



Moving Toward Results: FY2006-2007 Evaluation Report

Prepared for:



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I. BACKGROUND AND OVERVIEW

The First 5 Marin Children and Families Commission (First 5 Marin) communicates its commitment to the health and well-being of children 0-5 and their families through its Strategic Plan. The Strategic Plan, approved in 2004, is guided by three primary goals: Healthy Children, Strong Families and Communities, and Children Learning and Ready for School. For purposes of evaluation and accountability, and to provide greater focus for implementation, First 5 Marin developed both a set of priority results and priority outcomes as follows:

Priority Results:

1. Marin Protects and Promotes the Health and Well-Being of All Children
2. Marin Children are Ready for School and Schools Are Ready for All Children
3. Marin Values and Invests in All Children.

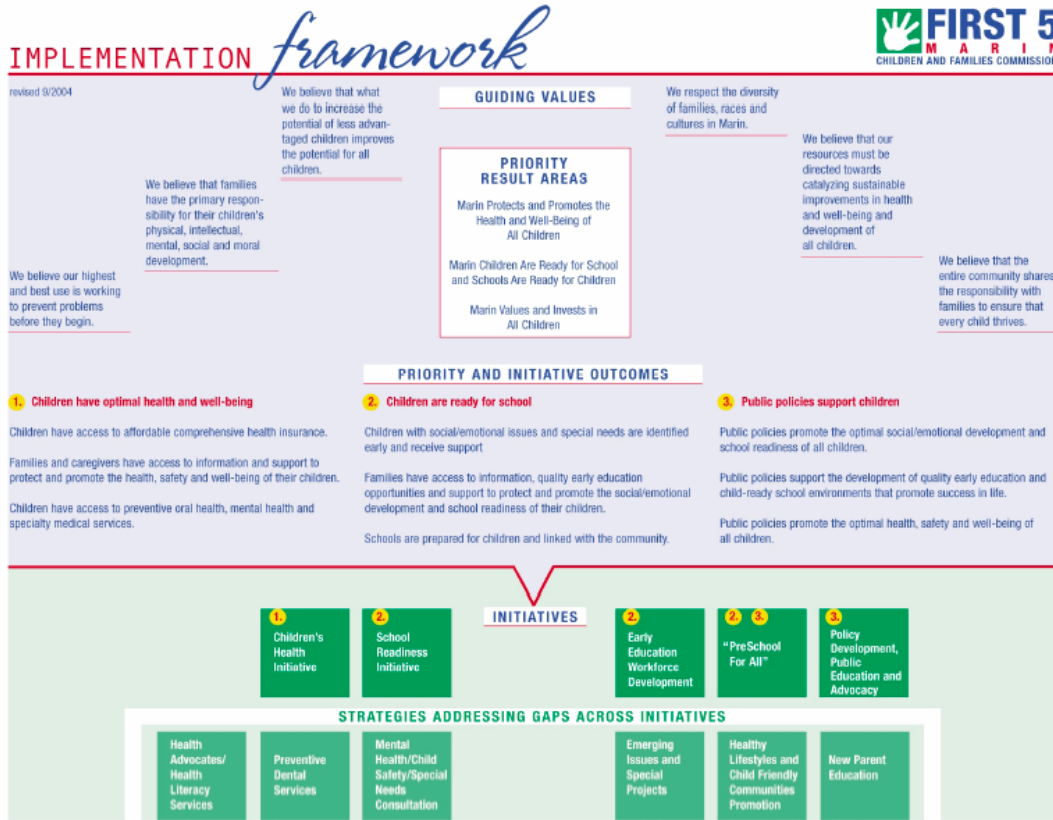
Priority Outcomes:

1. Children have Optimal Health and Well-Being
2. Children are Ready for School
3. Public Policies Support Children

To achieve these outcomes, First 5 Marin designed and implemented, with its community partners both funded and non-funded, several initiatives: Local School Readiness Community Initiatives; the Children's Health Initiative (including oral health services); a Health Advocacy/Health Literacy Initiative; a Special Needs/Mental Health/Safety Initiative; and a Public Education and Advocacy Initiative. The primary geographic focus of these efforts has been in five communities in Marin County in which there are the greatest concentration of needs (e.g., Canal and East San Rafael, Marin City, Geronimo/Nicassio Valley, Novato and Shoreline). All initiatives are tied to, and integrated into, the Commission's five local school readiness area initiatives. The public education and advocacy efforts are both locally focused and countywide as they provide support at the community and policy level. In addition, there are several projects which are county-wide and not linked to a specific initiative such as the Family Safety Net Project and Medical-Legal Partnerships.

Figure 1 reflects the intention of the First 5 Marin and how these various elements are designed to work together.

Figure 1: Implementation Framework



The projects included in the report are those funded by First 5 Marin Children and Families Commission for the full 2006-2007 fiscal year. They reflect a variety of funding strategies including comprehensive county-wide initiatives, community-based programming linked by an overarching outcome and mobile services. The wide variety of approaches are grounded in the Commission's commitment to partnering with the community to strengthen the existing system of care for children 0-5 and their families and to ensure cultural appropriateness and sustainability throughout the system.

Figure 2 presents the funded projects included in this report, organized by priority result area and initiative. The Public Education and Advocacy Initiative was approved in summer 2006 and is in the early stages of implementation.

Figure 2: FY2006-2007 Initiatives and Funded Projects by Priority Result Area

Project Names	Agency Housing/ Coordinating Project
Ready For School	
School Readiness Initiatives	
Canal School Readiness	
Mentores Program: Health Advocates, outreach and support to parents in the Canal	Parent Services Project
Kinder Advocates: Helping parents engage in school and transition into kindergarten; helping schools engage with parents	School Linked Services Initiative
Family Education Coordinator: Coordinates Summerbridge in the Canal; coordinates all parent education activities and Health and Safety Day	Marin Head Start
CSRI Program Coordinator	San Rafael City Schools (SRCS)
Parent to Parent Program: Support for parents of kids with special needs; orientation to school services	Matrix: Special Needs Orientation and Support
Pickleweed Preschool Expansion: child care center in Canal	City of San Rafael
Bahia Vista Even Start	SRCS
San Pedro Family Literacy	SRCS
Marin City/Sausalito School Readiness - includes health advocates, family advocate, SummerBridge	Community Action Marin
Shoreline School Readiness -includes health advocates, family advocate, SummerBridge	Papermill Children's Corner
Novato School Readiness - includes health advocates, family advocate, SummerBridge	Novato Youth Center
San Geronimo Valley School Readiness - includes health advocates, family advocate, SummerBridge	San Geronimo Community Center
Other Ready for School Projects	
MarinCARES: training program for early care and education providers; stipends for participants	Bay Area Community Resources
Marin Literacy Mobile FLAGship: Mobile family literacy	Marin Literacy Program
Raising a Reader: Early literacy program in centers throughout county for kids and families; basic developmental assessments	Parent Services Project
Children Are Healthy	
Children's Health Initiative	

Project Names	Agency Housing/ Coordinating Project
Health Insurance Access: one-stop of all products; retention and utilization outreach	Marin County Department of Health & Human Services (DHHS)
CalKids Health Premiums	CalKids
Health Access Outreach: enrolment in CalKids, Kaiser and Healthy Families	Parent Services Project
Children's Oral Health Project: Dental outreach, education, screening, hygiene and cleaning services for 0-5 kids	Marin County DHHS
Health Advocacy/Health Literacy	
Health Advocacy Health Literacy /Early Childhood Health Consultant	Marin County DHHS
Health Advocacy Health Literacy/Family Mentor Project: Mentorship Program for Family Care Providers	Marin Child Care Council
Health Advocacy Health Literacy Training Activities	First 5 Marin
Family Safety Net Project	
Marin Literacy Mobile FLAGship	
Garden of Eatin'	
Medical Legal Partnership	
Special Needs/Mental Health Initiative	
Easter Seal Special Needs Project: Developmental Screening, Assessments, services and Case Coordination	Lead Agency Easter Seals of Northern California
Parent-Child Interaction Training and Family/Child Counseling:	Easter Seals Northern CA, Inc.
Early Childhood Mental Health Project: Social/emotional/behavioral assessments in child care settings; short-term counseling and support to providers	Family Service Agency of Marin
Family Care Provider Training: Training for family care providers in dealing with children with special needs	Jewish Family and Children's Services
Marin Values All Children	
Policy and Education Initiative	
Nuestros Ninos/Childhood Matters	Nuetros Nunos/ Childhood Matters
Community Request for Funds (Small Grants)	First 5 Marin

Data Sources

Quantitative and qualitative data sources were reviewed in compiling this report. The following summarizes the purpose and the information provided by each data source:

- *Quarterly Reporting Forms* - The data from this form which includes client demographic and service unit data is submitted quarterly by funded projects. It is used to compile a segment of First 5 Marin's annual report submission to First 5 California Children and Families Commission. As of April 2007, this data is entered in to the Persimmony web-based system purchased by First 5 Marin. All projects are required to submit data quarterly as part of contract compliance.
- *Project Performance Measures*¹ - Most projects have performance measures (process and outcome) incorporated into their contracts and for which they are held accountable. These measures link the projects efforts to the broader Commission goals and priority outcomes. They are also entered into the Persimmony system.
- *Year End Evaluation Reports* - This report includes narrative questions focused on project progress towards objectives and performance measures as well as highlights, challenges, technical assistance needs, information management, system coordination and integration and impacts of the project for the reporting period at the project level and in relation to First 5 Marin's overall goals and results. All projects submit reports annually with varying degrees of narrative.

Structure of Report

This report is organized in to several sections designed to present a variety of perspectives on the impact of First 5 Marin's efforts for FY2006-2007. The following summarizes the content of each section:

Priority Results

Three priority results guide the Commissions' Strategic Plan as to how best affect the lives of children 0-5 and their families. As such, information in this section is presented two ways:

- *Initiative and Project Highlights* - A summary of highlights, both quantitative and qualitative, across related initiatives and projects is provided focusing on the outcomes identified in evaluation plans. Quotes/stories from annual reports as well as the identified challenges are also included.
- *Aggregate View* – A summary of client demographics and service unit descriptions across all Initiatives and projects funded within a result area.

System Change

Differences in working relationships, service delivery integration and coordination and access to care information are presented. As well as the degrees to which that change can be attributed to the efforts and supports of First 5 Marin.

System Wide Data

Client demographic and service delivery information is aggregated across all funded projects. In addition, geographic distribution of funding and clients types is provided.

Findings and Recommendations

Discussion of data findings and recommendations for either programmatic or evaluative modifications.

Next Steps

This section summarizes evaluation next steps.

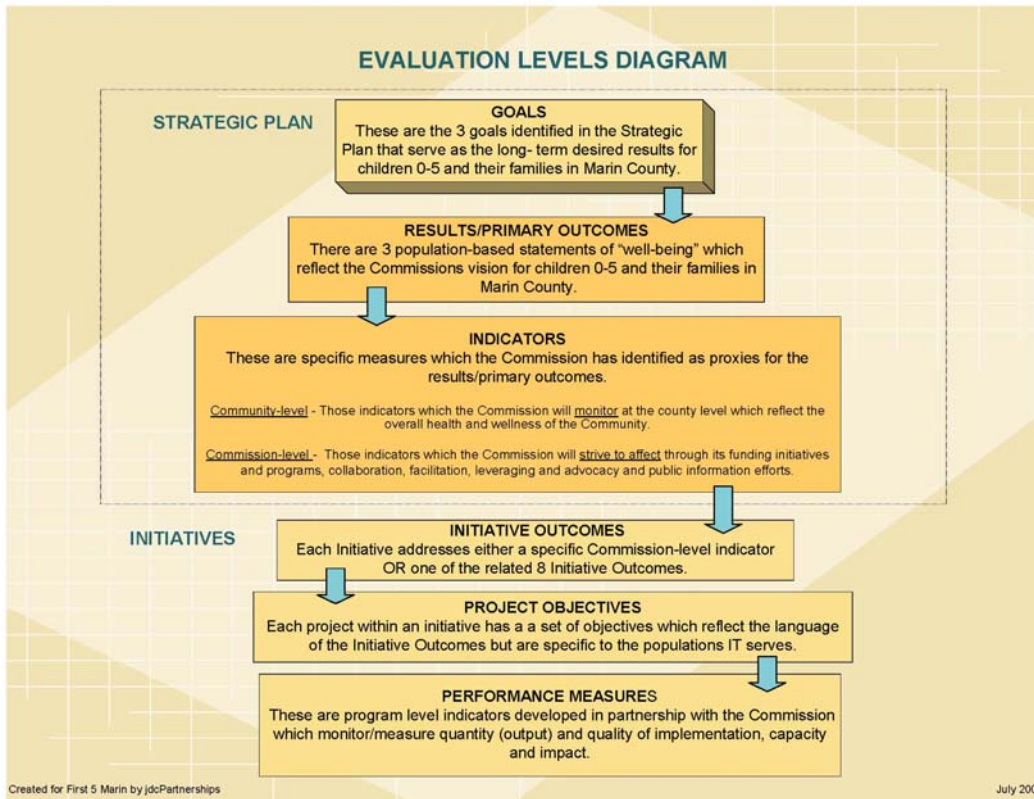
¹ Performance measures are being revised as part of the implementation of the new strategic initiatives.

