	59	2%	--	--
Medically Vulnerable Infant Program	98	3%	--	--
Prenatal Care Guidance	209	6%	--	--
Welcome Home Baby	734	19%	--	--
Mental Health				
Early Childhood Mental Health Program	9	<1%	--	--
Lynn Center	2	<1%	--	--
We Care Services	7	<1%	--	--
Mental Health Consultation	--	--	88	20%
Parent Education				
CARE Parent Network	242	6%	--	--
Crossroads	61	2%	--	--
Through the Looking Glass	5	<1%	--	--
YMCA of the East Bay	50	1%	--	--
School Readiness				
Literacy Preschools	191	5%	--	--
School Readiness Outreach	57	2%	--	--
Special Reserve				
Planned Parenthood	509	13%	--	--
Shelter Inc.	33	1%	--	--
STAND!	22	1%	--	--
Substance Abuse Services				
Rosemary Corbin House	14	<1%	--	--
Total:	3,816	100%	449	100%

*Percent does not equal 100 due to rounding.
**Data comes from the PDP Alliance database and not the First 5 Contra Costa Provider Survey.

First 5 Centers

Centers provide parent education, early learning opportunities, and other programs to promote positive parent-child relationships.

C=Central W=West E=East S=South O=Other
M/O= Multiple/other ethnicity Af=African American
As=Asian/Pacific islander L=Latino /Hispanic W=White

FIRST 5 CONTRA COSTA
CHILDREN AND FAMILIES COMMISSION

First 5 Contra Costa funds five neighborhood-based First 5 Centers (Centers) that provide families with a place to congregate, and receive services and support in an environment that supports early childhood best practices and promotes community building. 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.

Overview of Services

Services	Region	Service Inception	Funds Expended 2008-09	Total Number Served 2008-09	Number Served Since Inception	Intensity* H=High; M=Medium, L=Low
First 5 Centers	Target areas: East, West, Central, Far East	2003-2007**	$1,552,661	2,178 children and 2,001 parents (1,862 families)	7,531 families	L

*The frequency or level of services a participant receives in relation to other First 5 funded services.
**The First 5 Centers have different dates of initiation of services.

+ **First 5 Centers**, located in targeted communities, offer a wide variety of free activities that expose parents and caregivers to the importance of the first five years. The Centers are an important and valued resource in the community—a hub for families of young children to gather and learn. Classes most commonly offered in 2008-2009 included Tigo, Story Time, Science for Tots, Raising a Reader, Music Together, Baby Signs, Infant Massage, and Kids in Motion. Additionally, the Centers offer evidence-based programs such as Parents Raising Safe Children, Nurturing Parents and Nurturing Teen Parents, Dare to be You, and Incredible Years.

  Each First 5 Center also works collaboratively with a volunteer Community Advisory Council comprised of parents, caregivers, community members and local agency representatives to work on community planning and engagement.

  In 2008-2009, the Centers hosted 138 community events that were attended by a total of 21,359 attendees. These events focused on topics such as school readiness, health, culture, parent education, and community building.

Current First 5 Contra Costa contractors: Antioch - Brighter Beginnings, Bay Point - Family Stress Center, Concord - City of Concord/Monument Community Partnership, Delta - YMCA of the Diablo Valley, and West County - Bay Area Community Resources.

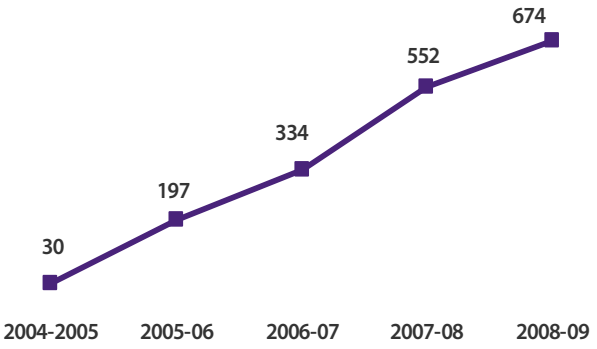
Key Findings – First 5 Centers

This report presents data collected by each of the First 5 Centers and describes the families utilizing the Centers, the services offered to families, and how those services have benefitted families. Data were collected from First 5 Center Registration Forms, Class Attendance Sheets, and Course Evaluations. While the focus of this summary is on data received from the 2008-2009 fiscal year, some data from previous years are included for comparison purposes.

+ First 5 Centers Have Increased Their Programming and Have Reached Capacity

As shown in the figure to the right, the number of classes/class series offered by First 5 Centers has dramatically increased since the Centers began offering services in 2004. In fact, it was only recently, 2007-08, that the majority of Centers acquired permanent sites and began offering a full calendar year of programming. In just two years the number of classes/class series more than doubled, and in 2008-09, 674 separate classes/class series were offered representing a 22 percent increase from the previous fiscal year. These 674 classes/class series accounted for 2,944 individual sessions offered, and a total of 8,436 hours of instruction.

Number of Classes/Class Series Offered by Fiscal Year*



*Classes can consist of one session (a class) or multiple sessions (a class series). Regardless of whether it is a single class or a class series it is only counted once in the total.

The Centers offer classes/class series that can be grouped into four categories: early learning opportunities, family literacy, parent education, and tobacco education, all of which are designed to promote positive parent-child interactions. The Centers also offer a small number of events and field trips (e.g., visits to the zoo, or a car seat safety inspection). Of the 674 classes/class series offered in 2008-09, early learning opportunities made up the largest percentage (43 percent), followed by family literacy (27 percent), parent education (22 percent), and tobacco education (7 percent; data not shown).

Similar to the increase seen in the number of classes, more families have participated in Center classes over time—from 1,261 families in 2006-07 to 1,862 in 2008-09—representing a 48 percent increase in those years. However, since the Centers have reached capacity for participation in activities, it is expected that the number of families served will level off.

+ First 5 Centers Are Reaching Out to New Clients and Families with Young Children

While the Centers serve both new and returning families, there is a focus on reaching out to families who have yet to participate. Of the 1,862 families that attended a class/class series in 2008-09 the majority (64 percent) were new. This is down slightly from the previous fiscal year in which 70 percent of families were new, and could be related to the fact the Centers have reached capacity.

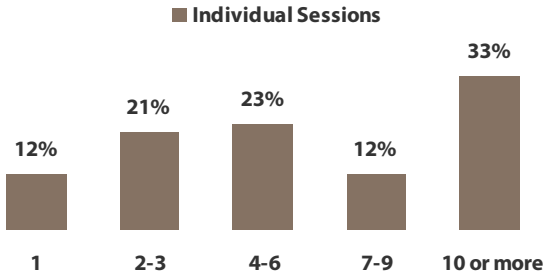
One of the recommendations from the 2008 strategy review of the First 5 Centers was to shift the major focus of activities to families with children 0-3. In 2008-09, 82 percent of children (1,667) who participated in Center activities were 0-3 years of age (based on a 93 percent response rate), compared to 78 percent in the previous fiscal year.

The First 5 Centers have been very successful at drawing Hispanic/Latino families. In 2008-09, 66 percent of adult participants (1,069) were Hispanic/Latino (based on information from 81 percent of all Center participants). While participation by non-Latino adults has decreased slightly from the previous fiscal year, the corresponding increase has been in the percentage of Whites, rather than African Americans or Asians.

Families Show a High Level of Engagement in the First 5 Centers

The level of engagement was measured by looking at the number of individual sessions attended by children and parents. As shown in the figure to the right, the vast majority of participants (88 percent) attended multiple sessions and one-third attended 10 or more in 2008-09 alone. In fact, participants attended a median of six individual sessions of any class or class series (data not shown).

Attendance for Children and Parents, 2008-2009



n=4,155; response rate=99.6%.
Percent does not equal 100 due to rounding.

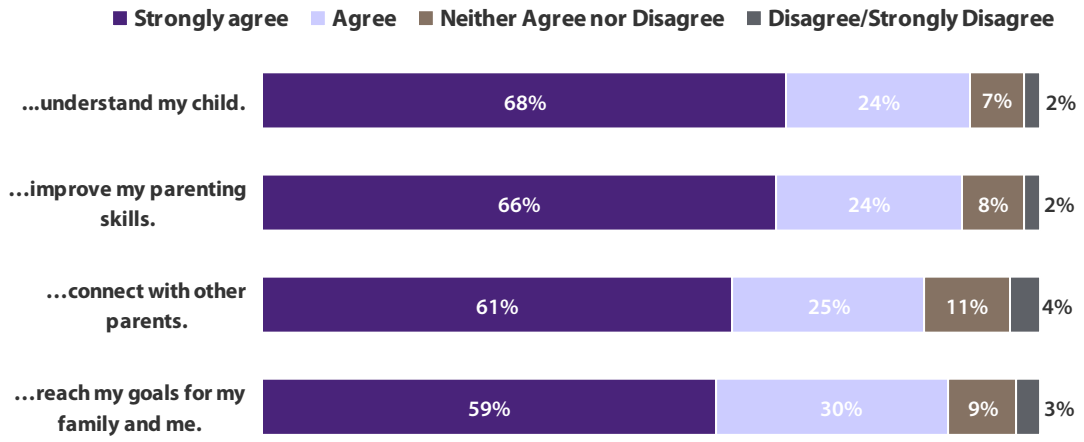
Parents Report Gaining Parenting Skills, Increasing Social Support and Attaining Family Goals

"I learned how to enjoy my time with [my child] and the other people in my class."

-First 5 Center parent

The figure below shows that families attending First 5 Center classes report receiving valuable parent education and early learning opportunities. The vast majority of parents *agreed* that the services they received from the First 5 Centers helped them understand their child (92 percent), improve their parenting skills (90 percent), connect with other parents (86 percent), and reach their goals for their family and themselves (89 percent). In addition, more than half of parents *strongly agreed* that these services received helped them. 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 and exposed parents and caregivers to the importance of the first five years.

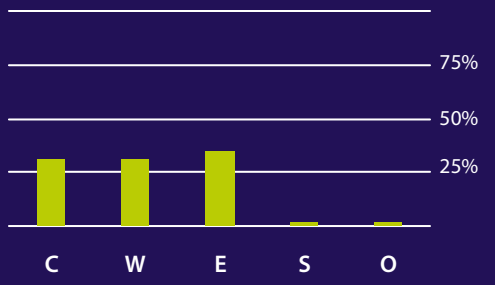
This Program Helped Me...

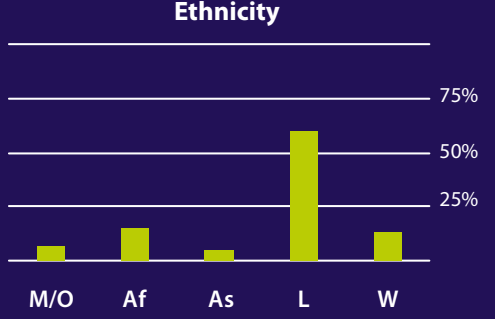


n=2224-2264; response rate=36%-37% (calculated based on 6,164 duplicated adult participants).
Percents might not equal 100 due to rounding.

Home Visiting

Home Visiting programs provide information, screenings, and referrals to needed services.





C=Central W=West E=East S=South O=Other
M/O= Multiple/other ethnicity Af=African American
As=Asian/Pacific islander L=Latino /Hispanic W=White

FIRST 5 CONTRA COSTA
CHILDREN AND FAMILIES COMMISSION

Through First 5 Contra Costa's home visiting 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. Together, the funded programs offered 9,867 home visits in 2008-09, averaging 6.8 per family.

Overview of Services

Population Served	Region	Service Inception	Funds Expended 2008-09	Number Served 2008-09	Number Served Since Inception	Intensity* H=High; M=Medium, L=Low
Prenatal	First 5 Target Areas	2002	$369,253	386 parents	1,475 parents	M
First-Time Parents	First 5 Target Areas	2002	$561,543	812 children	5,245 parents	M
Medically Vulnerable	Countywide	2006	$334,750	229 parents	692 children and parents	M
Hard-to-Reach Families	West	2007	$414,396	77 parents	77 parents	M

*The frequency or level of services a participant receives in relation to other First 5 funded services.

+ **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). The home visitor provides education and support regarding pregnancy, labor and delivery, breastfeeding nutrition, infant care, and parenting. Additionally, a detention family liaison provides education and support to incarcerated expectant women.

+ **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.

+ **Medically vulnerable infants** who are at-risk for developmental problems because of medical conditions or complications surrounding the pregnancy or birth and their families receive early intervention services from Public Health Nurses to optimize the developmental and health outcomes of the child. Some of the services 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.