II. PRIORITY RESULTS

First 5 Marin Children and Families Commission funded 24 projects for the entire 2006-2007 fiscal year. These projects range in focus from various school readiness efforts in five local communities; a public education and policy initiative, a medical legal partnership and oral health efforts.

First 5 Marin’s evaluation framework includes both initiative and project level evaluation plans which were developed during FY2005-2006 with data collection beginning in FY2006-2007. There are common measures which span the four primary initiatives (i.e., School Readiness, Health Advocacy Health Literacy, Special Needs Mental Health and Public Education and Policy) as well as those measures which are unique at both the initiative and project level. Performance measures were developed based on the evaluation plans and incorporated in to each contract.²

Figure 3: First 5 Marin Evaluation Levels



² In December 2006, First 5 Marin approved a contract for a new web-based data system, Persimmony which allows for more systematic and accurate data collection and will support better integrated project and initiative level evaluation.

For each result area a highlight of key accomplishments achieved is provided, selected accomplishments of related projects as well as aggregate data on the demographics of clients served and direct service units provided.

RESULT 1: Marin Protects and Promotes the Health and Well-Being of All Children

First 5 Marin works to ensure that children have optimal health and well-being by funding three county-wide initiatives: Children’s Health, Health Advocacy Health Literacy and the Special Needs Mental Health Initiatives’ as well as the Oral Health Project. Combined these efforts provide a continuum of services and support designed to increase awareness of, access to and coordination of health insurance enrollment and products, oral health services, and behavioral and cognitive assessments and therapies for children 0-5 and their families. In total, this result area received \$801,220.92 in FY2006-2007.

Key Accomplishments and Highlights

Children's Health Initiative: Outreach, Enrollment, Retention and Utilization and Insurance Premiums for Children 0-5

As a primary partner in the County’s Children’s Health Initiative, First 5 Marin funds the county-wide outreach, enrollment and utilization effort, including positions in both Department of Social Services and in the Health Department which have created a "one-stop" enrollment structure for children and their families. In addition, premiums for insurance coverage for 0-5 year olds who do not qualify for existing publicly funded programs are also funded.

Funded Partners

- *Health Insurance Access, Department of Health & Human Services*
- *Health Access Outreach, Parent Services Project (fiscal agent)*

- Provided enrollment and re-enrollment assistance to 480 children 0-5 years old (1162 ages 6-18)
- Distributed 40,000 referral forms throughout Marin County Schools and ECE programs
- 98% overall retention in CalKids, including for 13-18 year olds,
 - 2.5 visits to the doctor each year for majority of enrollees.

Quotes/Stories

- People seeking services come from all over the county which we thought may decrease but the location (Canal) does not seem to be an issue. CHI Outreach
 - As our knowledge of services reaches into the community, and as we continue our outreach efforts, our referrals have increased. Additionally, we have begun to develop a database of retention information which enables us to assist clients in the Annual Eligibility Review process. This results in many children retaining their health coverage. CHI Outreach, Enrollment, Retention and Referral

Challenges

- Mobility of target population makes follow-up difficult
- Staffing levels have impacted capacity to do outreach and follow-up at various times during the fiscal year.

Health Advocacy/Health Literacy Initiative

The Health Advocacy/Health Literacy Initiative (HAHLI) implements the Strategic Plan’s emphasis on health promotion and education, preventive care and early identification. It supports integration and coordination among organizations, programs and systems around health messages, understanding of health services and how and why to use them, and reducing barriers to access for families.

HAHLI focused on building the School Readiness Initiatives ability to promote health in their communities. School Readiness Initiative Coordinators, community advocates and stakeholders met quarterly in 2006-2007 and discussed community health needs, support and barriers to promoting health, and resources needed. The initiative supported the increase of knowledge and skills by engaging community advocates in local training opportunities such as the Provider Summit and Nutrition Forum.

Through both the Summit and the Forum, advocates networked, shared resources and developed health education activities in their communities primarily implemented through related school readiness initiatives. Many of the advocates expressed how what they learned impacted their own families’ health. Advocates represented various agencies from throughout Marin County including School Readiness Initiatives, School-Linked Services Initiative, Homeward Bound, Marin’s Abused Women’s Services, Planned Parenthood, Matrix, Easter Seals, Kaiser Permanente, Department of Health Services: Women’s Health Services, WIC, Marin County Dental Clinic, CHDP, Social Services and from the child care community.

The provider summit offered 12 workshops ranging from *Human Diversity* to *Talking to Parents about Sensitive Issues*. Figure 4 summarizes the findings from the Provider Summit assessment survey.

- Funded Partners**
- *Early Childhood Health Consultant, MC/DH&HS/Prevention Services*
 - *Family Care Mentor Project,, Marin Child Care Council*
 - *Various organizations, including School Readiness family/health advocates*
 - *FLAGship*

Figure 4: Provide Summit Assessment Findings

<i>From your perspective, do you think the Provider Summit achieved the following overall objectives?</i>	Number of Respondents	Average Rating*
Increased knowledge and skills	82	1.27
Improved networking among providers	81	1.52
Supported resource sharing among providers	81	1.58

* Scale: 1 = VERY MUCH SO; 2 = SOMEWHAT; 3 = A LITTLE; 4 = NOT AT ALL.

The nutrition forum trained community advocates to promote healthy lifestyle choices in their communities. The SRIs held many nutrition classes for families throughout the year. Summer Bridge in 2006-2007 provided family workshops on *What to Do When Your Child Gets Sick* and *Oral Health*, both forums HAHLI offered in 2005-2006.

Figure 5: Nutrition Forum Assessment Findings

To what extent do you think the forum achieved its objectives?	Not at all	Somewhat	Mostly	Completely
Convene health advocates and service providers to focus on nutrition and to provide the opportunity to interact with one another.			19%	81%
Increase knowledge of participants on how to promote nutrition and healthy lifestyle choices.			14%	86%
Increase knowledge of participants on how to promote key messages			24%	76%
Identify and provide links to nutrition resources.			24%	76%
Identify and promote next steps action plans.		5%	14%	81%

Quotes from Provider Summit & Nutrition Forum Attendees

Helpful in my job with children.

I appreciated all of the organizations efforts to help everyone understand the topics and the resources available.

Very organized, beneficial, good choices of workshops

Very well organized, well staffed. Great presenters.

- Thank you for snacks, good feelings and useful information.

Challenges

Determining whether or not and to what degree the activities of HALI are reaching and affecting families.

- More fully integrating training and education activities through HALI with other Initiatives and funded projects.

Special Needs Mental Health Initiative

The Early Childhood Special Needs/Mental Health (SNMH) Initiative provides a coordinated and seamless system of outreach and information, and screening, referral and support services to support early identification and intervention with children with special needs and mental health issues (i.e., developmental delays, disabilities and social/emotional and behavioral issues.) In coordination with the five School Readiness Initiative sites (San Rafael/Canal, Novato, Shoreline/West Marin, San Geronimo/Nicasio and Marin City/Sausalito), community-based organizations, public agencies, and healthcare providers work collaboratively with families, teachers and child care providers to support children with mild to serious special needs and mental health issues.

The following summarizes available data for outcomes and progress towards them unique to SNMHI.

Initiative Outcomes and Performance Measures

A seamless system of outreach and information, early identification and screening, referral and support services.

- 593 children screened using ages and stages (1262 distributed)
- 317 of children identified with red or yellow flags
- 190 (60% of identified) of children screened for vision and hearing
- 290 children received additional development services
 - 124 from Special Needs
 - 159 from Ages and Stages
 - 7 from the Roundtable
 - 160 children (of the 290 received additional services) were linked to mandated services

Children who do not meet state mandated criteria for developmental or social/emotional areas will receive appropriate resources and services.

- 44 sessions of specialized assessments performed
- 485 of hours of specialized sessions

Quotes/Stories

- The positive impacts that the project is having thus far in the community are seen in: 1) the timeliness of referrals, 2) understanding of children's development in the early years and what to look for as yellow or red flags, 3) the development of collaborative relationships among partners throughout Marin and 4) increased access to educational opportunities for children with special needs. *Easter Seals Special Needs Project*
- ... has gone far and beyond to be available to my child and my family. Without this help, we would not have known where to go to get the help we needed. *Early Child Mental Health Consultants*
- The most positive effect the community has realized is a system that is now operating under a shared assumption that is has to collaborate and that cooperative family driven processes are being the expected standard of practice. *Safety Net Project*

Funded Partners

- *PCIT and Family/Child Counseling, Family Service Agency of Marin*
- *Overall project leadership, Developmental Screening and Case Coordination, Easter Seals Northern CA, Inc.*
- *Early Childhood Mental Health Project, Jewish Family and Children's Services*
- *Family Care Provider Special Needs Training, Marin Child Care Council*

Individual Project Descriptions and Select Performance Measures

The following summarizes select measures from project contracts and evaluation plans for FY2006-2007 within this result area. Some are part of initiatives (i.e., SNMHI) whereas others support the work of initiatives and provide complimentary services and supports which span the county. If there was a target for a particular measure, it is so noted as well as the actual number achieved and whether it was met or exceeded.

The Children's Oral Health Initiative

Is an early identification and treatment project targeting low-income children 0-5 in child care and family day care settings. Staff also conducts a series of dental health education programs for parents/family members, other service providers, and child care providers. They work closely with the local Dental Association and with all five School Readiness Coordinators. They also work closely with the Children's Health Initiative, often identifying children with no insurance and linking them to members of the outreach and enrollment team.

Figure 6: Children's Oral Health Project Performance Measures

Measure	Target	Actual	Met	Exceeded
# low-income children in preschools and Summer Bridge programs screened, cleaned, received Fluoride Varnish and provided dental X-rays as appropriate.	250	578		X
# new mothers and pregnant women who received oral health education through a collaboration with the County of Marin's Department of Health and Human Services' Women's Health Clinic.	50	72		X
# children supported in Midday Brushing through county preschools and family daycare centers.	75	447		X

Quotes/Stories

- Each year we find that fewer students need the dental screenings and more parents decline our services because their children are regularly seeing the dentist.
- We have found through our interactive activity at SummerBridge that many parents did not realize how much plaque their children are leaving behind after brushing. We have the children chew a disclosing tablet which dyes the plaque on the teeth pink. The parents can then look in their child's mouth and see exactly their child has missed. This is a very eye opening experience for the parents and they love it.

Challenges

- Changeover in staffing has decreased capacity
- Provider capacity overall in Marin continues to present challenges.

Early Childhood Mental Health Consultation

Provides brief consultation & support to child care providers and families for inclusion of children with identified social, emotional or behavioral concerns in natural settings. As part of the Special Needs Mental Health Initiative, ECMH works closely with its partners to provide comprehensive services and supports to children 0-5 and their families through an active system of referral and case management.

Figure 7: Early Childhood Mental Health Consultation Performance Measures

Measure	Target	Actual	Met	Exceeded
# children assessed in child care/family care centers	NA	60		
# children and their families receiving series that have a consultation treatment plan.	52	60	X	
% of children are retained in child care program	100	100	X	

Quotes/Stories

- The consultants have now established themselves at most site, as trusted partners with directors and teachers. As the relationship with the consultant and staff depends there are opportunities to consult on the quality of the childcare program.
- One of the most positive impacts to date is the high retention of children at the sites served by ECMH. In addition teachers and director report increased level of understand of the meanings behind children's behavior.

Challenges

- Balancing the focus on individual child and families issues at child care sites while addressing systemic issues is difficult.
- Staffing and capacity issues at some centers mitigates consultant's ability to affect change.

Early Childhood Health Consultant

Is a bi-lingual senior public health nurse dispenses advice, health consultation and resource and referral information to childcare providers and families; participates in childcare training and outreach; provides training and consultation in mental and physical health issues to childcare centers and other childcare programs; and facilitates an increase in the number of qualified early childhood professionals through staff training opportunities.

Figure 8: Early Childhood Health Consultant Performance Measures

Measure	Target	Actual	Met	Exceeded
# children screened for vision and hearing	NA	192		
# children and their families receiving series that have a consultation treatment plan.	NA	44		
# individuals participated in workshops	NA	125		

Challenges

- Current measures do not provide sufficient information to determine the effectiveness of ECHC within the broader initiative framework.

Easter Seals Special Needs

Is a collaborative project provides early identification of children who show development delays or related difficulties and are not eligible to receive mandated services. They are referred for evaluation, intervention services and other programs available to enhance their school readiness. This project also trains administrators, child care staff, and parents to enhance their ability to work with children with special developmental needs.

Figure 9: Easter Seal's Special Needs Performance Measures

Measure	Target	Actual	Met	Exceeded
# new children screened	500	568		X
# children screened for vision and hearing	190	192		X
# of parents and families served feel knowledgeable about their children's special or mental health need	NA	99		
# of providers and teachers feel supporter to retain children with developmental of social emotional concerns	NA	209		

Quotes/Stories

- The positive impacts that the program is having on the community are seen in: 1) the timeliness in the referrals that being made; 2) the understanding of children's development in the early years and that to look for in yellow and red flags; 3) the development of collaborative relationships among partners throughout the Marin community and 4) the overall education children with special needs.

Challenges

- None mentioned.

Family Child Care Mentor Project

Connects new, inexperienced providers with a Mentor; the Mentors receive in-depth training on several health related areas including health insurance resources and immunization tracking and recording. The Mentors in turn share this information with their mentees during home visits and other communication. By sharing resources and information the mentors guide their mentees and assist them with many health related concerns and question that arise in the daily operation of their child care homes.

Figure 10: Family Child Care Mentor Project Performance Measures

Measure	Target	Actual	Met	Exceeded
% of providers participating in trainings/workshops demonstrate improved knowledge of health and safety issues and resources.	75	100		X
% of providers participating in trainings/workshops demonstrate improved knowledge of health and safety issues and resources.	75	75	X	

Quotes/Stories

- The impact of this program far outweighs the actual goals. Though the focus is immunizations and health insurance the providers who are the mentors help their mentees in so many more ways.

Challenges

- None mentioned

Family Safety Net Project

Is a collaborative effort of major stakeholders in the child welfare dependency system dedicated to improved systems of care for families and children. The primary objective is the introduction of proven mental health intervention services and parenting skills training to reduce the recurrence of abuse or neglect for vulnerable children aged 0-5 and to significantly increase their safety and well-being.

Figure 11: Family Safety Net Project Performance Measures

Measure	Target	Actual	Met	Exceeded
# of children served	6	16		X
% of children receiving mental health services will demonstrate improved status	80	100		X
% of families who participated reported process in reaching the goals identified in their team goals.	75	100		X

Quotes/Stories

- The system is now operating under a shared assumption that it has to collaborate and that cooperative, family-driven processes are being the expected standard of practice. This may be largely invisible to the general public.

Challenges

- The entrenched adversarial patterns of behavior between particular disciplines or organizations made making more systematic changes to the process quite difficult.

Children’s Health Outreach, Enrollment, Retention and Referral project

Contacts and educate parents and families about the importance of establishing a medical home for their children including a primary care physician (PCP), dentist and vision specialist for all children enrolled in CalKids. Once the enrollment process has begun, a liaison contacts a family, provides them with detailed information on how CalKids works and a list of participating providers. The liaison then works with the family in the establishment of a medical home. Primary strategies include phone and in-person consultation and in-service trainings on accessing resources for health advocates/health promoters, case workers and other service providers.

Figure 12: Children’s Health Outreach, Enrollment, Retention and Referral Performance Measures

Measure	Target	Actual	Met	Exceeded
# families were contacted via phone and received enrollment assistance	50-100	600		X

Quotes/Stories

- As knowledge of our service reaches the community and as we continue our outreach efforts, our referrals have increased.

Challenges

- Staffing levels at various times during the year have impacted client follow-up.

Children’s Health Insurance Outreach PSP

Provides enrollment assistance through outreach workers who visit community based organizations throughout the county to educate and inform providers and community members about available health insurance products. In addition, they coordinate with all the elementary schools to identify uninsured children 0-5 and then they target outreach to their families.

Figure 13: Children’s Health Insurance Outreach PSP Performance Measures

Measure	Target	Actual	Met	Exceeded
# children received insurance application and/or renewal information	1200	1642		X
# of referrals will receive follow-up	NA	90		
# children 0-5 were enrolled in health insurance products	360	360	X	

Quotes/Stories

- People seek services from all parts of the county which we have thought would decreased but the location does not seem to be an issue for those coming from all over the county and from outside of the county.

Challenges

- None mentioned

The Marin Medical-Legal Partnership

Is collaboration between the Marin Community Clinic and Legal Aid of Marin, dedicated to improving the health and well-being of Marin County's poorest and most vulnerable children and families. Through the Partnership, patients at the clinic have access to on-site legal advice at no cost. Legal Aid attorneys help patients with issues that can seriously impact health and healthcare: immigration, employment, unpaid wages, homelessness, and housing. Working with other non-profits, the Partnership can also address issues such as childcare, parental support, hunger and nutrition, transportation and the high cost of living in Marin.

Figure 14: Marin Medical Legal Partnership Performance Measures

Measure	Target	Actual	Met	Exceeded
# clients served since the project launched in February 2007.	NA	72		
# referrals were made from MLP to other First 5 Marin Initiatives/Projects	NA	59		

Quotes/Stories

- We are helping to improve the health of patients – both physical and mental – and this has been a surprise. We thought we would be identifying unhealthy living environments and targeting their impact on children as a cause of asthma. And we are doing that - but we are also helping to relieve the mental stress experienced by parents as a result of a single or multiple legal issue(s).
- A woman and her 1 year old moved into an apartment filled with mold. During the four months she lived there the child was constantly sick. She had to clean everything all the time or their belongings would turn green. The woman paid \$1300 per month and gave a deposit of the same amount. She told the Manager she wanted to break the lease and move because of the mold but he said he would keep the deposit if she moved before the one year lease was up. After the manager learned she had legal representation, he was very accommodating. She was allowed to break the lease and receive her deposit back. She now lives in a house where there is no mold or other habitability issues and the child is much healthier.

Challenges

- Because of time limits on specific types of cases/issues, sometimes there is nothing we can do for clients when they get to us.

Parent Child Interaction Therapy (PCIT)

Is an empirically-supported treatment for conduct-disordered young children that emphasizes improving the quality of the parent-child relationship and changing parent-child interaction patterns. Through PCIT, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child’s pro-social behavior and decreasing negative behavior.

Figure 15: Parent Child Interaction Therapy Performance Measures

Measure	Target	Actual	Met	Exceeded
40 children 0-5 and their families each received 20 sessions of PCIT therapy	35	40		X
x% of children show improved scores on pre/post comparisons of the Eyberg Child behavior inventory measurement tool	70	70		X
# of children stabilized or improved in all categories on the rating scale	75	85		X

Challenges

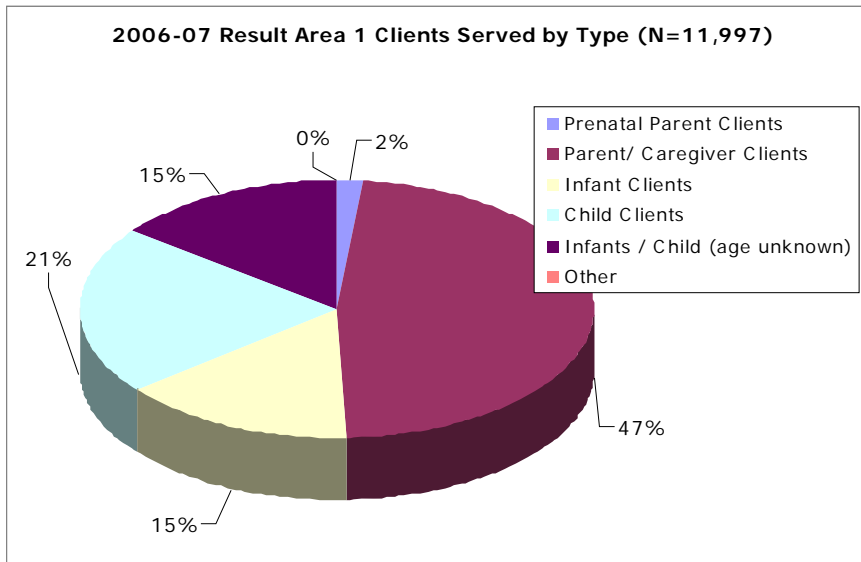
- Families often leave therapy either too soon or without notice thus affecting its effectiveness.
- Therapists have difficulty entering data on client outcomes

Result Area 1 Aggregate Data

Client Demographics

The majority of clients served through projects and Initiatives in Result Area 1 are parents/caregivers (47.7%) followed by children 3-5 (21%) and infants 0-3 (14.8%), and infants and children 0-5 whose ages are unknown (14.6%); with all age groups combined children 0-5 account for approximately 50% of clients served. This is consistent with the focus on training and capacity building efforts for early care education and child care providers through the of the Special Needs Mental Health Initiative, Healthy Advocacy and Health Literacy as well as Early Child Health Consultant and Family Safety Net in particular.

Figure 16: Number of Clients by Type



Clients served are primarily Hispanic (78%) followed by Caucasian (9.1%) and multi-racial (4.4%); the primary languages of these clients are Spanish (75.6%) and English (18.4%).

Figure 17: Percent of Clients by Ethnicity

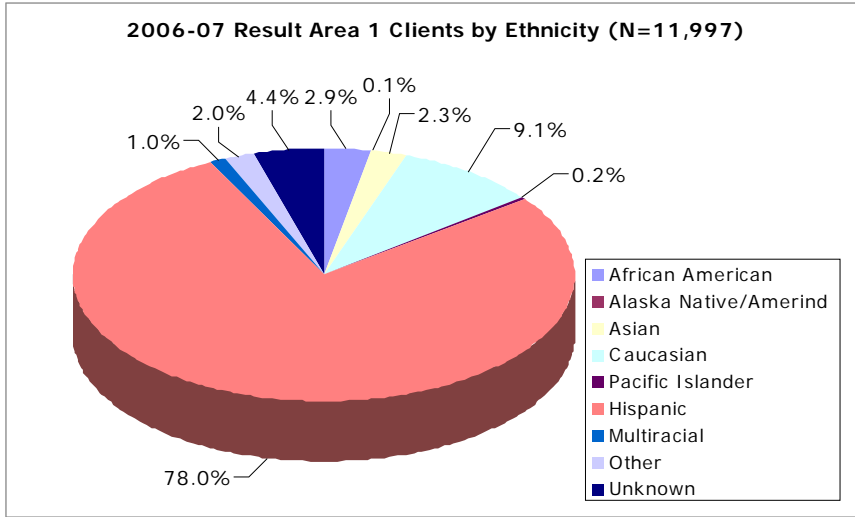
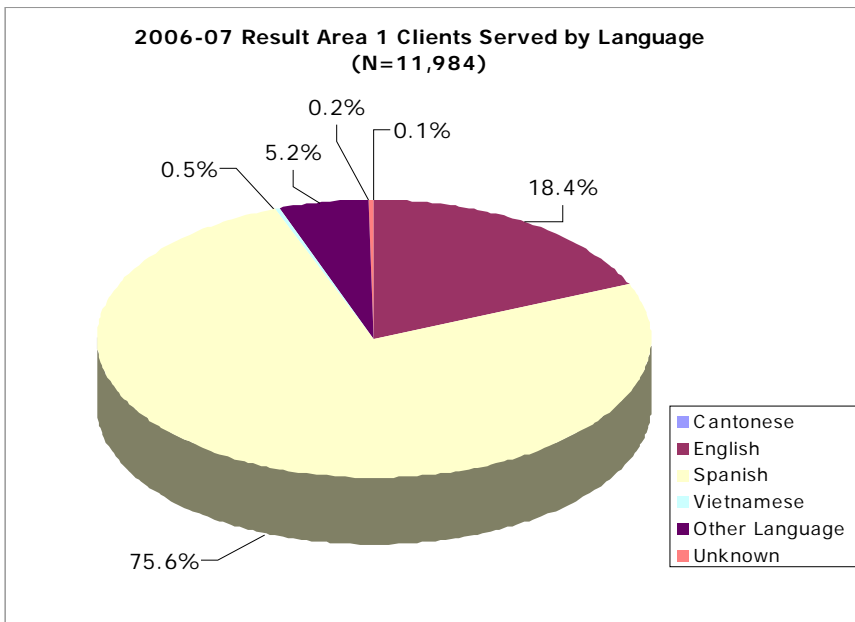
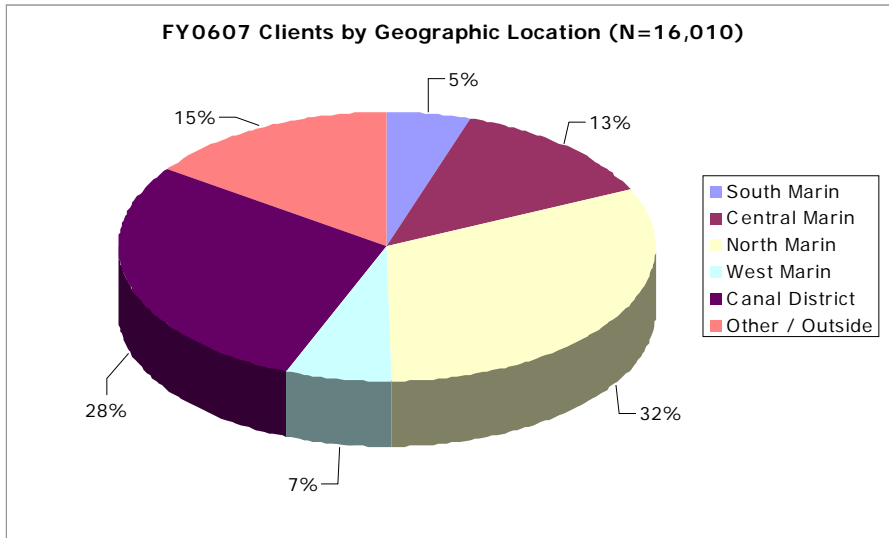


Figure 18: Percent of Clients Served by Preferred Language



More than one-half of clients (60%) come from either North Marin (32%) or Canal District (28%).