+ **Hard-to-Reach** families, specifically Asian and African American families living in high-risk communities in West County, receive intensive outreach and encouragement prior to enrolling into home visiting services.[1]

Current First 5 Contra Costa contractors: Contra Costa Health Services: Prenatal Care Guidance, Contra Costa Employment and Human Services: Aspiranet/Welcome Home Baby, Contra Costa Health Services: Medically Vulnerable Infant Program, and Aspiranet: Hand to Hand.

Key Findings – Home Visiting Survey

This report summarizes findings from 173 families who received home visits from Prenatal Care Guidance (PCG), Welcome Home Baby (WHB), or the Medically Vulnerable Infant Program (MVIP), and responded to the Home Visiting Family Phone Survey in the 2008-09 fiscal year. Depending on the types of services received, respondents were asked questions about their experiences with the home visiting program, their child's health, their child rearing practices and attitudes, their knowledge of child development, and the degree to which social supports exist in their lives.

Demographic Comparison of First 5 Home Visiting Participants in 2008-09 and Contra Costa County

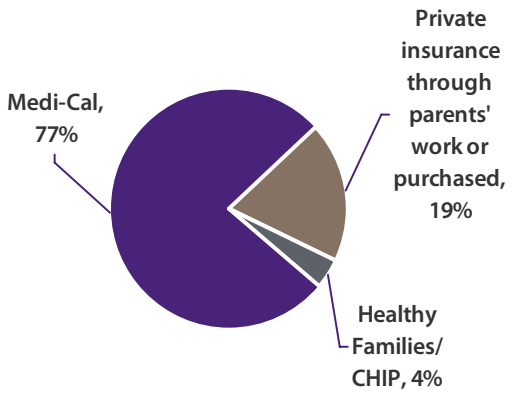
	Home Visiting Survey Sample*	*All* Home Visiting Families**	Contra Costa County***
Mother's Ethnicity			
Hispanic/Latino	70%	66%	23%
White	9%	13%	51%
Asian/PI	5%	4%	13%
African American	15%	10%	9%
Other/Multi	1%	7%	4%
Income			
Less than $15,000	54%	62%	7%
$15,001 to $30,000	28%	27%	14%
$30,001 to $60,000	12%	7%	20%
More than $60,000	6%	4%	59%

*Income: n=115; response rate=67%; Ethnicity: n=156, response rate=87%.
**Income: n=720, response rate=61%; Ethnicity: n=1,012, response rate=86%.
***2008 American Community Survey (ethnicity). 2007 California Health Interview Survey (income).

The survey sample was achieved by repeatedly calling families who had consented to be interviewed until a quota was attained that is proportionate to the percentage of clients in each program. One out of every eight families was interviewed. The sample is based on a quota system, rather than a more strict systematic sampling strategy, and the findings presented here represent only the respondents who completed the survey and therefore might not be generalizable to the entire home visiting population. However, as shown in the figure to the left, the home visiting survey sample closely matched the families enrolled in home visiting services in key demographic areas such as race/ethnicity and income. Additionally, the average age of respondents surveyed and enrolled in home visiting services was 26 years, and the primary language spoken by respondents was similar, with 57 percent of the survey sample reporting that Spanish was their primary language compared to 55 percent of those enrolled in home visiting services (data not shown). Of note is that respondents surveyed and enrolled are different than the overall county population in terms of race/ethnicity and income. Families participating in home visiting services earn less and are largely Hispanic, whereas the county population is largely White with a much higher average income.

+ Nearly All Home Visiting Families Surveyed Reported Their Child Has Access to Health Services

Types of Children's Health Insurance



n=157; response rate= 99% (based on 158 respondents who stated their child has health insurance).

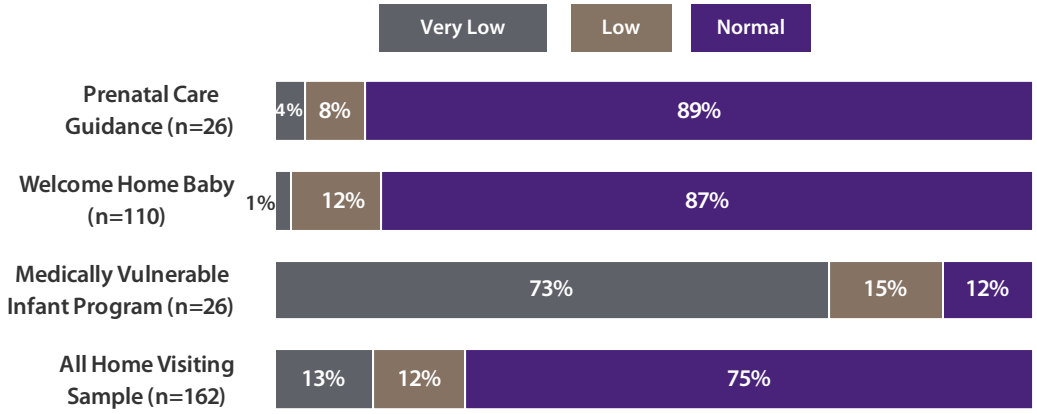
Having health insurance is critical for accessing routine preventive care which is important for monitoring a young child's growth and development. Children who do not have health insurance may go without necessary care, impacting their future development and quality of life.[2] Screening children for health insurance is a component of home visiting. Nearly all respondents (95 percent) reported that their child is covered by some type of health insurance (based on a 97 percent response rate). Of those children insured, a large majority are covered by MediCal (77 percent), followed by private insurance (19 percent), and Healthy Families/CHIP (4 percent).

The vast majority of parents (98 percent) also reported that their child has a medical home; that is, a clinic or doctor's office the child usually goes to for routine or preventive care. However, nearly one-third of parents (31 percent) reported still going to the emergency room when their child is sick or injured (87 percent response rate).

+ Low Birth Weight and Inadequate Prenatal Care was More Prevalent among Children of Home Visiting Families Surveyed Than the General Population

A child's birth weight is a determinant of their early health and development. Low birth weight babies are more likely than babies of normal weight to have health problems during the newborn period. Additionally, research has shown that very low birth weight infants are less likely to receive the benefits of breastfeeding. A recent study found that socially disadvantaged mothers who received intensive home visits were less likely to deliver low birth weight babies than other mothers in similar circumstances.[3] Moreover, the study reported that the earlier the visits occurred in the pregnancy, the greater the reduction of low birth weight babies. Among the home visiting sample, 25 percent of parents surveyed reported their child had a birth weight that is classified as low (less than 5.5 pounds), with thirteen percent of those children classified with very low birth weights (less than 3.5 pounds). These rates are higher than Contra Costa County's overall low birth weight rate of 6.7 percent[4] and the Healthy People 2010 goal of reducing the prevalence to five percent. As expected, 86 percent of the very low birth weight babies in the interview sample were part of the Medically Vulnerable Infant Program (MVIP) which targets children because of medical conditions or complications surrounding the pregnancy or birth, like low birth weight. However, rates of low birth weight in the other two programs were double those found in the county, indicating that home visiting services are reaching mothers/caregivers in need of additional support to care for their infant(s).

Child Birth Weight by Program



Response rates range from 79% to 100%.

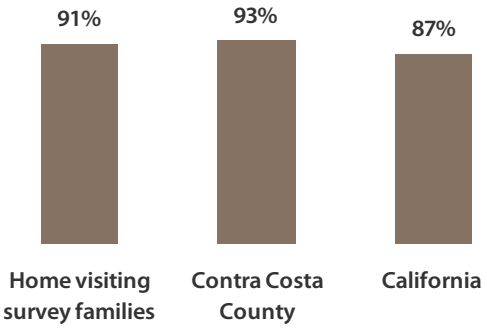
Obtaining prenatal care early is important for a number of reasons including preventing low birth weight. Mothers participating in the Prenatal Care Guidance (PCG) program were asked when they had their first visit for prenatal care. Of the 30 that responded (91 percent of sample), 37 percent reported they had not received prenatal care during their first trimester of pregnancy, which is considered inadequate prenatal care. The rate of inadequate prenatal care for Contra Costa County is 13 percent.[5] Additionally, mothers were asked how far along they were when they knew they were pregnant. The median number of weeks between when mothers knew they were pregnant and when they sought prenatal care was five and ranged from zero to 27 weeks. It should be noted that of the women surveyed from the PCG program, the majority (61 percent) began receiving home visits after the first trimester. Therefore, it is not possible to examine whether receipt of home visits in the first trimester was associated with seeking earlier prenatal care. Together these findings illustrate the importance of continued efforts to enroll at-risk mothers prenatally and doing so as early as possible.

+ Most Respondents Initiated Breastfeeding and One-Quarter Breastfed for 6 Months or Longer

Breastfeeding has a variety of health benefits for both mother and child. Children have a lower risk of many health problems including a variety of viruses, obesity, and asthma. Breast milk is easier for children to digest and can promote mother-child bonding.[6] In order to promote breastfeeding, First 5 Contra Costa's home visiting programs provide mothers with education and support. Survey respondents were asked whether they received information on breastfeeding during their home visits with 80 percent of WHB respondents reporting that they did. The same

was true for about two-thirds of respondents from MVIP and PCG. Further, three-quarters (81 percent) of mothers from the Welcome Home Baby (WHB) program said that their home visitor provided education and support on breastfeeding when they brought their baby home. This is important as breastfeeding success is dependent on continued support.

Percent of Children Ever Breastfed



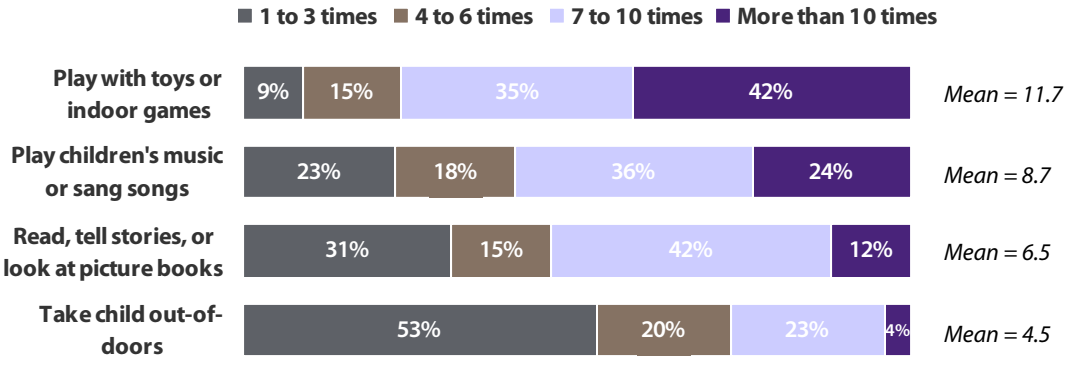
n=162; response rate=94%.
Source: California Department of Public Health. Contra Costa County's Health Status Profile for 2009.

Respondents were also asked if their child was ever breastfed and if yes, for how long. As shown to the left, ninety-one percent of respondents reported their child was breastfed, and at the time of survey administration, 45 percent were still breastfeeding their child. This is nearly identical to the county as a whole and is higher than California's overall rate. National recommendations advise mothers to exclusively breastfeed their child for six months, and mothers are encouraged to breastfeed for one year. Of the 81 respondents who were no longer breastfeeding their child, the median duration of breastfeeding was three months and ranged from one week to 19 months. Among these same women, 26 percent reported breastfeeding their child for six months or longer. Given that mothers in the home visiting sample have low levels of formal education, a low family income, and high rates of low birth weight infants, all factors associated with breastfeeding initiation and duration, First 5 Contra Costa home visiting programs should continue to promote continued breastfeeding through education and support.

✚ A Majority of Parents Regularly Engage in Family Activities With Their Child

Survey respondents were asked how often in the last week they or someone in their family participated in family activities with their child. As illustrated in the figure below, the level of involvement varied depending on the type of activity. This could be related to the age of the child as the average age of the children at the time of the survey was 10 months, and about one-third were 6 months or younger. That said, the majority of respondents reported regularly engaging in various family activities with their child, with the exception of taking their child outdoors to play at the park, or going for a walk. More than half of respondents played with toys or indoor games (77 percent), sang music (60 percent), and told stories or looked at books with their child (54 percent) seven or more times during the week. This is important not only to support the child's brain development, but also to bond and attach with the child. These percentages were slightly lower than comparable statewide data. For example, the 2007 California Health Interview Survey (CHIS) found that 66 percent of parents played music with their child every day and 60 percent of parents read books with their child every day.