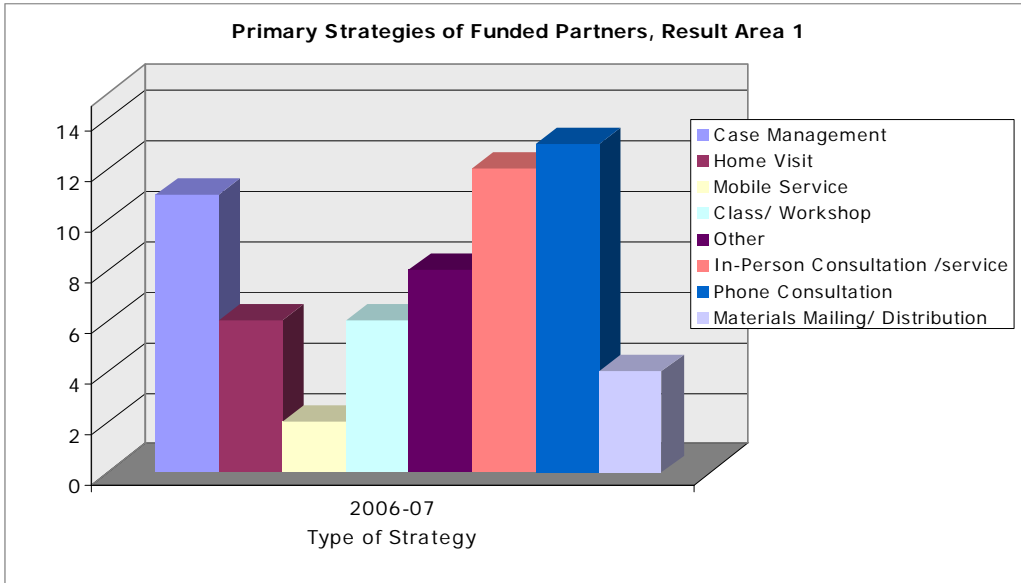
Figure 19: Percent of Clients Served by Geographic Region



Service Delivery Description

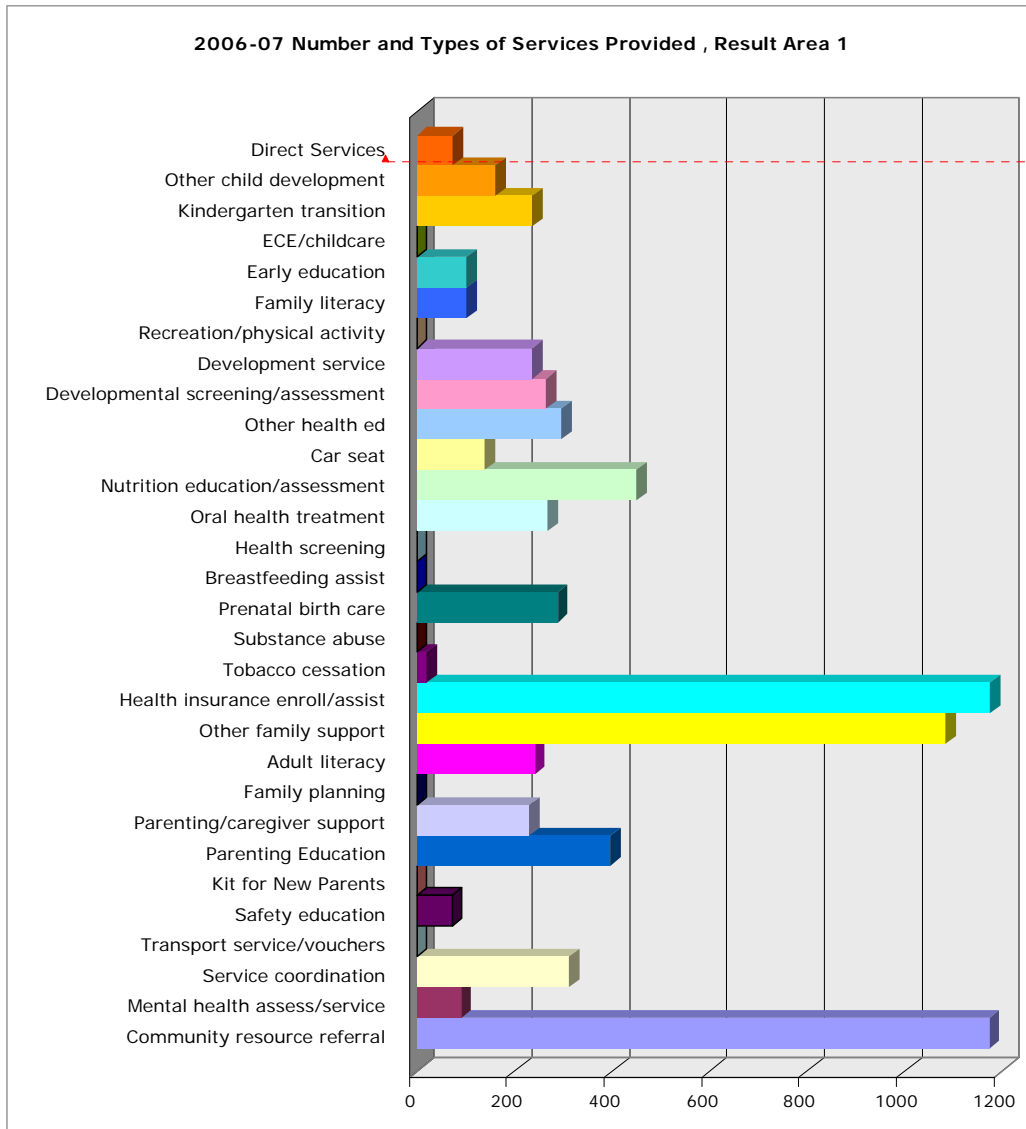
Projects were asked to identify the primary method (modality) by which they delivered services. The majority of projects (11 to 13 of 15) utilized case management, in-person consultation services, and phone consultation. The Figure 20 summarizes the range of services delivered through those methods.

Figure 20: Primary Strategies Used by Funded Partners



Health insurance enrollment/assistance and community resource referrals and were the most frequently provided services followed by other family support. These services were provided at least twice as often as the next more frequent, nutrition education/assessment.

Figure 21: Number and Types of Services Provided by Funded Partners



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In addition to direct services to children 0-5, their families and parents/caregivers, funded projects work directly with providers in a variety of disciplines to enhance their capacity to support the healthy (in the broadest sense) development of children and their families. The following tables summarize the number and variety of activities and trainings as well as the numbers of providers reached through these efforts.

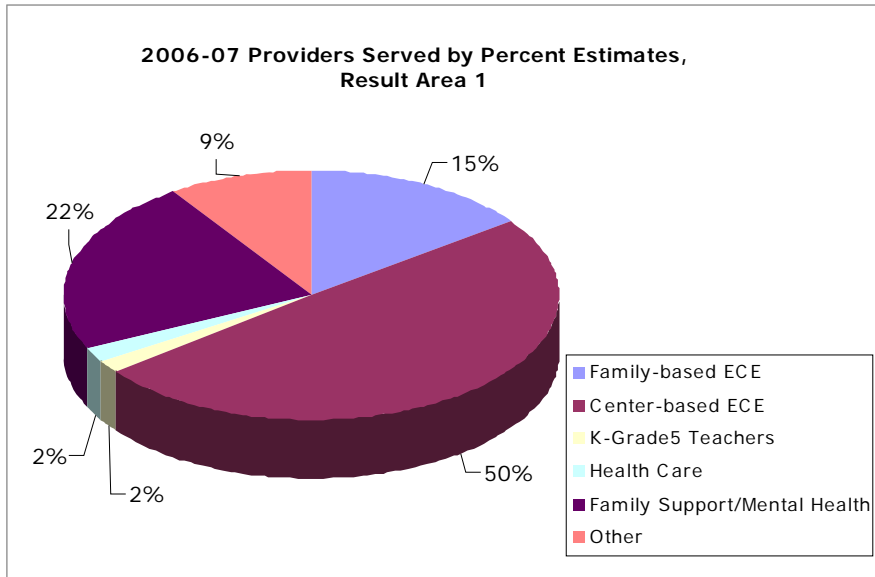
With regard to trainings, the most frequent topic was serving families children with special needs (802), followed by Health education/health literacy (29) and Early Childhood Health Development (28) was the next most frequent topic. These topics also reached the largest numbers of providers (1165, 221 and 228 respectively).

Center-based (50%), Family Support Mental Health (22%) and Family-based (15%) and were the categories in which most providers were described.

Figure 22: Capacity Building and Training Activities for Providers

Type of Training	Type of Provider						Total Number Trainings	Total Number Providers
	Early Care and Education			Health and Social Services				
	Family-based ECE	Center-based ECE	K-Grade5 Teachers	Health Care	Family Support /Mental Health	Other		
Cultural diversity	0	55	0	0	0	0	1	55
Early Childhood Health Development	30	152	68	0	3	0	100	253
Health Education/Literacy	0	11	0	0	9	6	8	26
Licensing/Accreditation	0	2	0	0	0	0	2	2
Serving families/children with special needs	4	42	0	0	280	296	116	622
Other	221	191	13	0	66	73	149	564
TOTALS	255	453	81	0	358	375	376	1,522

Figure 23: Estimated Percentage of Providers Served by Type



RESULT 2: Marin Children are Ready for School and Schools Are Ready for All Children

This result area includes the School Readiness Initiatives as well as three other projects which compliment these efforts and those of the other initiatives: FLAGship, Raising a Reader and MarinCARES. In total, this result area received \$1,245,899.38 in FY2006-2007.

School Readiness Initiatives ^{3 4}

School Readiness Initiatives in five communities developed by bringing together parents, service providers, early care and education providers, and schools to design an initiative most appropriate to their community. Each initiative includes four areas of work: health (physical, oral, social/emotional), access to quality early care and education, family support, and increased school capacity. The five communities are: San Rafael, particularly the Canal Community San Geronimo Valley/Nicasio Shoreline/West Marin Novato Marin City/Sausalito.

Canal School Readiness is the oldest and largest of the school readiness initiatives. It began in FY 2002-03 as a joint initiative between First 5 Marin and First 5 California. Canal School Readiness includes several well-established and successful community projects overseen by an Advisory Board made up of parents, community leaders and service providers. These include: Even Start (family literacy and support); Pickleweed Preschool (half-day classes for 20 children); Summer Bridge (a five-week pre-kindergarten program); Kinder Advocates (welcome, registration and support for incoming kindergarten families); Matrix (support for children and families with special needs) and Mentores (parent-to-parent outreach and support)

The following summarizes available data for outcomes and progress towards them unique to School Readiness.

Initiative Outcomes and Performance Measures

Children live in home environments supportive of cognitive development

- 1540 parent education workshop/training service units provided
- 1949 literacy activities provided

Children enter kindergarten ready for school

- #/% of children 3-5 with age appropriate skills in each of the 5 domains of child development as measured with a validated tool

The Developmental Continuum was developed specifically for SummerBridge based on its curriculum and includes 4 domains (social emotional, cognitive, language and physical development) instead of the 5 originally proposed in this measure.

³ Because the majority of the planning for SummerBridge occurs in the fiscal year prior to when classes are actually held, First 5 Marin has opted to include the findings in that fiscal year where the majority of effort has taken place.

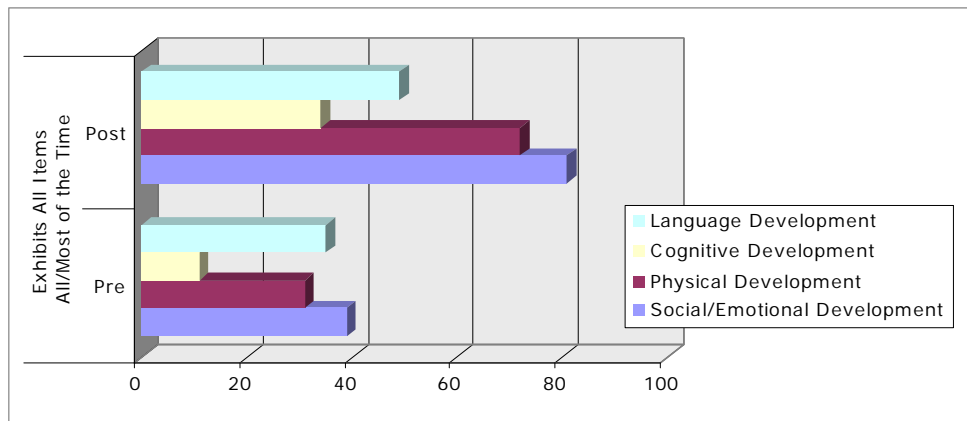
⁴ First 5 Marin SummerBridge Key Findings Report, Summer 2006

Funded Partners

- *Canal School Readiness Initiative:*
 - ✓ *Mentores Program, Parents Services Project*
 - ✓ *Kinder Advocates, School Linked Services Initiative*
 - ✓ *Family Education Coordinator Marin Head Start*
 - ✓ *Parent to Parent Program, Matrix Special Needs Orientation and Support*
 - ✓ *Pickleweed Preschool Expansion, City of San Rafael*
 - ✓ *Bahia Vista Even Start, San*
- *Marin City/Sausalito School Readiness, Community Action Marin*
- *Shoreline School Readiness, Papermill Children's Corner*
- *Novato School Readiness, Novato Youth Center*
- *San Geronimo Valley School Readiness, San Geronimo Community Center*
- *FLAGship, Marin Free Library*
- *MarinCARES, Bay Area Resources Center*
- *Raising a Reader, Parent Services Project*

Figure 24: SummerBridge Developmental Continuum Pre and Post Test Results

Domain of Child Development	N	Exhibits all items All of the Time (% of children)	Exhibits all items All or Most of the Time (% of children)
Social/Emotional Development Pre	160	6	39
Social Emotional Development Post	140	26	81
Physical Development Pre	55	11	31
Physical Development Post	46	30	72
Cognitive Development Pre	196	2	11
Cognitive Development Post	177	8	34
Language Development Pre	128	5	35
Language Development Post	109	12	49

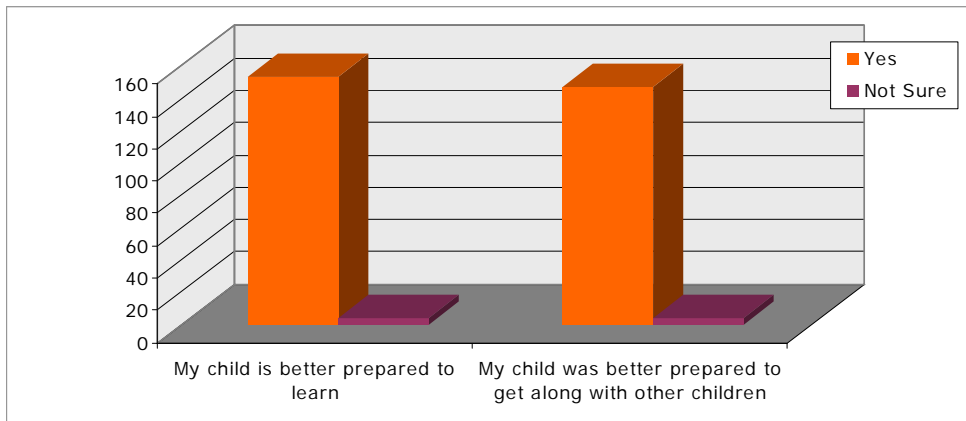


- % of parents/families who report satisfaction with transition programming

Based on the survey administered to parents as part of SummerBridge

- 97.5% felt that their "child was better prepared to learn"
- 97.4% felt that their "child was better prepared to get along with other children."

Figure 25: Parent perceptions of child school readiness



Schools have appropriate transition plans for all children entering kindergarten

- #/% Kindergarten Teachers and Early Care Educators accessing new information regarding early child development
 - Currently data includes all teachers K-5 and is 250 for the fiscal year

Individual Project Descriptions and Select Performance Measures

The following summarizes select measures from project contracts and evaluation plans for FY2006-2007 within the result area of Children are Ready for School and Schools are Ready for Children. CSRI (Canal) is the only school readiness initiative which is compilation of other projects managed by other agencies. The remaining school readiness initiatives are stand alone efforts which work in collaboration with others. If there was a target for a particular measure, it is so noted as well as the actual number achieved and whether it was met or exceeded.

Bahia Vista Even Start Literacy Programs

Are school-community partnerships that help break the cycle of poverty and illiteracy by integrating early childhood education, adult literacy or adult basic education, and parenting education into a unified family literacy program. This project is an expansion of the existing Bahia Vista Event Start program and incorporates home visitation, parenting classes, support groups, literacy activities and English classes. Childcare is provided as a means to encourage and support parental participation.

Figure 26: Bahia Vista Even Start Literacy Program Performance Measures

Measure	Target	Actual	Met	Exceeded
% of parents/families that demonstrate new knowledge and practices related to early child development.	50	50	X	
% of the children who attended for a minimum of 6 months at the Child Development Program will score "almost mastered" or "fully mastered" on the DRDP-R	50	50	X	
% of parents who attended a minimum of 100 hours of ESL classes will achieve an increase of 3 points on the CASAS test.	50	50	X	

Quotes/Stories

- ...most of our turnover this year was due to parent's leaving the program because they had found full time work, instead of in the year's past where most families turn over due to needed to move out of the area due to the increasing costs of Marin living.

Challenges

- None mentioned

FLAGship

Is a traveling preschool and library that offers school readiness activities, as well as community health and resource information and education for parents, families and daycare providers. The FLAGship project is particularly vital to providing family literacy and health information to isolated families and daycare providers in rural communities. It is on the road 28.5 hours per week and has 13 regular stops.

Figure 27: FLAGship Performance Measures

Measure	Target	Actual	Met	Exceeded
# parent/caregivers enrolled in FLAGship attended at least 2 workshops	NA	280		
# children 0-5 and their families developed/practiced read aloud skills	NA	1069		
# children will improve their fine motor skills through arts/activities	60	400		X

Quotes/Stories

-
- Even when children no longer attend our services, many parents stop in to proudly tell us of their children’s success and achievements socially and academically.
- 100% of families have reported reading more to their children and that their children have greater interest in books due to attending FLAGship services.

Challenges

- Staff turnover continues to present challenges in the position of the FLAGship Assistant

Kinder Advocates

Are part-time and full-time staff who work within each of the 4 schools in the Canal district. They assist with Kindergarten registration/welcome and contact all incoming families, enroll children in the Summer Bridge program and assess each family’s need for further support. During the school year, they work with the Kindergarten families, providing support, a connection with the school and information, resources and referrals.

Figure 28: KinderAdvocates Performance Measures

Measure	Target	Actual	Met	Exceeded
# children received case management to identified students	NA	284		
# children that are registered for kindergarten	199	199	X	

Quotes/Stories

- Kinder Advocates are involved in an offer parent education in many ways; three key settings are Charla Café, Internacional and Parent Nights. These gathering provide parents with an opportunity to socialize receive support from each other and develop relationships with school staff.

Challenges

- The SummerBridge enrollment process is very hectic as it tends to coincide with Kindergarten registration.
- Coordinating with HALI to leverage resources has been difficult (but improving)

MarinCARES

Is designed to increase quality of care and retention among early childhood educators. The graduated stipends are based on past education and have 7 levels ranging from entry level FCC to participants eligible for Master Teacher, Site Supervisor or Program Director permits. MarinCARES also provides resource referrals to participants seeking education and career counseling as well as information about training opportunities in the county.

Figure 29: MarinCARES Performance Measures

Measure	Target	Actual	Met	Exceeded
Outreach to participants and programs including family licensed and family child care centers	1500	4500		X
% of MarinCARES stipend recipients completed a self-assessment on their classrooms.	100	100	X	
# of MarinCARES stipend recipients who have set goals for program improvement using the Professional Development Plan.	NA	116		

Challenges

- Non reported

Matrix

Seeks to support children with special needs and their families as they enter the school system. Primary strategies include: coordination of monthly parent-parent support groups and orientations for parents of new kindergarteners with special needs (fall), as well as parents of incoming kindergarteners (spring). Orientations include information about the roles, rights and responsibilities of parents of special needs children within the school system. The project also serves as key referral source to parents to other services and supports in the community.

Figure 30: Matrix Performance Measures

Measure	Target	Actual	Met	Exceeded
# providers reached through capacity building and training activities	NA	192		
% of families served who complete evaluation report that the trainings were helpful and they have improved knowledge.	80	100		X

Quotes/Stories

- We have learned that approaching families with developmental information about their child is more acceptable to families than presenting information about special needs.

Challenges

- Hiring a bilingual and bicultural staff person took some time.
- Difficult to encourage agencies to refer parents of children with special needs to the program.

Mentores

Are trained community members acting as mentors reach out to families and deliver flexible support and school readiness and parenting information in the neighborhood in the language of the parents of children 0-5. They help families with basic parenting information, provide assistance in learning how to access services and systems and invite and accompany families to school-readiness programs and peer networking groups.

Figure 31: Mentores Performance Measures

Measure	Target	Actual	Met	Exceeded
# individual families connected with resources and opportunities primarily in the areas of basic needs, employment support/English classes and child care.	150	186		X
70% of families served who responded to follow-up inquires reported increased awareness about community resources	70	94		X
80% of parents/families demonstrate new knowledge and/or practices related to ...	80	92		X

Quotes/Stories

- Last month a mother of two came in who had been getting bills from the hospital for surgery she had and could not afford. She did not qualify for Medicaid because she made a dollar over the amount required. We made phone calls and connected her with people who helped her significantly reduce her \$10,000 bill.
- We have been reaching out to families who were not connected to any other organization and did not know where to go to get support.

Challenges

- Community capacity to provide affordable child care impacts ability to make referrals and engage parents in trainings and other educational opportunities.
- Immigration raids by the Federal government greatly impacted the willingness of families to seek and use services and supports outside of known entities and/or families and friends.

Pickleweed Preschool

Provides additional 20 slots for children 3-5 in the Canal neighborhood with a curriculum that prepares them for a successful entry in to Kindergarten. Other projects funded by First 5 in the area work closely with Pickleweed to connect children and families with other services and supports.

Figure 32; Pickleweed Preschool Performance Measures

Measure	Target	Actual	Met	Exceeded
# children for which preschool plans will be made	20	80		X
% of parents from the preschool class will have volunteered in the classroom	60	80		X
% of children will use and respond to basic English phrases	100	100	X	

Quotes/Stories

- San Rafael Kindergarten teacher’s report that our children are prepared for school. Also, we received a letter from the County Superintendent of Schools on our performance.

Challenges

- It is on-going work to get parents involved in the daily classrooms. This is partially due to their work schedules.

Raising a Reader

Teaches families, educators and daycare providers the importance of the shared book experience and read aloud techniques. These skills may be used during circle time and in the home, emphasizing both the integral role of the adult (parent, teacher caregiver) in teaching pre-literacy skills to children.

Figure 32: Raising a Reader Performance Measures

Measure	Target	Actual	Met	Exceeded
Launch Raising a Reader program in at least 8 additional child care sites	8	10		X
% of the families demonstrating increased their perceived importance of reading based on pre and post surveys	70	75		X
% of the participating teachers/providers will report increased communication with parents as a result of participating in the program	65	86		X

Quotes/Stories

- An average of 15 families throughout the school year participated in an ESL class that was specifically targeting families who participate in the Raising a Reader.
- We provided 11 staff orientations/trainings to 43 child care site staff and family home care providers on program implementation, early brain development and early literacy best practices.

Challenges

- Providing a parent orientation/training to family home care providers due to issues of scheduling and coordination.

Novato School Readiness

Uses a wide range of activities to introduce the program throughout the community. These include: Kinder Academy, a weekly playgroup and creative community outreach. Staff is focused on engaging and collaborating with families, the school district, individual schools and service providers, and works hard to reach those families who are isolated and unconnected to any particular groups.