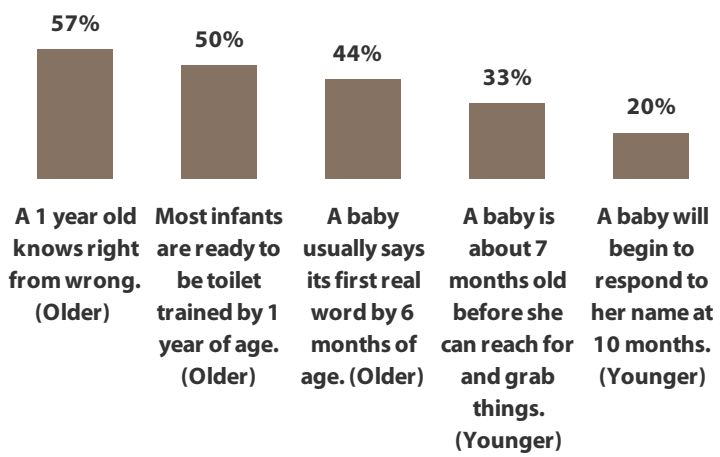
How Many Times Per Week Do You or Someone in Your Family Do the Following Things With Your Child?



n=158-159; response rate=91%-92%.
Percents might not equal 100 due to rounding.

Knowledge of Specific Infant Developmental Milestones is Low

Percent of Respondents Answering Correctly to Questions about Child Development



n=153-156; response rate=88%-90%.

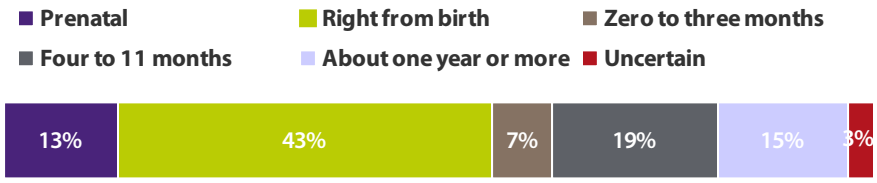
While parents *reported* that they knew a lot more about their child's development after receiving home visits (as illustrated on the following page), when asked about specific infant developmental milestones as measured on an abbreviated version of the Knowledge of Infant Development Inventory (KIDI), their knowledge was relatively low.

The KIDI is designed to assess adults' knowledge of typical child development and parenting of children from birth to two years old. The home visiting survey included five of the KIDI child development items. Respondents were read each statement and asked to respond with one of the following: agree, older, younger, or not sure. The percentages of correct answers, as coded by a scoring key, are presented in the figure to the left.

As can be seen, parents' knowledge of children's developmental milestones was relatively low. The statement receiving the highest percentage of correct responses was "A one year old knows right from wrong," with just over half of respondents (57 percent) answering correctly (i.e., younger). Only 33 percent of parents correctly responded (i.e., younger) to the statement "A baby is about 7 months old before she can reach and grab for things."

Respondents were also asked when they thought a parent can begin to significantly influence a child's brain development. As shown in the figure below, the largest proportion of respondents (43 percent) thought this occurs right from birth. An almost equal percentage (of parents 41 percent) thought this occurs when their child was four months of age or older. Just 13 percent of parents thought they could begin to influence their child's *prenatal* brain development (correct response).

Knowledge of When a Parent Can Begin to Significantly Influence a Child's Brain Development



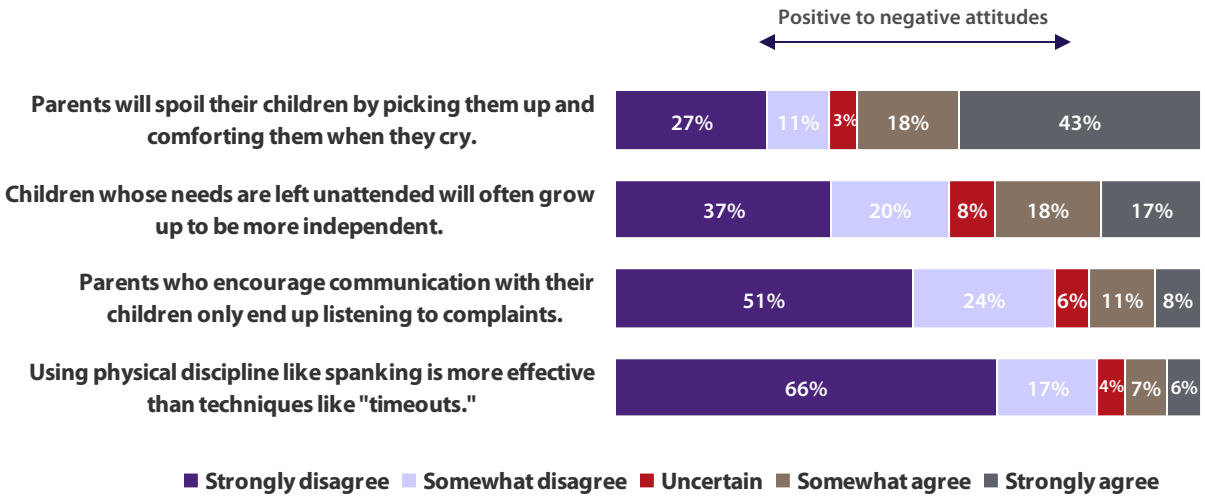
n=152; response rate= 88%.

Parents Have Moderate Levels of Knowledge of Positive Parenting and Child Rearing Practices

Parents were asked a series of questions from the Adult Adolescent Parenting Index (AAPI) designed to assess their beliefs and attitudes about parenting and child rearing. Respondents receive a high score on the scale's risk index by answering "strongly agree" or "somewhat agree" to the statements, and higher scores suggest that parents may have an increased risk for abusive and neglecting parenting attitudes and practices. Of the interview sample of parents, 61 percent either strongly or somewhat agreed with the statement "Parents will spoil their children by picking them up and comforting them when they cry." This result shows a lower understanding of positive child rearing on this topic. Parents were moderately more empathetic on statements related to children's needs and parent-child communication with only 35 percent and 19 percent of respondents, respectively agreeing with the statements. When asked if spanking was an effective discipline technique, 83 percent of parents disagreed

showing positive parenting attitudes on this statement. Overall, respondents had moderate levels of positive parenting beliefs and attitudes, and there is considerable room for improvement in this area.

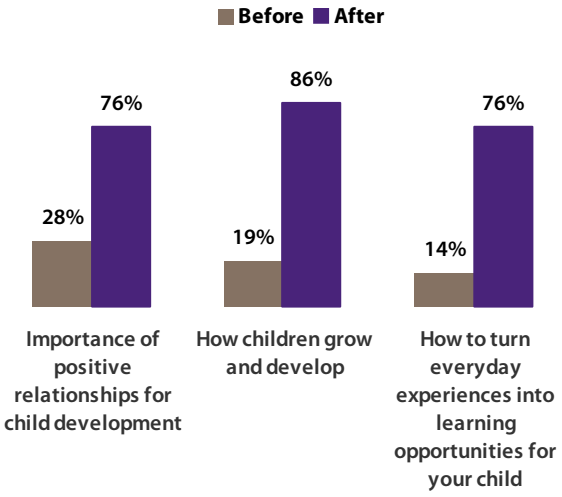
Parenting Beliefs and Attitudes



n=160-162; response rate=92%-94%.
Percents might not equal 100 due to rounding.

+ Parents Report an Increased Understanding of Child Development

Percent of Parents Reporting a Lot of Knowledge about Child Development



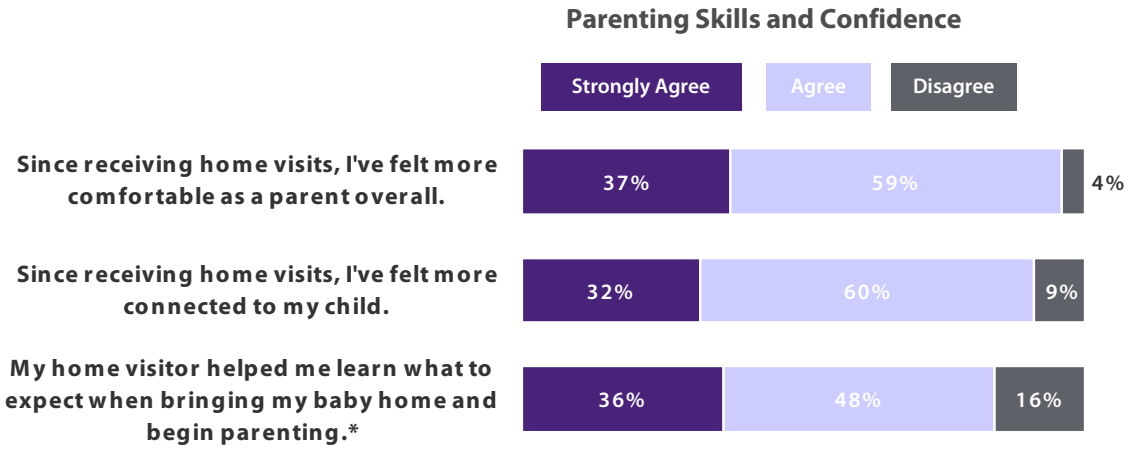
n=169 -170; response rate= 98%.

Knowledge of child development is important because research has shown that this impacts child-rearing techniques.[7] Parents who understand children's growth stages are better equipped to provide the appropriate level of guidance, structure, discipline, and play for their child's needs.

Parents perceive that their knowledge of child development concepts increased significantly after receiving home visits. For example, 76 percent of parents reported having a lot of knowledge about the importance of positive relationships for child development and how to turn everyday experiences into learning opportunities for their child after receiving home visits. This is almost triple the reported knowledge prior to receiving home visits. Additionally, the percentage of parents reporting a lot of knowledge regarding how children grow and develop more than tripled from before to after receiving home visiting services. Just five percent of parents reported that they knew just a little or nothing about these topics after receiving home visits (data not shown).

+ Home Visits Increase Parents' Skills and Confidence

A strong parent-child connection is important for providing positive and enriching interactions between parents and children. As shown on the following page, nearly all parents reported that since receiving home visits they have felt more comfortable as a parent overall (96 percent), and that their relationship with their child has improved (92 percent). Additionally, 84 percent of PCG respondents reported that their home visitor had a positive influence on their confidence in parenting their newborn.



*n=31; response rate=94% (PCG respondents only).
n=167; response rate=97%.
Percents might not equal 100 due to rounding.

+ Respondents Report Feeling Supported and Are Coping Well With the Demands of Parenting

Statement	Percent Responding "Yes"
Is there someone you can talk to when you need advice about raising the child?	91%
Is there someone you can count on to watch the child if you need a break?	86%

n=160; response rate=92%.

Respondents to the home visiting survey largely reported feeling supported in their role as a parent. Ninety-one percent reported there was someone they could talk to when they needed advice about raising their child and 86 percent reported having someone they can count on to watch their child if they need a break. Additionally, nearly all respondents reported that they are coping very well (72 percent) or somewhat well (25 percent) with the day-to-day demands of raising children (90 percent response rate; data not shown). These findings show a high level of parental support and coping behavior which is beneficial to a child's environment and development.

Despite reporting high levels of support, some parents reported feeling like they are making sacrifices in their role as a parent. Over half of respondents (58 percent) agreed with the statement "I find myself giving up more of my life to meet my children's needs than I ever expected," and one-third agreed that "Since having a child, I feel that I am almost never able to do things that I like to do" (92 percent response rate; data not shown). These statements show a moderate level of parental stress, and when parents have lower stress levels they are better able to care for their child. Parental stress was also analyzed based on whether a respondent identified themselves as a single parent or not. There were no differences in the reported level of support received, coping, or parental stress between these groups.

Parents state that their knowledge of child development has increased three-fold, they have gained much greater confidence in their parenting skills after receiving home visiting services, and have much support in their role as parents. However, their scores on the AAPI scale for empathy and positive parenting attitudes and their scores on the KIDI scale for knowledge of developmental milestones are low to moderate. These findings indicate that parents gain much knowledge, confidence, and support from home visiting services, yet, even with all this support there is still room for parents to learn and grow.

+ Respondents Have Moderate Knowledge First 5 Centers and Low Utilization of First 5 Centers and 2-1-1

First 5 Contra Costa funds five First 5 Centers located throughout the county that provide a variety of programming to families. Data from a provider survey conducted in 2008 showed that most home visiting staff reported that they include the First 5 Center as a part of their intervention plan with families. Therefore, the home visiting survey included questions about awareness and access to the First 5 Centers. About two-thirds (65 percent) of 158 respondents reported that they were aware of the First 5 Centers in Contra Costa County, and only one-third (35 percent) of those who were aware of First 5 Centers responded that they or someone in their household had

participated in a Center's activities (91 percent response rate).

Another resource for families in Contra Costa County is the 2-1-1 phone line. Callers to 2-1-1 receive information on health and social services available in the county. Only 15 percent of 160 respondents reported using 2-1-1 to access information and resources (based on a 92 percent response rate). However, a full 100 percent of those who did use 2-1-1 (n=23) were able to find the information they needed from the service. Seventy-three percent of parents reported that they would like to know more about available community resources and services.