Figure 33; Novato School Readiness Performance Measures

Measure	Target	Actual	Met	Exceeded
# families per year who participate in playgroup	25	80		X
# of families who participated in the KinderAcademy	60-80	81		X
% of Kinder Academy students screened for vision, dental and hearing	75	95		X
% of SummerBridge participants will receive complete oral health screenings	85	95		X
% of children identified without insurance will be insured	100	100	X	X
% of families enrolled in KinderAcademy will participate in Family Fridays	70	75		X
% of children enrolled in KinderAcademy score higher on the post than pre assessment with regard to school readiness	75	85		X

Quotes/Stories

- The Playgroup really pushed the Novato School Readiness Program to a new level of success. We are reaching so many families and they are spreading the work to their friends, families and neighbors.
- We held our first Annual Kindergarten/ECE Teacher dinner this year in March. The teachers shared information about the transition for children from preschool to Kindergarten. 100% reported that the event was helpful in improving collaboration and communication.

Challenges

- The expressed need for the program at this point far exceeds capacity. Our current staffing and structure compounds this difficulty.
- Partnering with the Novato Unified School District has been difficult.

Marin City School Readiness

Is a strong collaboration is growing among families, schools and service providers. Staff is engaging families through a playgroup, art classes, literacy nights, and family support.

Figure 34: Marin School Readiness Performance Measures

Measure	Target	Actual	Met	Exceeded
# of children who participated in KinderAcademy	20	22		X
% of SummerBridge participants will receive complete oral health screenings	85	85	X	
# of Kinder Academy students screened for vision, dental and hearing	85	85	X	
% of SummerBridge participants will receive complete oral health screenings	85	95		X
% of children identified with special needs supported in accessing appropriate services and supports	100	100	X	
#of children identified without insurance who are insured	NA	75		
% of families whose children are enrolled in KinderAcademy who participate in Family Fridays	85	85	X	

Quotes/Stories

- This year we focused on community outreach and collaborative efforts.
- We have found that families are interested in their children’s futures and many of the families are expressing that they have learned new ways to engage their families in positive activities that promote school readiness.

Challenges

- Continuing to expand outreach through the early care and education community has been difficult.

San Geronimo School Readiness

Reaches out to the community using a variety of strategies. The program has a “Ready Set Go” calendar and newsletter for children’s issues and events in The Valley – available in English and Spanish, with electronic and hard copies available. Staff participates in weekly visits from the FLAGship bus, outreaching to parents with information, ideas and support. Additional outreach efforts are aimed at the Lagunitas and Nicasio School Districts.

Figure 35: San Geronimo School Readiness Performance Measures

Measure	Target	Actual	Met	Exceeded
# families per year who participate in playgroup	40	86		X
# of children who participated in SummerBridge	22	36		X
# of children participating in SummerBridge will score higher on the post than pre test	40	75		X
% of SummerBridge participants will receive complete oral health screenings	85	95		X
% of children identified with special needs supported in accessing appropriate services and supports	100	100	X	
# of children identified without insurance who are insured	100	250		X
% of families whose children are enrolled in KinderAcademy who participate in Family Fridays	70	75		X

Quotes/Stories

- We are now an established program and families have heard of our services and events through word of mouth before we can even “get’ to them.
- Through playgroup we have been able to reach many families. Families may come to “just play’ at first but they are coming back with referral and resource questions, for special events (such as Flu Shots or Eat a Rainbow Event) for parent support, health education and for general community friendships and needs.

Challenges

- Engaging Nicasio families has been difficult due to available site locations and hours of operation.

Shoreline School Readiness

Is supporting daycare providers and preschools, training early childhood educators, serving families and educating parents, getting children and families enrolled in healthcare, ensuring that parents make and keep appointments for their children, translating languages as well as medical jargon and procedures, and delivering direct services for the kids.

Figure 36; Shoreline School Readiness Performance Measures

Measure	Target	Actual	Met	Exceeded
# of families engaged in socialization and learning opportunities	40	55		X
% of SummerBridge participants will receive complete oral health screenings	75	80		X
# of children participating in SummerBridge will score higher on the post than pre test	40	75		X
% of SummerBridge participants will receive complete oral health screenings	85	95		X
% of parents served report reading or telling stories regularly to their children at least 3x a week.	75	100		X
#of families served have a medical home after 6 months	85	100		X
% of families whose children are enrolled in KinderAcademy who participate in Family Fridays	70	100		X

Quotes/Stories

- Over the course of the project, the core families that we serve have become more comfortable and active with each other and the larger community.
- Our participation in community wide events helps our families feel comfortable trying new things and getting involved.

Challenges

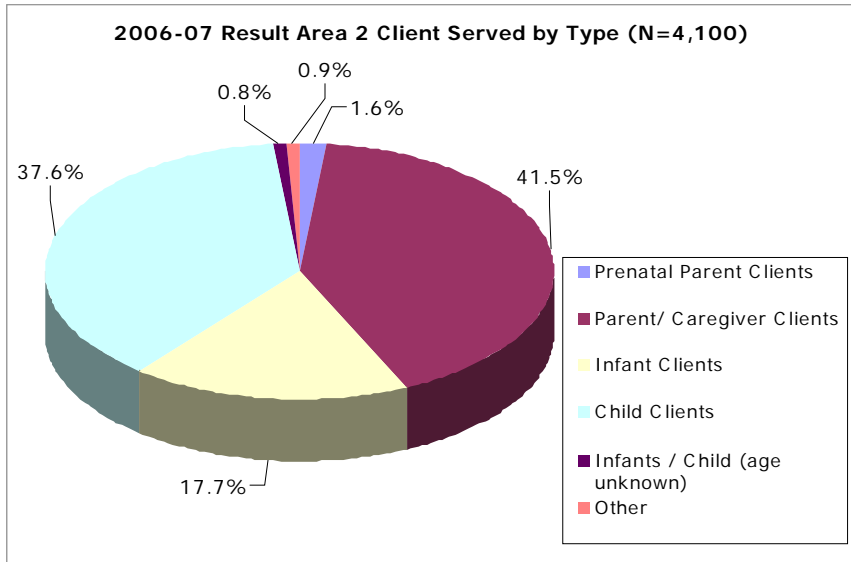
- None reported.

Aggregate Data

Client Demographics

The majority of clients served through projects and Initiatives in Result Area 2 are parents/caregivers (41.5%) followed by children 3-5 (37.6%), infants 0-3 (17.7%) with all age groups combined children 0-5 (including a small number of children 0-5 whose exact ages aren't known) account for more than 50% of clients served.

Figure 37: Percent of Clients Served by Type



Clients served are primarily Hispanic (58.4%) followed by Caucasian (20.6%) and unknown (12.7%); the primary languages of these clients are Spanish (55.1%) and English (20.6%).

Figure 38: Percent of Clients Served by Ethnicity

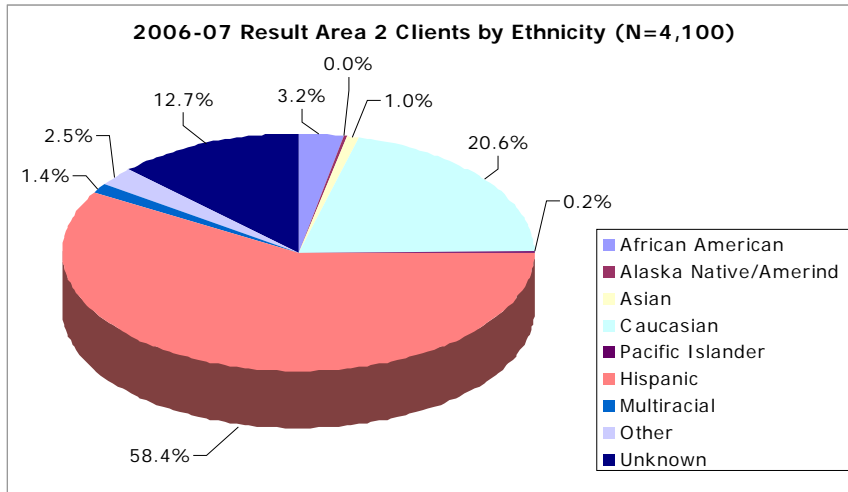
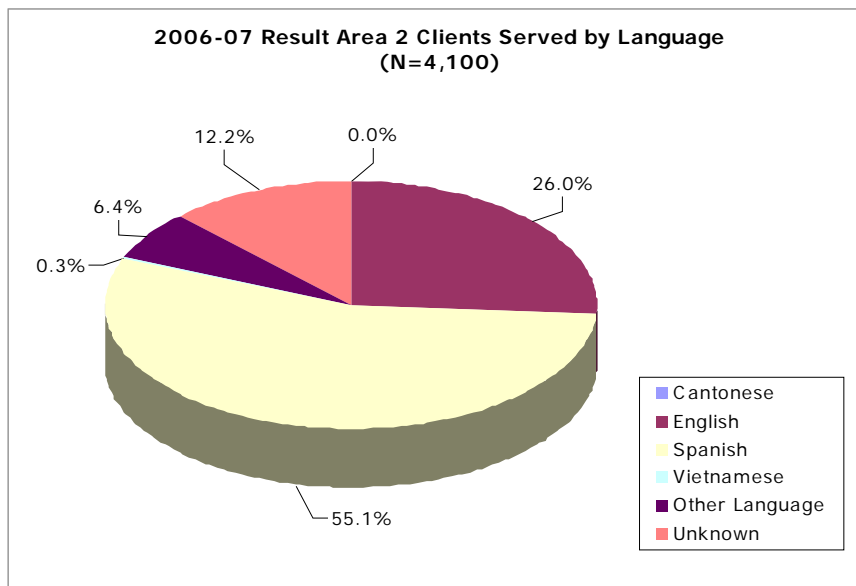


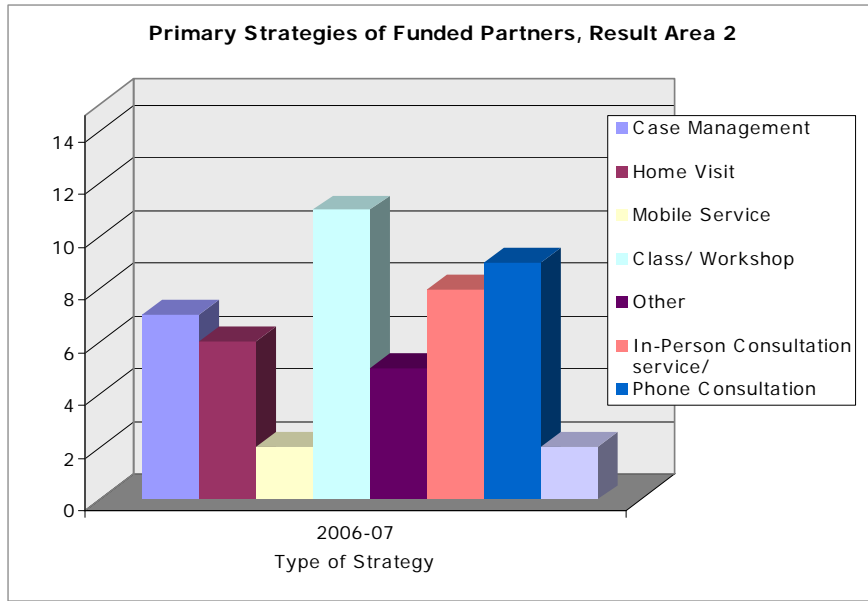
Figure 39: Percent of Clients Served by Preferred Language