72% of parents reported that after receiving home visits they knew a lot about how to work with public service agencies like WIC, Medi-Cal or food stamps compared to 20% before home visits.

Endnotes

[1] This population was not included in the survey however preliminary program data suggest that as a result of the intensive outreach efforts, averaging 6.3 contacts, approximately half of the women contacted enrolled in services.

[2] Seid, M., Varni, J. W., Cummings, L., & Schonlau, M. (2006). The impact of realized access to care on health-related quality of life: a two-year prospective cohort study of children in the California State Children's Health Insurance Program. Pediatrics, 149(3), 354-361.

[3] Lee E, et al (2009). Reducing low birth weight through home visitation: a randomized controlled trial. Am J Prev Med 36(2).

[4] California Department of Public Health. (2009). Contra Costa County's Health Status Profile for 2009. Available at http://www.cdph.ca.gov/programs/ohir/Documents/contracosta.xls.

[5] California Department of Public Health. (2009). Contra Costa County's Health Status Profile for 2009. Available at http://www.cdph.ca.gov/programs/ohir/Documents/contracosta.xls.

[6] National Women's Health Information Center. (2009). Benefits of Breastfeeding. Available at http://womenshealth.gov/breastfeeding/benefits/.

[7] Damast, A.M., Tamis-LeMonda, C.S., & Bornstein, M.H. (1996). Mother-child play: sequential interactions and the relation between maternal beliefs and behaviors. Child Development, 67, 1752-1766.

Appendix

Each year families who are new to services from Prenatal Care Guidance (PCG), Welcome Home Baby (WHB) and the Medically Vulnerable Infant Program (MVIP) are asked to sign a consent form to participate in a telephone interview regarding their experiences. In 2008-09, consent forms were returned for 531 families (531/774*=69% consent rate). The goal was to complete 150 surveys from the three programs. A proportionate allocation sampling (quota sampling strategy) strategy was utilized in order to ensure that the sample proportions approximated the total home visiting population. For example, since WHB accounted for 68 percent of the total population served, the goal was to complete 102 interviews from that program. For PCG the goal was to complete 30 interviews as they comprised 20 percent of the home visiting sample, and for MVIP that goal was 18 as they made-up 12 percent of the total sample.

Between June and July 2009, phone interviews were attempted with 501 of the consented families (not all families that consented provided their phone number). However 156 (31 percent) had moved or had disconnected phone numbers, and were excluded from further attempts. Up to six phone calls were made to the remaining families at various times throughout the day (i.e., morning, afternoon, and early evening). Additionally, one round of phone attempts was made on a Saturday in order to reach the quota. Participants were offered a chance to win one of eight $25 Target gift cards for their time. A total of 173 responded to the survey, for a response rate of 50% (173/(501-156 non-eligible numbers). The breakdown by program was as follows; 111 from WHB, 33 from PCG, and 26 from MVIP. An additional three surveys did not contain program information.

Depending on the types of services received, participants were asked questions tailored to their specific experiences. Therefore, not every participant was asked every question in the survey. In addition, participants were allowed to answer questions at their discretion. In fact, 156 completed all questions of the survey out of 173 that agreed to participate.

*Number of new parents served from PCG, WHB, and MVIP in 2008-09.

Substance Abuse Services

Women at-risk of having their child removed to foster care receive substance abuse services.

C=Central W=West E=East S=South O=Other
M/O= Multiple/other ethnicity Af=African American
As=Asian/Pacific islander L=Latino /Hispanic W=White

FIRST 5 CONTRA COSTA
CHILDREN AND FAMILIES COMMISSION

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.

Overview of Services

Services	Region	Service Inception	Funds Expended 2008-09	Number Served 2008-09	Number Served Since Inception	Intensity* H=High; M=Medium, L=Low
Rosemary Corbin House	Countywide	2002	$894,136	20 mothers; 20 children	151 mothers; 135 children	H

*The frequency or level of services a participant receives in relation to other First 5 funded services.

+ Residential substance use treatment is provided in a healthy setting that reunites mothers and their most recently-born child. **Rosemary 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.

Current First 5 Contra Costa contractor: Contra Costa County, Alcohol and Other Drugs (AOD).

Current First 5 Contra Costa sub-contractors: Ujima Family Recovery Services, Family Stress Center, STAND! Against Domestic Violence.

Key Findings- Rosemary Corbin House

This report summarizes findings from the Rosemary Corbin House (Corbin House) and includes data for women and their children who entered Corbin House between July 2005 and June 2009. Data are from a variety of sources including the First 5 Family Survey, parent and child assessments, and intake and discharge status collected by the program. In addition, key findings as well as case studies are presented from six in-depth interviews that were completed between June and July 2009 with women who participated in the Corbin House program (see the Appendix for more information about the client interviews).

The following section provides an overview of the key demographic data from the First 5 Family Survey. 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.

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%

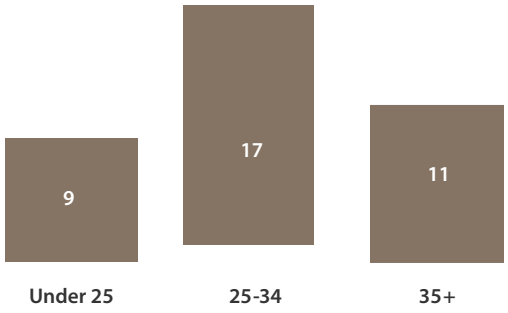
Corbin House: 2005-06 –2008-09; n=44; response rate= 71%.
All F5 programs: 2007-08; n=3,051; response rate=95%.

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 87 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).

Mother's Age

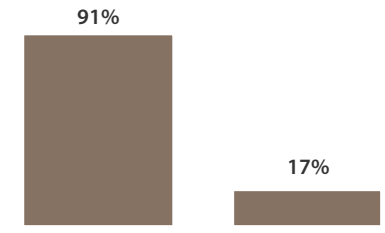


n=37; response rate=60%.

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 Tobacco Exposure



Corbin House: n=45, response rate=73%.
All F5 programs: n=2,974; response rate=69%.

Child Insurance

Almost all the Corbin House children are covered by Medi-Cal (98 percent), compared to 59 percent of children served by other First 5 Contra Costa programs in 2008-09.[5] This suggests that families participating in the Corbin House program are among the neediest of families (data not shown).

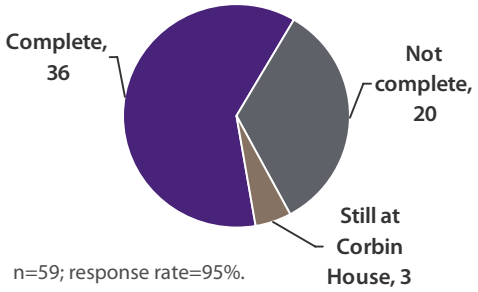
Program Completion at Corbin House

+ 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



n=59; response rate=95%.

+ 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 Addiction Severity Index (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 severity of past 30 day alcohol, drug, and psychiatric problems were equally likely to complete the program, but those with medical problems were less likely to do so.

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 figure to the right for women who completed the program. Composite score values range from 0 (no problem) to 1 (severe problem).

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.

As can be seen, participants' ASI scores decreased significantly 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.

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."

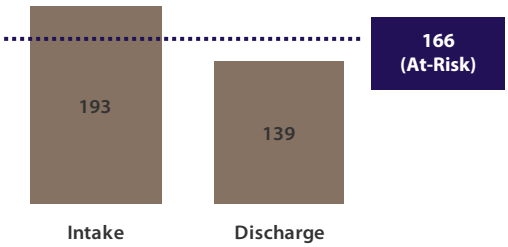
A key feature of Corbin House is a focus on parenting empathy and developing parenting skills. "Priscilla*, [one of the counselors] just really cared about how you treated the kids. She taught us that we have to go down and live at their level to be able to understand. If I had any questions, I knew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

**Names have been changed throughout to protect confidentiality.*

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 figure 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%.
*p <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 the Proportion of Women That have Elevated Scores on the Physical Abuse Factor Scales

The figure 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 (Problem-Family) 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%.
*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.

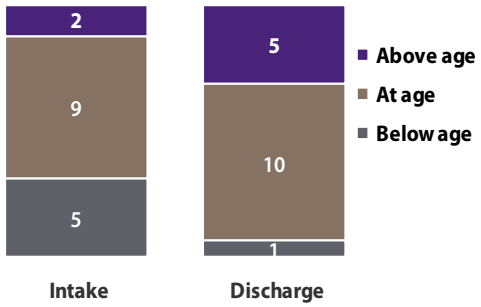
Child Outcomes at Corbin House

+ 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 figure 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%.

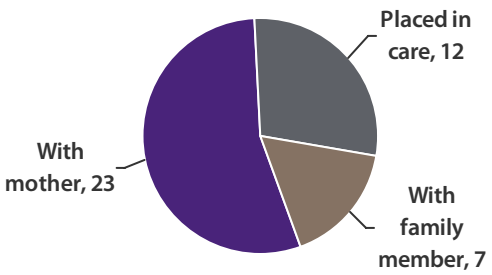
Each subscale score also improved; specifically, while one-quarter of children were below age level on the gross motor domain at intake, none were below age level at discharge. Similarly, 19 percent were rated at below age level at intake on the fine motor domain, yet none were rated at below age level 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. Over half (55 percent) of women retained custody of their most recently-born child after their treatment episode at Corbin (regardless of successful completion), 29 percent of children were placed into care, and the remaining 17 percent of children were placed with a family member.[12]

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



n=42; response rate=93%.

+ 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 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	7	0
Placed in care	1	11

n=42; response rate=93%.
*p <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."

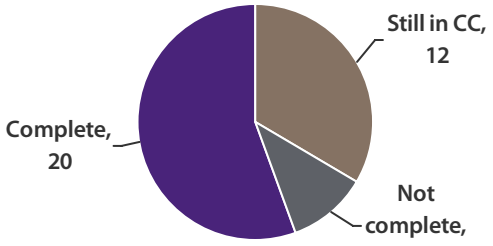
April continues to rely on her support system, occasionally attending Narcotics Anonymous meetings where her mother-in-law is her sponsor. April has also had to learn to count on herself even more. Her husband, the sole caretaker of their family, relapsed and is currently in jail. With financial assistance 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].

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 figure 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



n=36; response rate=100%.

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

The figure 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%.
*p <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."*
>
> *"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."*

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

-Corbin House participant

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."

-Corbin House participant

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 2008-09, n=2,970; response rate=69%. 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 2008-09, n=2,896; response rate=67%.

[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.nctsnet.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 predictors of treatment outcomes is limited. The small sample of clients makes it difficult to conduct analysis predictive of child and treatment outcomes.
- 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

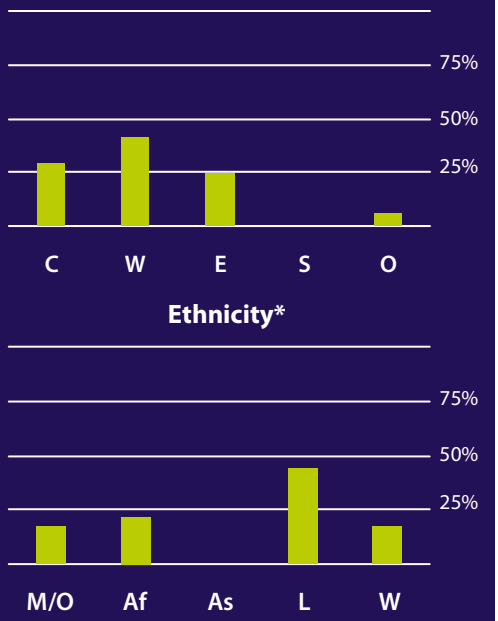
been more likely to agree to the survey.

Evaluation Recommendations

- ✓ 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.

Mental Health

Mental Health programs identify children at risk of or identified with special needs and help them develop at their optimal level.



C=Central W=West E=East S=South O=Other
M/O= Multiple/other ethnicity Af=African American
As=Asian/Pacific islander L=Latino /Hispanic W=White

*Charts represent children served.

FIRST 5 CONTRA COSTA
CHILDREN AND FAMILIES COMMISSION

First 5 Contra Costa's Mental Health programs aim to assist young children at risk of or identified with special needs (i.e., children with social, emotional, behavioral, physical and/or development difficulties, delays or disabilities) so that children develop at their optimal level and that children in crisis or with social or emotional behavioral problems are identified early. To accomplish this goal, 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 Services

Services	Region	Service Inception	Funds Expended 2008-09	Number Served 2008-09	Number Served Since Inception	Intensity* H=High; M=Medium, L=Low
Mental Health Consultation	Countywide	2002	$597,644	266 children; 129 providers	1,807 children; 1,209 providers	M
Mental Health Therapeutic	Countywide	2003	$475,127	125 children	862 children	H

*The frequency or level of services a participant receives in relation to other First 5 funded services.

+ Child care providers who receive services from **Mental Health Consultation Services (MHCS)** work with a Mental Health Consultant to improve their capacity to address the needs of children in their care who are struggling with behavioral or other issues. When services are requested for a child, the consultant conducts observations, gathers information from the child care providers and parents, and coordinates service planning with all parties involved. The Mental Health Consultant develops solutions that allow children to remain at their child care sites, and works with early education providers and parents to identify appropriate early intervention services. In 2008-2009, consultants provided 6,547 services averaging 80 minutes per service to the providers and parents, including 868 clinical phone calls to the family, 1,150 direct child observations, and 459 in-person visits with parents.

+ Children identified with more severe special needs receive intensive therapeutic services from **Mental Health Therapeutic Services (MHTS)** including wraparound services, individual and family treatment, and consultations with preschool or day care staff. These services are typically provided over a long period of time—usually more than one year. Additionally, MHTS offers wraparound services in cases of high need or complexity, providing families with team-based support to best meet their needs.

Current First 5 Contra Costa contractors: (MHCS) We Care Services for Children, Early Childhood Mental Health Program, and Contra Costa ARC/Lynn Center; (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.

Key Findings – Mental Health Consultation Services (MHCS)

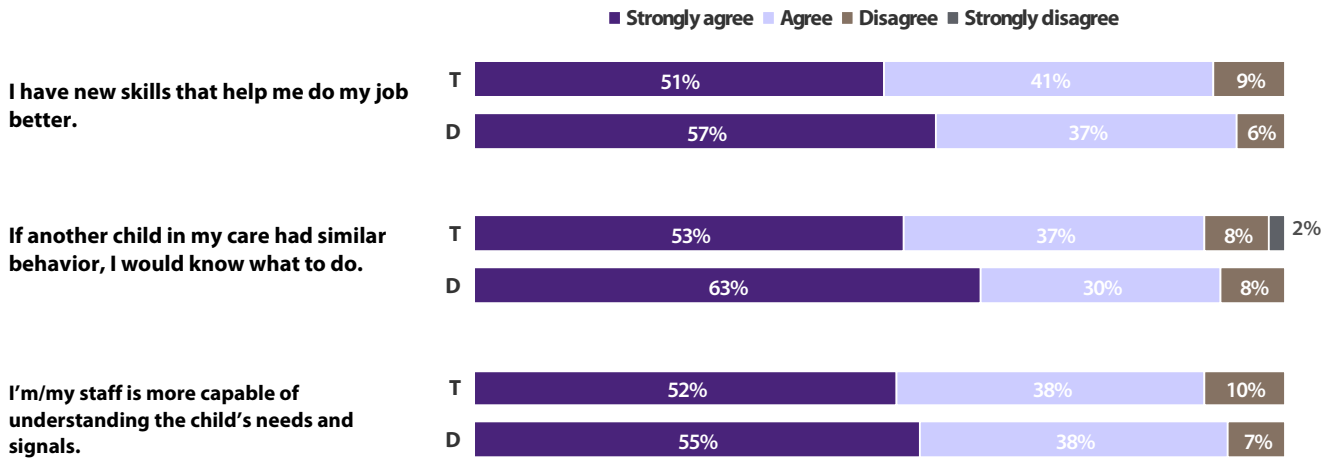
In order to estimate the impact of consultation services, early education care providers are asked to complete a brief exit form that asks about their experiences and any new skills developed as a result of the program. Additionally, consultants complete intake and closing summaries about the child which document the reason(s) for the referral, the service(s) provided, and child placement status. The following reveals the salient findings from 141 provider exit forms (representing 68 percent of providers served) and 274 child intake and closing summary forms (representing all children served).[1]

+ Early Education Providers Have New Skills to Manage Emotional and Behavioral Issues of Children

Mental health consultants provide an opportunity for early education providers to learn how to care for children with emotional or behavioral issues. Through direct observation and behavior analysis, consultants provide support and advice that is tailored to each child exhibiting these issues. This learning experience provides a solid foundation for childcare providers to effectively manage the emotional or behavioral issues of children and ultimately help them retain the children at their site.

As shown in the following figure, both teachers (T) and center directors (D) reported an improvement in their ability to provide supportive services to children exhibiting emotional or behavioral issues after receiving consultation services. Fully 90 percent of both teachers and directors agreed that as a result of the services provided by mental health consultants, they have developed a skill set that will help them to do their job better. In addition, over half of directors (63 percent) strongly agreed that the consultation services helped them to understand how to respond if another child were in his/her care and exhibited similar behavior.

Teacher and Director Ratings



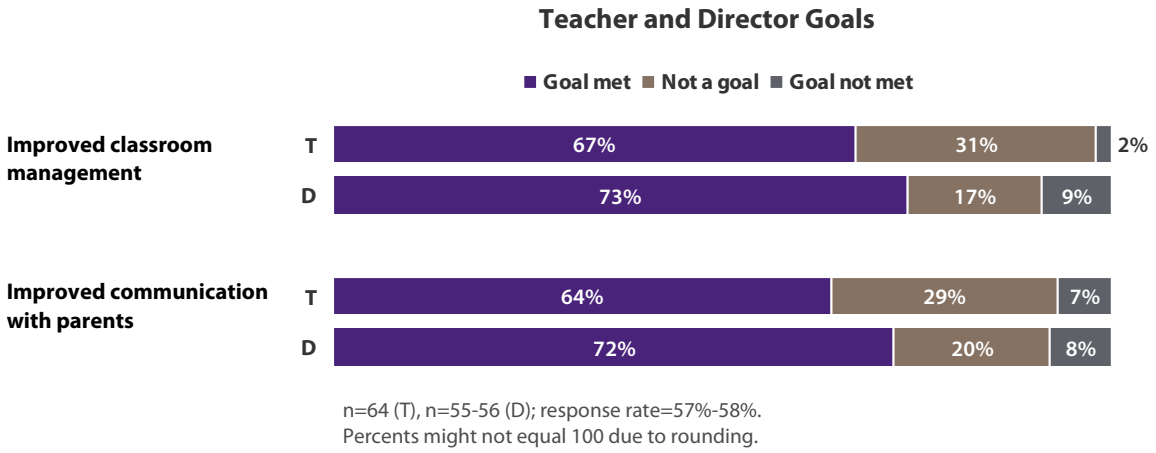
n=59-63 (T), n=65-69 (D); response rate=60%-63%.
Percents might not equal 100 due to rounding.

In addition to providing advice related to caring for the individual child, consultants work closely with early education providers to meet goals related to managing children in a group setting and effectively communicating with a child's parents. Classroom management is critical to the success of children, as a well managed classroom can minimize disruptive behavior and promote a positive and productive learning environment. Additionally, positive communication with parents can help providers to understand and handle a child's special needs given that parents know their children best, and possess a great deal of information that teachers do not have.

"[The consultant] helped me communicate with the parent involved [and] gave me some insight into the particular child from her observations."

- Provider

While not all centers and directors had set a goal to improve classroom management or communication with parents, as shown below, over half of all teachers and directors reported that these goals were achieved.



n=64 (T), n=55-56 (D); response rate=57%-58%.
Percents might not equal 100 due to rounding.

+ The Majority of Children from MHCS Remained in Their Current Child Care Setting

Child outcomes often are improved when a child has the opportunity to remain in his/her child care setting. However, keeping children in their current child care setting can be a challenge when behavior is disruptive or harmful to other children and requires additional one-on-one attention from the child care provider or teacher. In fact, the most common reason for a referral to MHCS in 2008-09 was for aggressive behavior, followed by defiant/oppositional behavior, and emotional outbreaks. The consultations resulted in helping over 122 children (64 percent) remain in their current child care setting while 50 children (26 percent) were recommended to be moved to a new child care setting (based on a 70 percent response rate).[2] Additionally, as a result of the consultation, 21 children were newly identified as special needs.

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

- Provider

+ Providers Receiving MHCS May Also Receive Additional Support from First 5 Programs to Increase Professional Development and Improve the Quality of Care

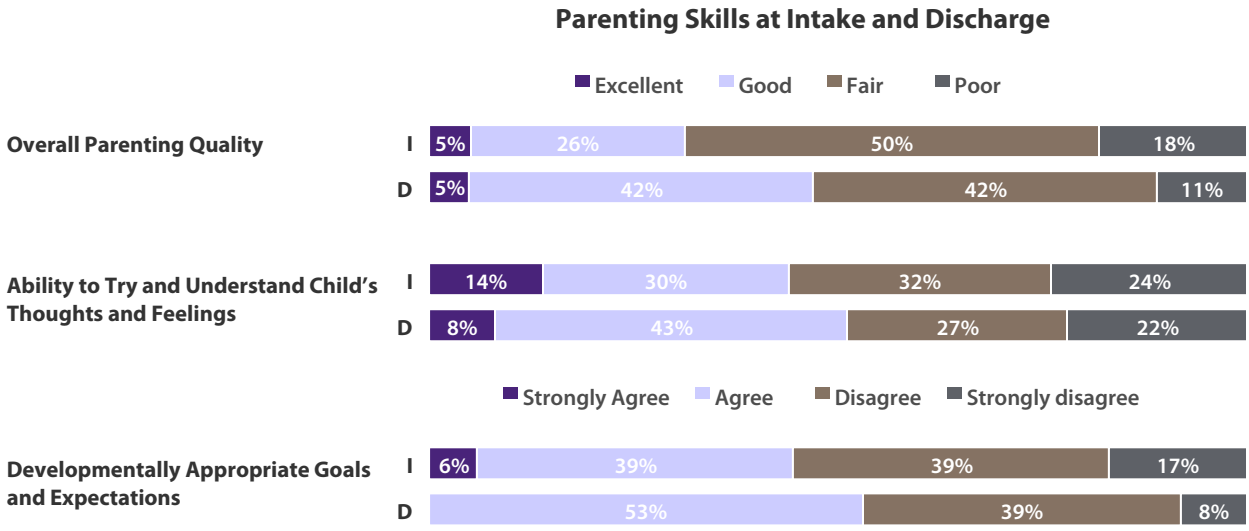
In addition to consultation services, teachers and directors reported receiving a variety of support from First 5 Contra Costa funded programs. For example, 31 child care providers received a stipend from the Professional Development Program to help with tuition costs while earning additional Early Childhood Education college credits, 20 received one-on-one assistance from an Inclusion Facilitator in order to care for a special needs child in their program, and 21 received assistance from the Early Learning Demonstration Project to improve the overall quality of their child care program.[3]

Key Findings – Mental Health Therapeutic Services (MHTS)

In order to demonstrate the impact of therapeutic services, MHTS caseworkers complete an intake and discharge form that collects information about the child's behavior, the skills of the parent, the parent-child relationship, and child placement status before and after receiving services. The following highlights findings from these forms. Data are included for 44 children who completed services in 2008-09 and for which caseworkers completed both an intake and closing form (representing 86 percent of children who completed services).[4]

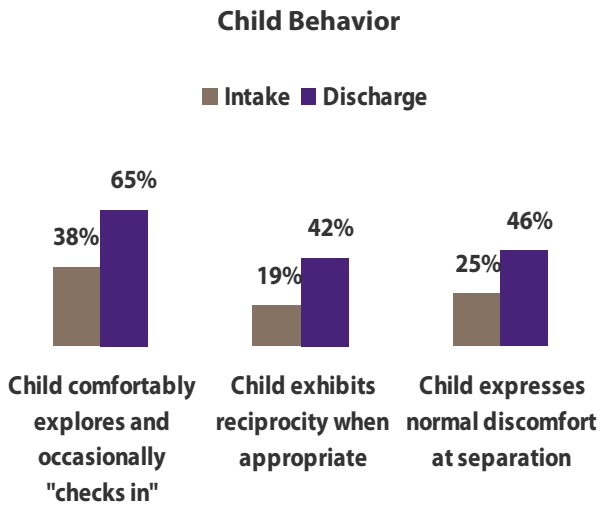
✚ MHTS Caseworkers Report Some Development in Parenting Skills

Research indicates that improvements in a child's social-emotional development and/or behavior are linked to the parent having appropriate and realistic goals and expectations. As illustrated below, case workers reported the greatest improvements in the quality of parenting overall. At intake, parenting quality was rated as excellent or good by 31 percent of MHTS caseworkers and this increased to 47 percent at discharge. Additionally, there was an overall increase in the percentage of caseworkers rating the parent/guardian as good or excellent in his/her ability to understand their child's thoughts and feelings (44 percent to 51 percent). Finally, at discharge just over half of MHTS caseworkers (53 percent) agreed that parents/guardians had developmentally appropriate goals and expectations for their child's behavior compared to 45 percent at intake.



n=36-38; response rate=71%-75%
Percents might not equal 100 due to rounding.