Service Delivery Description

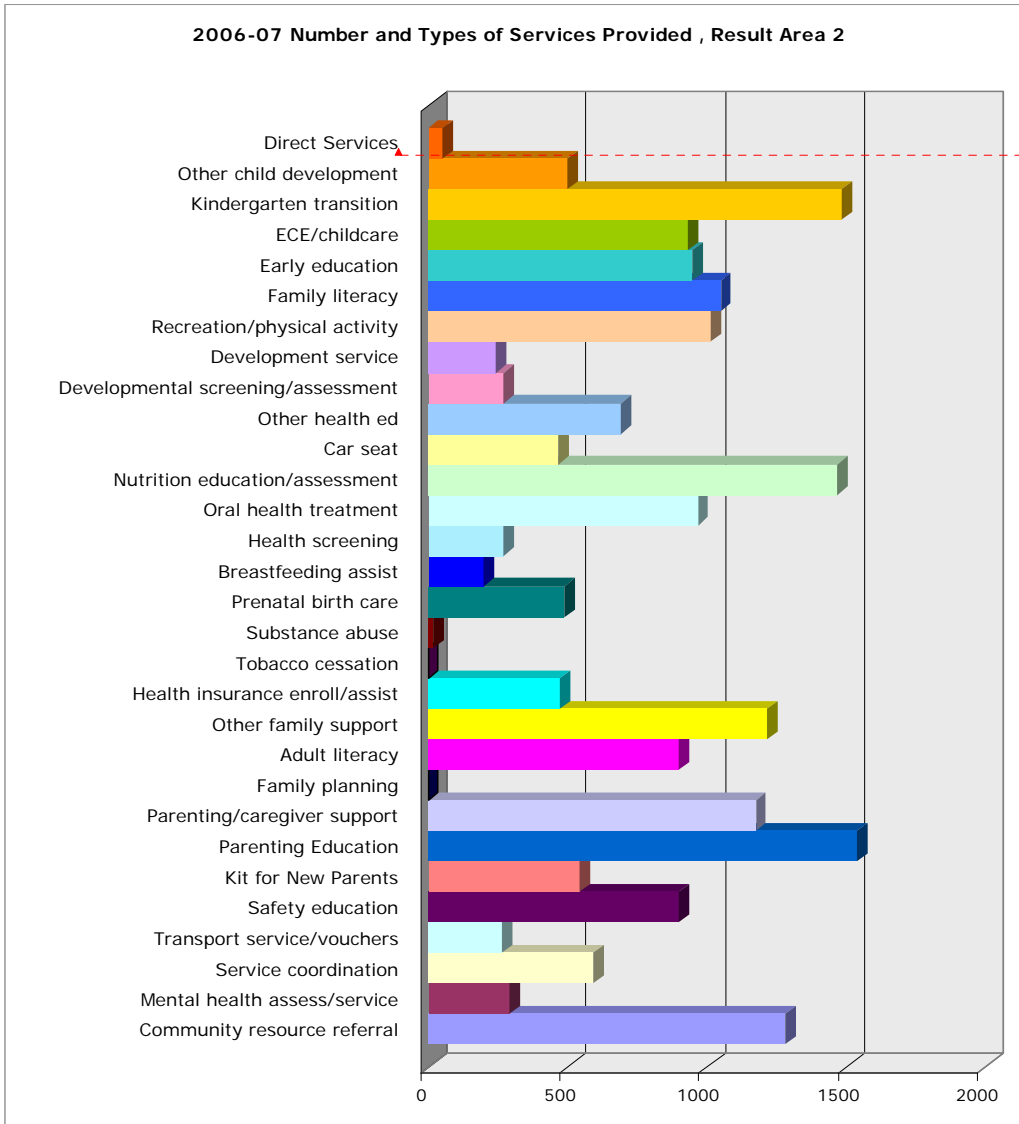
Projects were asked to identify the primary method (modality) by which they delivered services. The majority of projects (7 to 11 of 13) classes/workshops, phone consultation, and in-person consultation services. The chart below summarizes the range of services delivered through those methods.

Figure 40: Primary Strategies Used by Funded Partners



Parenting education, nutrition education, and kindergarten transition and were the most frequently provided services. The next most frequent services include community resource referral, other family support parenting/caregiver support. These third most frequent set of services were family literacy, recreation/physical activity, oral health treatment, early education, and early childhood education/childcare.

Figure 41: Number and Types of Services Provided by Funded Partners



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In addition to direct services to children 0-5, their families and parents/caregivers, funded projects work directly with providers in a variety of disciplines to enhance their capacity to support the healthy (in the broadest sense) development of children and their families. The following tables summarize the number and variety of activities and trainings as well as the numbers of providers reached through these efforts.

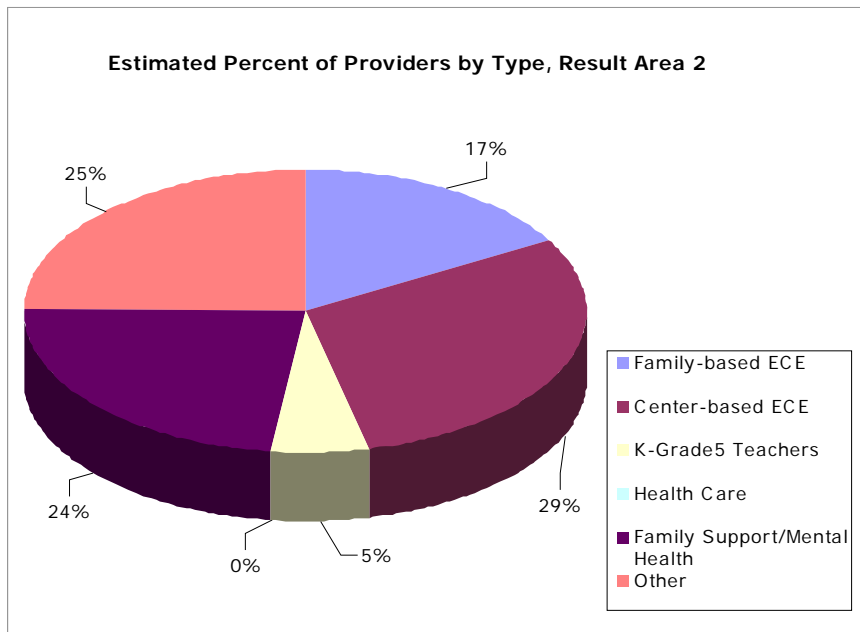
With regard to trainings, the most frequent topic was serving families children with special needs (802), followed by Health education/health literacy (29) and Early Childhood Health Development (28) was the next most frequent topic. These topics also reached the largest numbers of providers (1165, 221 and 228 respectively).

Center-based (50%), Family Support Mental Health (22%) and Family-based (15%) and were the categories in which most providers were described.

Figure 42: Capacity Building and Training Activities for Providers

Type of Training	Type of Provider						Total Number Trainings	Total Number Providers
	Early Care and Education			Health and Social Services				
	Family-based ECE	Center-based ECE	K-Grade 5 Teachers	Health Care	Family Support /Mental Health	Other		
Cultural diversity	0	55	0	0	0	0	1	55
Early Childhood Health Development	30	152	68	0	3	0	100	253
Health Education/ Literacy	0	11	0	0	9	6	8	26
Licensing/ Accreditation	0	2	0	0	0	0	2	2
Serving families/ children with special needs	4	42	0	0	280	296	116	622
Other	221	191	13	0	66	73	149	564
TOTALS	255	453	81	0	358	375	376	1,522

Figure 43: Estimated Percent of Providers by Type



RESULT 3: Marin Values and Invests in All Children

First 5 Marin addresses this result through its Public Policy and Education Initiative (PPEI) which uses advocacy and education strategies. This will be accomplished through the broad dissemination of key policy and educational messages critical to the healthy development of children 0 to 5. The Public Policy and Education Initiative will support the specific work of each of the other initiatives, in addition to supporting each of the Commission's priority results and outcomes, and the broader work of First 5 Marin. PPEI was launched in fall 2006. This result area received \$258,911.65 in FY2006-2007.

The following summarizes available data for outcomes and progress towards them unique to PPEI.

Initiative Outcome

Public policies promote the:

- optimal social/emotional development and school readiness of all children;
- quality early education and child-ready school environments that promote success in life, and;
- optimal health, safety and well-being of all children.

PPEI has a three tiered approach with regard to supporting the messages of First 5 Marin with the ultimate impact of affecting policy: Be Heard, Influence Dialogues and Affect Policy. Measures are reported on the first two given the maturity of this initiative.

Be Heard

- Estimated 16,000 to 20,000 hits on the First 5 Marin website
- 750 annual Reports printed and distributed
- Health Education for Children –First 5 CA Mobile Health Van to Bahia Vista School (about 200 kids; 20 parents/teachers)
- Parent/Health Ed Flyers –Oral Health Flyer (est. 200 in West Marin + 1600 to Novato Schools); oral health postcards (500 English/ 500 Spanish);
- Parent Education – Common Sense Media class (in Spanish) for Canal parents at Bahia Vista School (approx 30 attending)

Influence Dialogue

- Nine (9) new partnerships:
 - Marin Breastfeeding Coalition (about 15 members/1500 outreach?);
 - Northgate Mall (sponsoring the children's "soft-play" area; outreach in the 100's or 1000's)
 - Common Sense Media (outreach in 1000's)
 - Oral Health Project/MCOE (outreach in 1000's)
 - Regional Communications Staff/First 5's of the Bay Area counties (12 members)
 - The Rogers Group (media contractor to First 5 CA);
 - The California Endowment (health insurance advocacy)
 - Comcast (developing informational commercials)
 - Trilogy/Network of Care for Kids (sponsorship of new website)
- Two (2) public advocacy efforts and conversations relevant to First 5 Marin issues
 - Briefing for newly-elected Assemblyman Jared Huffman
 - Leg Advocacy/Capitol visits –All About the Kids Day visits to Assemblyman Huffman and Senator Migden and staff
- Legislative and public information communications/letters to decision-makers regarding First 5 Marin on the following topics:
 - Legislative Advocacy –47 to state legislators and copies to local Assemblyman and Senator
 - Preschool – 7
 - Health/Safety/Wellness – 9
 - Health Insurance – 24
 - Social Services/Welfare – 2
 - Oral Health – 1
 - Childcare/Resource & Referral – 3
 - Breastfeeding – 1

Other projects that fall within this result area include Childhood Matters and Nuestros Ninos and Community Request for Funds.

Childhood Matters (CM) and Nuestros Ninos (NN)

Are two parent education shows partially funded by First 5 Marin along with other local First 5 Commissions. CM is broadcast on 98.1 Kiss FM every Sunday Morning from 9-10 AM and N is broadcast on La Nuestra 89.1 FM, KLOK 1170 AM and La Kalle 100.7 FM and 105.7 FM every Sunday morning from 8-9 AM.

Figure 44: Childhood Matters and Nuestros Ninos Performance Measures

Measure	Target	Actual	Met	Exceeded
# of calls from Marin (8% of total calls)	NA	79		
# of shows on which featured guests were from Marin (32%)	NA	33		
% of parents who report that programming has positively affected their parenting skills , improved their knowledge and awareness of community resources	NA	87		

Quotes/Stories

- Over 80% of our programming addresses topics related to children's health, safety and development, positive parenting, child care, and positive discipline for parents with children ages 0–5, and their families.
- “The show that I called into, it was nice to learn that my daughter knew that she was not the only one “who’s a little chubby”. My daughter really likes that book you sent to me. She has read it so much. I can’t even remember the title of the book because she (my daughter) holds onto it all the time.” Parent

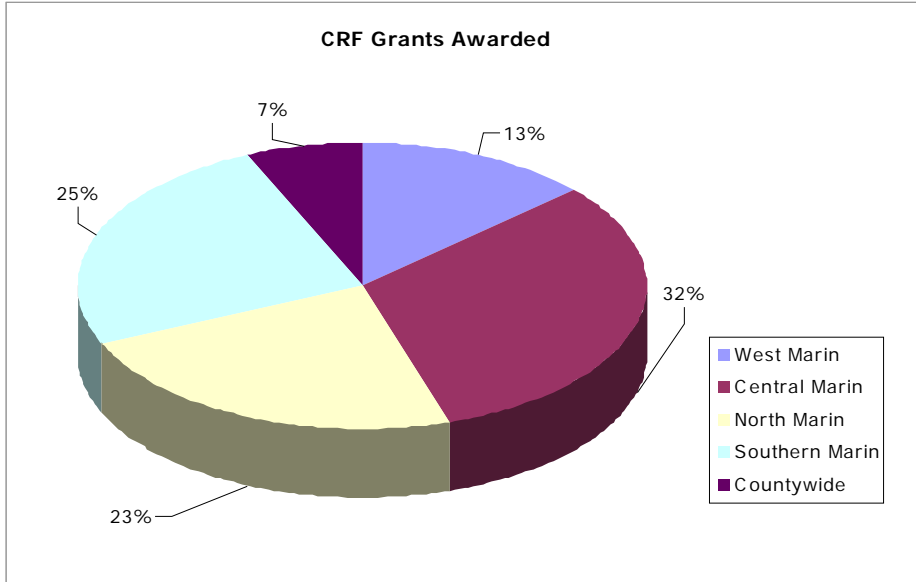
Challenges

- None reported

Community Request for Funds (CRF): Small Grants

Are offered by First 5 Marin up to two times each fiscal year. These grants do not exceed \$10,000 in total and are designed to provide access to funding for early care and education providers in the community. The majority of funds are used to purchase equipment and upgrades to child care centers such as play structures and literacy materials. Other items purchased or efforts supported include health insurance workshops, car seats...etc.

Figure 45: Geographic Distribution of CRF



Geographic Focus	Grants Awarded
West Marin	8
Central Marin	19
North Marin	14
Southern Marin	15
Countywide	4
Total	60
Total \$s Allocated	175, 187.34

Figure 46: General Categories of CRF Awards

Materials	Service	Training	System Change	Total
82,972.42	53,600.48	28,628.46	9,985.98	175,187.34
47%	31%	16%	6%	100%

III. SYSTEM CHANGE

First 5 Marin remains committed to working with funded and un-funded partners to develop sustainable strategies resulting in a system of care which is better coordinated, collaborative and integrated for Marin County.