✚ MHTS Caseworkers Report Improvements in Child's Behavior



n=28-37; response rate=55%-73%.

Research in the field of human development indicates that a child's behavior can be an accurate measure of the quality of parent-child relationships. For example, behaviors exhibited by a child when they are separated from a parent can be reflective of the bond between parent and child.

MHTS caseworkers reported improvements in all of the items measuring child behaviors. For example, at discharge nearly two-thirds (65 percent) of caseworkers reported that the child comfortably explores his/her surroundings compared to 38 percent at intake. Caseworkers also reported improvements in how the child and parent/caregiver respond to each others' emotional cues (exhibit reciprocity). The percent of children exhibiting reciprocity with their parent/guardian when appropriate more than doubled from intake to discharge. Finally, more children showed expected levels of discomfort when separating from their parent/guardian. In fact, 46 percent of caseworkers reported that the child showed the expected amount of discomfort at discharge compared to 25 percent at intake.

+ MHTS Caseworkers Report that Wraparound Services Reduce Feelings of Isolation for Some Families

In 2008-2009, MHTS provided wraparound services to 62 families. The goal of wraparound services is to provide a holistic network of support to families of children with severe mental health issues. A team comprised of family members, school staff, neighbors and faith-based leaders works together to evaluate the situation and develop a strength-based and culturally sensitive action plan that meets the multiple and changing needs of children and their families. This team helps families in getting emotional support and building skills needed to help their children succeed. This is important because people are healthiest when they feel safe, supported and connected to others in their families, neighborhoods, workplaces and communities. Moreover, research suggests that parents of children with severe disabilities or challenging behavior may become isolated from family and social networks much earlier because of the time needed to care for their child.[5] MHTS caseworkers are asked to report the changes in families as a result of their participation, and 43 percent of caseworkers reported that wraparound services reduced feelings of isolation in families of children with mental health issues. Additionally, 49 percent of MHTS staff reported that wraparound services helped to increase family stability (based on a 56 percent response rate).[6]

Endnotes

[1] The response rate for the provider exit forms is based on 208 cases that were closed in 2008-09. The 274 intake and closing summary forms represent 266 children served (5 children were served more than once and accounted for an additional 8 intake and closing summary entries).

[2] Based on 191 children with documented outcomes. More than one outcome could be documented per child, so percents will not equal 100. Not all children were observed, and as a result an outcome was not listed for all children.

[3] Since both center directors and teachers respond to the survey, some of which of which could work at the same facility, this could be an overestimate of the number of provider sites that also participated in the Early Learning Demonstration Project.

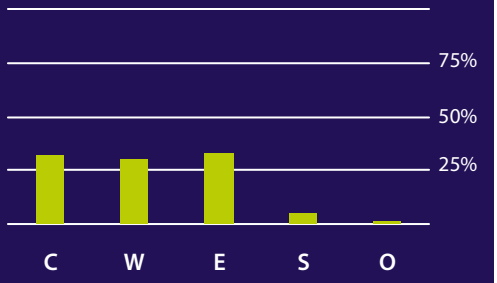
[4] Response rate calculated based on 51 discharge forms received in 2008-09. While intake and discharge forms were collected for 44 children, not all items were completed by the caseworker. Additionally, there were two different versions of the forms utilized in 2008-09., and since these versions differed slightly, not all questions were asked on both forms. Therefore, the item response rates are lower.

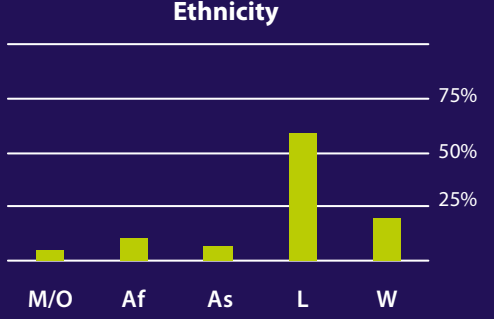
[5] Children with Special Health Needs Social Isolation of Children and Families. Minnesota Department of Health Fact Sheet, Summer 2004. Accessed at: http://www.health.state.mn.us/divs/cfh/na/factsheets/mcshn/socialisolation.pdf.

[6] This is likely an underestimate of the response rate as it was calculated based on the number of families receiving wraparound services in 2008-09 (62) and not the number of families that received wraparound and closed their case in 2008-09 as this is unknown.

Parent Education

The Parent Education and Support programs help improve parenting practices.





C=Central W=West E=East S=South O=Other
M/O= Multiple/other ethnicity Af=African American
As=Asian/Pacific islander L=Latino /Hispanic W=White

FIRST 5 CONTRA COSTA
CHILDREN AND FAMILIES COMMISSION

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 Services

Population Served	Region	Service Inception	Funds Expended 2008-09	Number Served 2008-09	Number Served Since Inception	Intensity* H=High; M=Medium, L=Low
Teen Parents	Countywide	2001 & 2003	$190,411	195 teen parents	1,125 teen parents	H
Special Needs Children	Countywide	2001	$242,371	292 parents; 36 providers	1,967 parents; 786 providers	M
Parents with Disabilities	West	2004	$16,882	7 parents	47 parents	H

*The frequency or level of services a participant receives in relation to other First 5 funded services.

+ **Pregnant and parenting teens** enrolled at Crossroads High School in Concord receive bilingual counseling, casework support and education in the areas of health, child development, and parenting skills. Teen parents enrolled at West County's Richmond and Kennedy high schools, 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.

+ **Parents of children with special needs** receive support, information, and resources necessary to navigate the special needs and disability service systems. All staff are 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 to foster communication and collaboration, and better meet the needs of the children they serve.

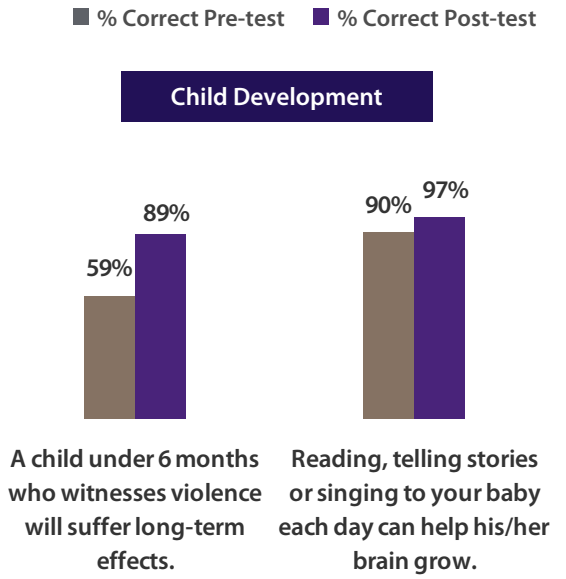
+ **Parents with disabilities** are offered access to support groups, home visitation, and parenting education. Parents are provided training on how to navigate the disability service system and receive special adaptive baby care equipment.[1]

Current First 5 Contra Costa contractors: Mt. Diablo Unified School District's Crossroads High School, YMCA of the East Bay, Contra Costa ARC/CARE Parent Network, and Through the Looking Glass.

Key Findings – Pregnant or Parenting Teens

The following presents salient findings from a parent education survey completed by 101 pregnant and parenting teens who participated in the YMCA or Crossroads program (representing 70 percent of participants served).[2]

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

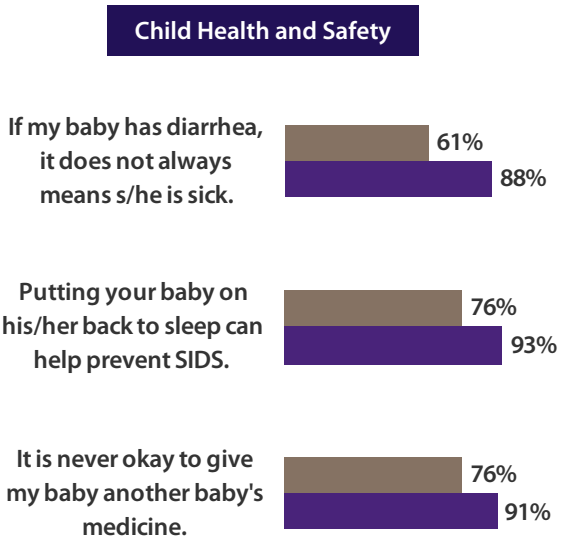


n=72-78; response rate=50%-54%.

Teen parents were taught about the development of a child's brain and how both positive and negative experiences can have lasting effects. At the start of the year, only 59 percent of teen parents agreed that if a child under six months witnesses violence s/he will suffer long-term effects. Upon program completion, 89 percent of parents were able to answer this question correctly.

Mothers were also asked to name one thing that they could do each day to help their child's brain develop. Categorizing their responses indicates that while a high percentage of parents knew that activities such as reading, singing, talking, and playing with their child everyday helps in their development at the beginning of the program, there was an increase in this knowledge at program completion (90 to 97 percent).

Additionally, mothers were asked to rate their overall understanding of child development after completing the program. Fully 97 percent of teen parents agree that the YMCA or Crossroads program helped them better understand their child's development (data not shown).



n=76; response rate=52%.

Parents were also taught to distinguish between common illnesses, and those for which a parent should seek immediate medical attention. At program entry, 61 percent were able to identify that diarrhea is not always a sign of serious illness. This increased to 88 percent at program completion.

Babies born to teen mothers are at an increased risk of Sudden Infant Death Syndrome (SIDS). One way to decrease the risk is to place infants to sleep on their backs. By the end of the school year there was a significant increase in the proportion of teen parents who knew that by putting their baby on his/her back to sleep, they could lower the risk of SIDS. In fact, nearly all of the parents (93 percent) understood this concept.

Finally, there was an increase in knowledge about the appropriate use of medication. Whereas 76 percent of parents knew that it is never safe to give their baby medicine for which they are not prescribed at the beginning of the program, this increased to 91 percent at program completion.

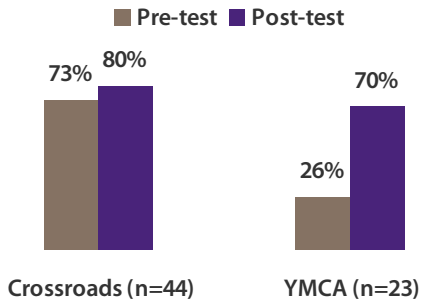
There were no significant differenced in knowledge between teen parents that were in their first year at either YMCA or Crossroads compared to those that were in the program two or more years.

Teen Parents Report Learning More Effective Parenting Skills and Increased Confidence as a Parent

After participating in the program, the percentage of teen parents who strongly agreed that they were a good parent increased for both programs but even more so among mothers in the West County program. Interestingly while over two-thirds of parents strongly agreed that they were a good parent, just over half (53 percent) strongly agreed that they felt happy with themselves as a person at the end of the program (data not shown; response rate=52 percent).

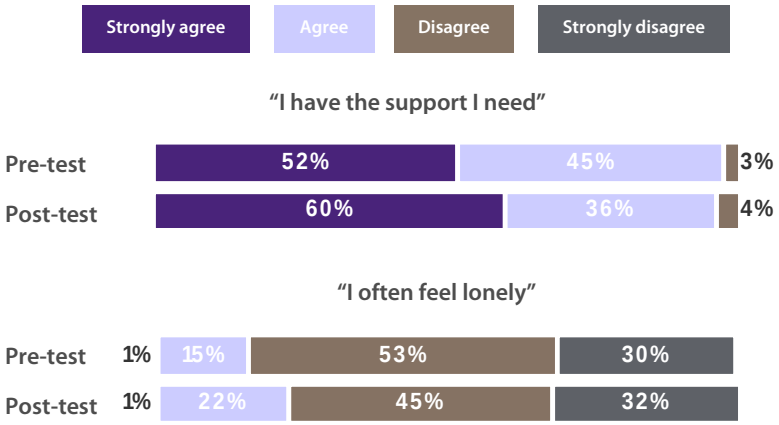
Furthermore, nearly all of the teen parents (99 percent) who completed the post-test agreed that as a result of their participation in the program their parenting skills improved. Finally, 92 percent agreed that the program taught them how to obtain health and social services such as medical care, WIC, and food stamps (based on a 52 percent response rate; data not shown).

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



Crossroads: response rate=57%.
YMCA: response rate=34%.

Teen Parents Report Having Supportive Connections, Though Some Feel Lonely



n=73-75; response rate=50%-52%.
Percents might not equal 100 due to rounding.

Both at the beginning and the end of the program the vast majority of parents agreed that they feel supported. However, while the percentage of parents who strongly agreed increased from 52 percent to 60 percent, the percentage of parents who disagreed increased slightly from three to four percent.

In the words of one mother, "I think I have received a lot of encouragement and support in order to be successful in life."

Similarly, most parents disagreed with the statement "I often feel lonely;" however, slightly more teens reported feeling lonely at the end of the program. This minor increase in reporting of loneliness reinforces the importance of providing social and emotional support once teens give birth.

Teen Parents Continue Their Education

At post test, every teen parent in both programs indicated that the program encouraged and helped them to continue their education in order to provide better care for their child.

Additionally, data from the program suggest that the majority of mothers who participated in the Crossroads or YMCA programs either graduated or stayed in school (79 and 78 percent, respectively).

"The most important services I received this year… were counseling, parent education, day care and college information."

- Teen parent

Key Findings – Parents of Children with Special Needs

The following are highlighted findings from eight parents of children with special needs who received intensive services from CARE Parent Network and completed a parent survey, representing seven percent of the number receiving services. Intensive services are defined as receiving three or more calls/visits for assistance such as help contacting agencies and one-to-one emotional counseling/support.

✚ Parents of Children with Special Needs Report Increased Confidence

Of the eight parents who received intensive services and responded to the survey, seven reported that CARE Parent Network has aided their ability to adapt to the special needs of their child. Five parents (63 percent) felt that they are *much* better able to adapt to these needs. Similarly, seven out of eight parents (90 percent) indicated that CARE Parent Network changed how they felt about their ability to get their child what s/he needs. Five parents (63 percent) reported that they are now *much* more confident in that ability.

Collecting evaluation information from parents in this program has been difficult since many services are provided over the telephone. Staff of First 5 Contra Costa and the contractor will re-design data collection processes to increase the quantity and quality of information collected from service recipients.

"I have received a lot of encouragement and support in order to be successful in life."

- Parent of child with special needs

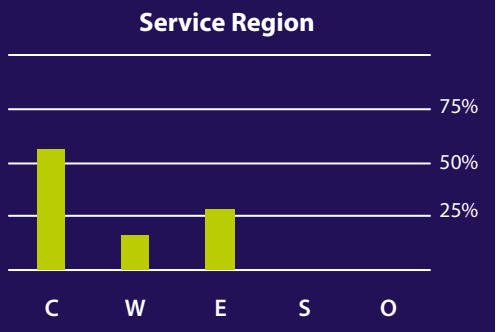
Endnotes

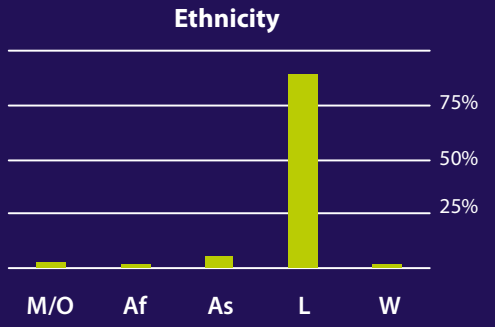
[1] Aside from the First 5 Contra Costa Family Survey which collects demographic data, no other external evaluation data are collected from this program. Therefore, evaluation findings are not presented for this program.

[2] While 195 teen parents were served, not all were asked to complete the survey. Therefore, the response rate is calculated out of 145 teen parents who were eligible to complete the survey.

School Readiness

The School Readiness Initiative helps children enter kindergarten fully prepared to learn.





C=Central W=West E=East S=South
M/O= Multiple/other ethnicity Af=African American
As=Asian/Pacific islander L=Latino /Hispanic W=White

FIRST 5 CONTRA COSTA
CHILDREN AND FAMILIES COMMISSION

The School Readiness Initiative provides preschool, outreach, and parent education programs to help children entering kindergarten prepare for and succeed in school. First 5 Contra Costa targets services in the catchment areas of schools with low-performing standardized test scores. Services have reached 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 Services

Services	Region	Service Inception	Funds Expended 2008-09	Number Served 2008-09	Number Served Since Inception	Intensity* H=High; M=Medium, L=Low
Family Literacy & Co-op Preschools	Central	2003	$158,794	247 children	1,401 children	H
Outreach & Parent Education	Central, East, and West	2003	$470,414	472 parents	2,272 families	L
Raising a Reader	Countywide	2004	$55,416	1,028 families	4,028 families	L
Transition Activities	Central, East, and West	2004	$236,553	Difficult to ascertain	Difficult to ascertain	L

*The frequency or level of services a participant receives in relation to other First 5 funded services.

+ **Family Literacy and Cooperative Preschools** are part-day programs for children without previous preschool experience. They 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 that matches its curriculum to the children's.

+ **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, including 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.

+ **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.

Current First 5 Contra Costa contractors: Mt. Diablo Unified/Mt. Diablo Adult Education, and West Contra Costa Unified.

*School readiness transition and outreach activities only captured basic demographic data. Therefore key evaluation findings are not presented for these services.

Key Findings – Literacy and Cooperative Preschools

The following highlights key findings from the Modified Desired Results Development Profile (MDRDP) of 164 children attending Literacy and Cooperative Preschools (based on 66 percent of all participants). The MDRDP collects information about the developmental competencies of children across four dimensions that are important to school readiness: (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). Teachers assessed children using the MDRDP once at the beginning of the school year and again at the end. Only data from children with matched pre and post assessments are presented for each domain.

+ Overall, Children Showed Significant Improvement in Four Domains Key to School Readiness

The figure to the right shows the proportion of children who have almost or fully mastered all of the items in each of the domains at pre and post assessment. Children enrolled in First 5 Contra Costa funded preschool programs demonstrated significant improvement in their mastery across each of the four domains, with the percentage of children almost or fully mastering all items more than doubling for the social and emotional well-being, communication, and cognition and general knowledge domains. The approaches to learning domain experienced a significant improvement as well, with the vast majority of children (80 percent) having almost or fully mastered all items at the time of the post assessment. The figure also includes comparison scores from First 5 California's 2006 statewide kindergarten Entry Profile (KEP). In that study, MDRDPs were given to children identified as most in need of services as they entered kindergarten. As can be seen, more children from First 5 Contra Costa's preschool programs had almost or fully mastered all items on each of the four MDRDP domains by the end of the school year compared to the sample of children entering kindergarten in California. These data suggest that children attending First 5 Contra Costa funded preschools are well prepared for Kindergarten. It should be noted that the children in the California sample did not necessarily participate in any school readiness activities prior to entering kindergarten, while the Contra Costa cohort had experienced one to two years of preschool.

Percent Almost or Fully Mastered All Items From Pre to Post Assessment

Domain	First 5 Contra Costa Preschools*		First 5 California's 2006 KEP
	Pre	Post	
Social emotional	36%	74%	38%
Communication	15%	63%	33%
Approaches to learning	47%	80%	40%
Cognition and general knowledge	13%	65%	28%

*n=127-158; response rate=51%-64% (based on 247 children served).

The figure to the right shows the average number of additional items almost or fully mastered from pre to post assessment. As shown, the most improvement toward mastery was made in the cognition and general knowledge domain. On average, children almost or fully mastered an additional 4.6 items, or 38 percent of the domain's items, from pre- to post-assessment. The approaches to learning domain had the smallest improvement at 0.8 additional items mastered, or 27 percent of the domain's total items, but it also started and ended with the highest percentage of mastery.

Average Number of Additional Items Almost or Fully Mastered From Pre to Post Assessment

Domain	Average
Social emotional	+2.6
Communication	+2.0
Approaches to learning	+0.8
Cognition and general knowledge	+4.6

n=127-158; response rate=51%-64% (based on 247 children served).

+ Regardless of Preschool Type Children Made Significant Improvements on the MDRDP

The first figure on the following page shows the proportion of children who have almost or fully mastered all of the items in each of the domains at pre and post assessment for Family Literacy and Cooperative Preschools separately. As shown, the percentage of children attending Literacy Preschools who had almost or fully mastered the cognition and general knowledge domain was six times greater at the post assessment. Among the Cooperative Preschools the greatest increase in mastery was in the communication domain with post scores more than six times higher than at the pre-assessment. Comparing the two programs, the cooperative preschools had a larger percentage of

children who had almost or fully mastered all items across each of the domains. However, all of the children assessed from the Cooperative Preschools were four years of age or older compared to just 64 percent of children in the literacy preschool. In fact, older age was a key factor related to increased mastery as measured on the MDRDP.

Considering the differences in age between the two preschool types, the second figure to the right compares post assessment scores for children in the literacy preschools who are four years of age or older to children in the cooperative preschools, all of whom were four years of age or older.

When controlling for age, the differences in the level of mastery between children from either preschools narrowed substantially. In fact, children from the literacy preschools actually mastered more items across all of the domains (73 percent versus 66 percent).

Percent Almost or Fully Mastered All Items at Pre- Post Assessment, by Domain and Preschool Type

	Literacy Preschools*		Cooperative Preschools**	
Domain	**Pre**	**Post**	**Pre**	**Post**
Social emotional	43%	79%	44%	89%
Communication	19%	52%	11%	75%
Approaches to learning	41%	67%	55%	99%
Cognition and general knowledge	9%	59%	18%	70%
All Domains	**11%**	**60%**	**8%**	**66%**

*n=47-92; response rate=31%-61% (based on 150 children served).
**n=62-66; response rate=64%-68% (based on 97 children served).

Percent Almost or Fully Mastered All Items at Post Assessment, by Domain, Preschool Type and Age

Domain	Literacy Preschools >=4 yrs*	Cooperative Preschools >=4 yrs**
Social emotional	91%	89%
Communication	71%	75%
Approaches to learning	84%	99%
Cognition and general knowledge	76%	70%
All Domains	**74%**	**66%**

*n=34-57; response rate unknown because number served by age is unavailable.
**n=62-66; response rate=64%-68% (based on 97 children served).

Key Findings – Raising a Reader

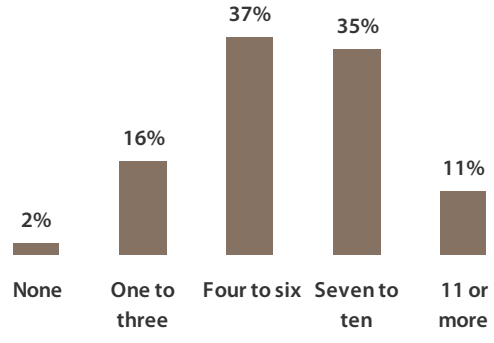
The next section presents key findings from a post-survey of 191 families who participated in Raising a Reader (RAR) (based on 19 percent served). The survey includes questions about family literacy activities that have been associated with reading success.

+ The Raising a Reader Program Promotes Literacy among Participating Families

RAR is a researched-based technique that is offered via the First 5 Centers and dozens of child care centers throughout the county to promote family literacy. Each week different age appropriate and culturally sensitive books are introduced into the home. This provides the family with the opportunity to spend quality time together reading books aloud. Families also are introduced to the public library and encouraged to continue book sharing.

The survey results revealed that families participating in RAR reported looking at books with their children an average of 6.7 times per week, with 46 percent looking at books with their child seven or more times during the week. Additional findings revealed that when RAR participants read to their child, they did so for an average of 17.8 minutes (data not shown). Finally parents reported having an average of 24.8 books at home, and over half (58 percent) reported that they visited the library with their child one or more times in the past month (data not shown).

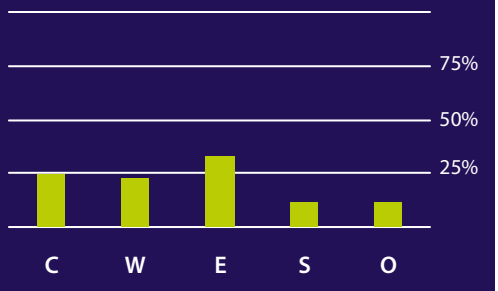
Number of Times Parent and Child Looked at Books in the Past Week

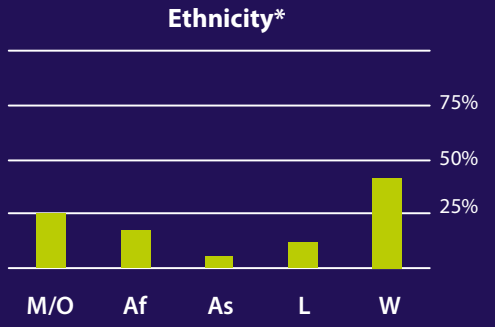


n=188; response rate=18%.

Early Childhood Education

ECE programs strengthen the child care provider workforce and improve the quality of the child care environment.





C=Central W=West E=East S=South O=Other
M/O= Multiple/other ethnicity Af=African American
As=Asian/Pacific islander L=Latino /Hispanic W=White

*Charts represent children served.

FIRST 5 CONTRA COSTA
CHILDREN AND FAMILIES COMMISSION

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 Services

Services	Region	Service Inception	Funds Expended 2008-09	Number Served 2008-09	Number Served Since Inception	Intensity* H=High; M=Medium, L=Low
Early Learning Demonstration Project	Countywide with targeted areas	2003	$697,351	27 child care sites	82 child care sites	H
Professional Development Program	73% in low-performing schools or FCC sites**	2001	$294,729	1,426 providers	5,126 providers	L-M
Special Needs Inclusion Facilitation	Countywide	2004	$311,339	138 children; 71 providers	570 children and their parents and providers	M

*The frequency or level of services a participant receives in relation to other First 5 funded services.
**FCC=Family child care.

+ The **Early Learning Demonstration Project (ELDP)** provides grants and support to home-based and center-based child care provider sites to help them move towards or achieve national child care accreditation standards. Sites receive training and staff support, funding for classes, facilities improvements, educational materials, and mentoring support. Of the 19 home-based and eight center-based sites receiving services from the ELDP in 2008-09, the majority (78 percent) are located in low-performing school areas.

+ Child care providers in the **Professional Development Program (PDP)** receive financial incentives in the form of stipends and participation awards to complete 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.

+ The **Special Needs Inclusion Facilitation** program serves both providers and parents. Home-based and center-based child care providers who receive services from the Special Needs Inclusion Facilitation Program participate in trainings and receive one-on-one assistance from Inclusion Facilitators 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 program about how to care for their children and how to help them thrive in an early education setting.

Current First 5 Contra Costa contractors: Contra Costa Child Care Council, Cal State East Bay, Contra Costa Community College, Diablo Valley Community College, and Los Medanos Community College.

Key Findings – Early Learning Demonstration Project (ELDP)

The following section presents keys findings from the ELDP. Data presented from this program are from the Environment Rating Scales (ERS) which are reliable and valid observational assessment tools that measure the quality of an early childhood setting. The findings are based on data from 23 child care sites with a completed pre and post ERS assessment (representing 85 percent of all sites). Additionally, information on accreditation status for all 27 participating sites is included.

+ Center-Based and Family Child Care Sites Made Improvements and Increased Their Overall Quality

High quality child care is an important element to ensure that all children are ready for school. The early care and education environment plays an important role in a child's social and emotional, physical, and cognitive development. Research has demonstrated that the effects of high quality early learning experiences last at least through the second grade.[2] Studies have found a relationship between higher scores on the Early Childhood Environment Rating Scale and more positive child development outcomes in areas considered important for later school success.

Center-Based Sites

The figure to the right shows that at the post assessment the average overall scale score and each of the subscale scores for center-based sites improved to a quality rating of near "excellent" and two subscales—Space and Furnishings and Program Structure—received a rating of "excellent." The subscale score with the most improvement was the Personal Care Routines, which was the only subscale that was not initially rated as "good." Specifically, this subscale showed a 43 percent improvement, moving to a quality level of between "good" and "excellent" at the time of the post assessment.

Average ERS Scores for Center-Based Sites

1="inadequate", 5="good", 7="excellent"

Subscale	Pre	Post	% Change
1. Space & Furnishings	6.14	7.00	14%
2. Personal Care Routines	4.53	6.50	43%
3. Language and Reasoning	5.90	6.95	19%
4. Activities	6.02	6.96	16%
5. Interaction	6.76	6.96	3%
6. Program Structure	6.60	7.00	6%
7. Parents and Staff	6.14	6.90	12%
Overall Scale Score	**5.98**	**6.86**	**15%**

n=5; response rate=63%.

According to the author of the ERS, the Personal Care Routine is routinely one of the lowest scoring among preschools. This is likely because a rating of "good" or "excellent" requires costly improvements that child care sites often cannot afford. For example, to be rated in the "good" range for one of the items, sites must have warm running water near the diapering table and toilets, and steps near the sink or toilet. To receive a quality rating of "excellent" sites must have child-sized sinks and toilets. With grants received from the ELDP, participating child care centers have been able to make some of these one-time costly improvements.

The Language and Reasoning subscale showed the second largest improvement, receiving a rating of near "excellent" at the time of the post assessment. Scores in this range mean that programs have a wide selection of books, children are encouraged to communicate and to talk through their reasoning when solving problems, and there are many staff-child conversations during free play and in carrying out their daily routines.

Family Child Care Sites

Family child care sites showed marked improvements after their participation in the ELDP (as shown in the figure on the following page). Whereas the overall scale score and four of the subscale scores were initially rated as below "good" quality, at the time of the post assessment the average quality level improved to between "good" and "excellent" for all seven subscales and the overall scale score. The subscale with the most improvement was Basic Care, which is similar to the Personal Care Routines subscale mentioned above. This subscale measures quality in meeting stringent health and safety requirements such as reducing the spread of germs, having first aid training,

providing parents with health information, and having equipment that promotes self-help like child-sized toilets. The Learning Activities subscale showed the second largest improvement moving from just below a "good" rating to between a "good" and "excellent" rating. Measures of quality in this subscale mean that sites have many developmentally appropriate activities and materials (e.g., art, music and movement, blocks, and dramatic play) that are organized and accessible to children.

Average ERS Scores for Family Child Care Sites 1="inadequate", 5="good", 7="excellent"			
Subscale	**Pre**	**Post**	**% Change**
1. Space & Furnishings	4.45	6.46	45%
2. Basic Care	3.77	6.52	73%
3. Language and Reasoning	4.64	6.37	37%
4. Learning Activities	4.09	6.67	63%
5. Social Development	6.61	6.88	4%
6. Adult Needs	6.01	6.89	15%
7. Provisions for Exceptional Children	6.19	6.61	7%
Overall Scale Score	**4.80**	**6.65**	**39%**

n=18; response rate=95%.

+ A Number of Center-Based and Family Child Care Sites Met Accreditation Standards

As a result of the quality improvements made through their participation in the Early Learning Demonstration Project, one child care center and four family child care programs became nationally accredited (representing 19 percent of participating child care sites). Another two child care centers met national accreditation standards and are awaiting accreditation. Since the program's inception, a total of 50 child care programs have become nationally accredited (39 family child care sites and 11 child care centers).

Key Findings – Professional Development Program (PDP)

The following section describes the providers that participated in the PDP and includes data from the PDP Alliance database.[1]

+ Child Care Providers Increased Their Education and Professional Development

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.[3] Therefore, the PDP has provided support and financial incentives to child care providers to complete college coursework, increase their education and training, and provide children with higher quality care since 2001. In 2008-09, 314 providers received an average incentive of $1,767 to support such activities. Specifically, 230 received incentives for completing college coursework, 78 for obtaining a child development permit, 36 for upgrading their permit level, and 20 for completing a college degree. Moreover, over half of the providers receiving incentives were not new to the PDP program meaning that they continued their education and returned to the program to apply for another stipend. This indicates an ongoing interest in continuing to improve their skills and knowledge in early childhood education.

Key Findings – Special Needs Inclusion Facilitation

Findings from the Special Needs Inclusion program are from 38 parent and 49 provider satisfaction surveys administered after receiving services from the Inclusion Facilitator (representing 28 and 69 percent of service recipients, respectively).

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

The Inclusion Facilitator (facilitator) works side by side with the child, coaches program staff on specific disability techniques, and confers with parents on the child's progress. Parents and providers receiving services from the facilitator were asked to rate the level of collaboration with the facilitator (as shown in the following figure). While

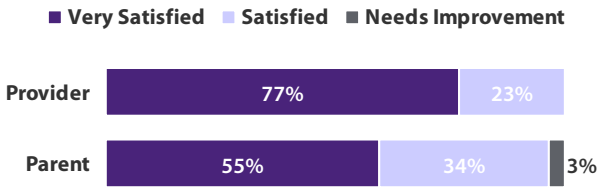
the majority of parents and providers reported that they were satisfied with the level of collaboration, a higher proportion of providers reported this to be true (77 percent compared to 55 percent).

Additionally, the vast majority of providers (89 percent) reported that as a result of the training or technical assistance provided by the facilitator, they anticipate enrolling additional children with special needs in their program (data not shown).

"The facilitator was able to help the staff include the child in activities. She taught us different ways to encourage his positive behavior."

-Provider

Provider and Parent Rating of the Level of Collaboration with the Facilitator



Provider: n=45; response rate=63%.
Parent: n=35; response rate=25%.

End Notes

[1] This database is maintained by the PDP Alliance and is supplied to Harder+Company Community Research for evaluation reporting purposes only.

[2] Peisner-Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M.L., Howes, C., Kagan, S. L.,Yazejian, N., Byler, P., Rustici, J., & Zelazo, J. (1999). The children of the cost, quality, and outcomes study go to school. Chapel Hill: University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center.

[5] Raikes H.A., Raikes H.H., Wilcox B. Regulation, Subsidy Receipt and Provider Characteristics: What Predicts Quality in Child Care Homes? Early Childhood Research Quarterly 20 (2005) 164–184.

2008-2009 Additional Program Accomplishments

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

In the 2008-2009, First 5 Contra Costa expended a total of $10,958,716 to benefit families with children 0-5 years of age. In addition to First 5 Contra Costa's major program investments highlighted in these reports, First 5 also reaches thousands of families in important ways through the following programs and activities:

- Enrichment classes attracted over150 families for free art, music and movement classes in five areas of the county.
- Three Regional Groups of volunteer parents in conjunction with seven City Parks and Recreation Departments organized free soccer, dance and karate classes for over 690 children.
- These same three Regional Groups comprised of over 140 active parents planned three large-scale "Healthy & Active "family events last year that attracted over 6,700 parents and young children.
- 26 homeless families and their children age five or younger were served in a homeless shelter. Of these, 96% were successfully placed into permanent or transitional housing.
- STAND! provided therapeutic preschool and mental health therapy for 33 children and their mothers affected by domestic violence.
- Of the 480 high-risk pregnant women that received comprehensive prenatal care services last year, 98% of the mothers had healthy babies with normal birth weights.
- 35 Community Grants averaging $5000 were awarded to small neighborhood and agency projects to conduct health and safety projects, parent education classes, community festivals, or literacy projects. Play areas for 0-5 were constructed to augment 3 existing playgrounds.
- 223 Licensed Child care Providers participated in a Ready Set Read Fair to purchase books and attend workshops with vouchers averaging $500 each.
- Over 10,250 New Parent Kits and nearly 4,300 Baby Bags were distributed, both in Spanish and English, to new and expectant parents.
- The 2-1-1 Call Center launched in Feb. 2008. It received 23,000 calls in the first full year of operation, with 12% tracked as 0-5 requests. The online 2-1-1 database received over 122,000 unique hits and over 14,000 resource guides were downloaded in Spanish and English.
- Nearly 1,500 prenatal patients were screened for the baby's exposure to secondhand smoke.
- Twenty five providers at 13 Comprehensive Prenatal Services Program (CPSP) sites, 12 Child Health Disability Prevention sites (CHDP), and prenatal staff providers at Contra Costa Regional Medical Center (CCRMC) received training on reducing infants' 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 the following activities where First 5 played a leadership role:

- Building Blocks for Kids (BBK) is comprised of 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) is a public, private and nonprofit collaboration of 31 agencies 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, operated by the Community Housing and Development Corporation, to help low-income families receive free tax help and claim federal income tax refunds and credits.

  In 2009, 2,493 low to moderate-income families and individuals (a large percentage with children 0-5) in Contra Costa received more than $3.5 in tax refunds and credits. Since its inception, the EKS campaign has helped over 12,000 low-income workers and families file free tax returns and receive $14.6 million in refunds. First 5 Contra Costa provides FESP with staff support and chairs the coalition.

- Preschool Makes a Difference (PMD) is a plan to ensure that all kindergartners in Contra Costa County are prepared to learn and have improved potential for success. In 2007, seventy-five child care professionals and school district representatives gathered to develop the PMD plan to be implemented in phases.

  In July 2009, First 5 launched phase one of PMD in East Contra Costa. Twenty 3 and 4 year old children from Pittsburg or Antioch received a scholarship to attend one of the 23 PMD sites representing family child care, Head Start or private preschool programs. First 5 will launch PMD in West Contra Costa in the Winter of 2010.

- Healthy and Active Before 5, a countywide action plan, addresses 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 partners with other agencies to develop a strategic plan to reduce the impact of domestic violence on Contra Costa's children.

- Perinatal Substance Abuse Partnership identifies and addresses 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.