Strategies to effect system change are numerous. They include internal efforts more directly related to program operations and relations with other agencies/organizations as well as external efforts which seek to influence policy, promote community involvement and change the public discourse on issues.

The following is organized by First 5 Marin's Guiding Principals and the Five A's of Access, summarizing the range of system change activities which funded projects have led, engaged in, and supported for FY2006-2007. Note that the range of efforts reflects a continuum of focus from clients to policy makers and direct services to public policy.

Interagency Collaboration

In their year-end reports funded projects were asked to describe the ways in which they had established, strengthened or refined relationships with other agencies. Projects described a broad spectrum of collaboration ranging from establishing relationships through First Five Round Table meetings, to establishing memorandums of understanding, to collaborating closely with more than a dozen agencies, including both funded and un-funded partners. Projects provided a wealth of examples about the implementation and or expansion of specific services, information sharing and referral processes and commented on the value and contribution of these collaborative efforts towards their goal. Projects also expressed intentions to continue and strengthen their interagency collaborations in the next year. The following quotes are excerpted from select year-end narratives to provide a sense of the extent of and perceived effects and importance of interagency collaboration.

Some projects mentioned the role their partnership with First 5 played in opportunities for building and/or strengthening interagency collaborations to better serve families. Projects talked about opportunities to meet and know representatives from other agencies at the meetings, with some also describing these contacts leading to sharing information, resources, training, means for supporting one another learning from each other's experiences and making/receiving referrals.

The relationships we have forged with other organizations as result of our relationship with First 5 Marin have been instrumental for us to reach our goals this year. First 5 has made it possible for us to be in contact with other organizations, get their information, share resources and trainings, get support, and learn from their experiences. We also worked to build strong relationships with Canal-serving organizations, to ensure smooth referrals and working relationships; multiple referrals were made to 67 different Canal-serving programs/agencies this year.

— Mentores

Built and refined working relationships with SRI programs and SRI community partners through work with First 5. These partnerships are intimately linked to attainment of ECHC project goals; it is through their connections with parents / caregivers / community providers that health education events are organized and well attended.

— EC Health Consultant

We have been able to develop relationships with Canal agencies through First 5 Marin that we did not have prior to becoming part of CSRI. We are developing relationships with the Kinder Advocates and Mentores to better serve the CSRI families. We have also met with members of the Novato School Readiness Initiative to collaborate around serving families better. We will make every effort to participate and collaborate with other CSRI agencies whenever possible.

— Matrix

A presentation was made to the School Readiness Coordinators clarifying the application process and HAHLI's intentions. It is my goal to incorporate HAHLI in some way at the monthly staff meetings and to invite Marin Childcare Council, Children and Family Services Differential Response unit, and a HAHLI representative to quarterly Agency Council meetings, to attend monthly differential response meetings, and participate on Canal Health and Safety Day planning committee.

— Kinder Advocate and; CSRI Coordinator

FLAGship and SRIs continue to support each other's programs and their families identified as isolated or underserved We will continue to alert each other (via email, phone calls, and School-Readiness meetings) of upcoming events for families and assist those families in their quests for independence and success.

— FLAGship

I have found it very helpful to attend the Round Table and get to know the representatives of the other agencies. They have also been a significant source of referrals for us. I look forward to continue those relationships.

— PCIT

Projects also detailed some of the ways in which they are collaborating with funded and unfunded partners to develop coordinated systems of care. Projects described sharing information and resources, providing assessments, referrals, and trainings. As one project noted, collaborating agencies are "trusting" each other to get the work done. There is less talk about mine, mine, mine, and more talk about ours."

Our consultants partnered with Easter Seals providers in assessments, referrals and trainings. The monthly meetings of the Quality Improvement Group have been a valuable forum for sharing experiences, insights and forging collaborative efforts.

— ECMH

We are able to share information and resources with these agencies. We have come to a place where agencies are trusting each other to get the work done. There is less talk about mine, mine, mine, and more talk about ours. We will continue to meet on a regular basis and share information and work together to support the families in our community.

— Marin City Schools

We have become more involved with the County of Marin's Health and Human Services Division. We are being invited to more meetings in the community, which traditionally exclude the special needs community. We continue to meet with folks and are part of the Prop 63 0-5 workgroup; the advisory committee of ECE program at College of Marin; the Early Childhood Quality committee and other similar collaborative workgroups in Marin

— Easter Seals

The Latino Family Services and Shoreline Collaborative meetings give our program valuable visibility while sharing important information across agencies. Our quarterly Advisory Board meetings help steer our project in the right direction by bringing together vested, valuable partners to help monitor our growth and progress.

— Shoreline SR

We have expanded our collaboration with some of the local schools to the extent that at this point some of the nurses and counselors call our local Healthy Families number to ask questions or request supplies of application kits. We have also had some involvement with Easter Seals, Canal Alliance and the CHDP branch of Health and Human Services.

— CHI Access

Furthermore, in the accounts of their interagency collaborations, projects expounded on the value of these collaborations, making clear the connections they observe between these relationships and the ability of the projects to better serve families, referring to them as "essential" and "integral." The necessity of working collaboratively was further emphasized in this project's statement, "Everyone wins when we collaborate. We will continue to collaborate so that families are receiving programs that are coordinated and inter-related rather than overlapping and redundant."

We were able to maintain relationships with our key stakeholders in the Early Childhood community. The relationships with these partners were integral in continuing to run and build on a successful early literacy program in the child care centers and family home care provider homes.

— Raising a Reader

Our collaborations have increased as agencies and institutions have gotten to know us better and feel that we can help their families. Collaboration is absolutely key to serving our families; there is no other way to be successful. I believe we are helping to improve the spirit of collaboration in Novato as people are seeing the positive impact of these collaborations. Everyone wins when we collaborate. We will continue to collaborate so that families are receiving programs that are coordinated and inter-related rather than overlapping and redundant. Novato SR

The SR infrastructure continues to strengthen through West Marin's regularly scheduled Latino Family Services, Shoreline Collaborative (facilitated by School Linked Services) and SR Advisory Board meetings. These meetings allow us to brainstorm new ideas and make informed decisions to improve our programs. The exchange amongst our members has ensured that our project retains its inclusive and collaborative nature.

— Shoreline SR

We value the work of the coordinating council and the links to other program providers, such as HHS, School-linked services, and Bi-National Health. We appreciate the importance of providing a continuum of family services as children and families transition from pre-school age to school age. We also value and encourage increased collaboration with other community-based organizations including local synagogues and churches, local sports leagues and others that serve young children.

— San Geronimo SR

This partnership was essential to the implementation and success of this project and is continuing to develop beyond the bounds and timeframe of this particular project. The most positive effective the community has realized is a system that is now operating under a shared assumption that it has to collaborate and those cooperative, family-driven processes are becoming the expected standard of practice.

— Family Safety Net

Five A's of Access

Though not directly prompted to address the remaining aspects of First 5 Marin's Guiding Principals and the Five A's of Access, while discussing their successes, challenges, and project highlights, funded projects provided numerous examples of the ways in which their work is addressing and is aligned with First 5 principals and key factors for sustainable system change. In the section below, the ways in which each of the Five A's and First 5 Marin's Guiding Principals was observed, addressed, and/or aligned with is overviewed followed by select highlights from project narratives with further detail.

Accessibility: Convenient and user-friendly service delivery for clients

Projects discussed various ways in which they were mindful of operating in ways that were convenient and user-friendly. They described consistent scheduling and follow-through with each client, centralizing the location of their services to a place where common barriers are lessened or removed, increasing access through the on-site availability of resources from collaborating projects, as well as the ways in which school readiness playgroups provide a convenient means for sharing information and resources with clients in a warm convivial atmosphere.

The key to our achievement of the performance targets has been consistency. By keeping regular hours, doing what we said we were going to do and taking care of each patient/client, a self sustaining schedule of clients is being created that will not require a lot of outreach.

— Medical Legal Partnership

Having services located in the Canal community has made it easier for the community to access the services provided. Walk-ins have increased and the community knows where to go and does not have to deal with transportation, cultural, linguistic and other barriers to services. People seeking services come from all parts of the county which we had thought may decrease but the location does not seem to be an issue for those coming from all over the county and from outside of the county.

— PSP Children's Health Insurance

Another relationship that has continued is with the Marin Literacy Program. With weekly visits by the FLAGship bus, our program was able to bring bilingual literacy events and school readiness events to isolated families and to children who may not have much preschool experience.

— San Geronimo SR

The Playgroup has enabled us to reach families in an entirely new way because we get to know each other, the families trust us and we are truly able to disseminate information into the community - from announcements of workshops and programs, to health and referral information. Also, through this Playgroup, we were able to train 6 Promotoras who can reach the Latino community in a way we never could on our own.

— Novato SR

Accommodation: Modifying operational practices to increase access to services

Projects described modifications to their operational practices resulting in increased access to services. The modifications ranged from implementing information systems in service of better results for children retaining their health coverage to several examples of how programs are applying understanding of their clients and communities to provide well-suited points of entry. Another example showed how a project recognized and adhered to its stringent even start criteria for participation and related funding while still making an effort to get those who couldn't participate at the required level into services better suited to their situation, thus strengthening the overall service capacity of the community.

We have begun to develop a database of retention information, which enables us to assist clients in the Annual Eligibility Review process. This results in many children retaining their health coverage. CHI Access

Many times, we have to turn families away because they can't commit to the program requirements of attendance because of crisis in their lives. This is very hard for us, because we know that the children in these families are the ones who need our support. What we have been doing is discussing with the families other support agencies in the community. We will be printing up a flyer that can be given to these families to assist them in finding a place to study along with childcare so that they can work.

— Bahia Vista Even Start:

Because enrollment was held individually at school sites kinder advocates had a better opportunity to meet face to face and to begin developing relationships in January with parents who had children who would be attending their school in the fall.

— Kinder Advocate

Our program was restructured at the beginning of this fiscal year, and the new design has helped us to improve our work in the community - reaching out to more families and more effectively supporting them with resources and opportunities. Early in the year, staff conducted widespread outreach in the Canal neighborhood at locations where families naturally gather to reach out to families not yet connected to resources.

— Mentores

The mix of families in Inverness & Tomales continues to be socio-economically diverse. There is strong parent participation in Inverness while Family Thursdays continue to be a challenge in Tomales, due to transportation and work conflicts. This year Tomales was supported at a county level thanks to the streamlined process of booking dates for family Thursdays for all SB programs simultaneously.

— Shoreline

High importance is placed on the referral process for SNMH clients. They are more difficult to make an initial connection with and they are less likely to continue in therapy long enough to get help. In these cases the program director takes extra time to talk by phone with the referring agency and facilitates the connection between a therapist and the client in a number of ways.

Advocating for policy changes or new legislation

In advocating for policy changes or new legislation, projects continued to emphasize education to bring about philosophical shifts and saw the inception of work towards national level support for their project. At least one project described an extensive set of activities to advocate at the local and state level for affordable child care which provided more than one opportunity both for staff and affected families to meet with local and state lawmakers and speak on their own behalf about the importance of this issue. Additionally, The Public Education and Policy Initiative's purpose is to assure public policies promote the health and well-being of children through policy level efforts as well as grassroots/community based efforts.

There is also national support (for the partnership) spearheaded by the Medical-Legal Partnership for Children at the Boston Medical Center.

— Medical- Legal Partnership

At this time, it is believed that education is the best effort we can give folks to support change. Much of the work being done by the project has to focus on helping systems and people see things differently than what they are accustomed. It is philosophical in nature and takes time to have people understand and accept it. Periodic newspaper articles, brochures are some avenues to consider.

— Easter Seals

The purpose of this initiative is to assure public policies promote the: optimal social/emotional development and school readiness of all children; quality early education and child-ready school environments that promote success in life, and; optimal health, safety and well-being of all children.

— Public Education and Policy Initiative

Out of frustration at not being able to supply families with adequate resources for affordable childcare, the Mentores began speaking with partner agencies, including the Kinder Advocates, Parent Voices, Marin Child Care Council and others – to see what could be done to reverse this trend. As a result, these organizations held a community meeting in April. Our local efforts served as a launching point for the Canal community to be actively part of the 10th annual Stand for Children Day in Sacramento This was an opportunity to represent Marin as one of the 22 counties advocating on behalf of California's children. Our families' voices were heard in an effort to increase funding, improve quality, and provide better access to childcare. We are going to continue working with other organizations advocating for more affordable childcare for all the families in Marin to support our project goals and objectives.

— Mentores

Appropriateness: Working with diverse populations

As in the ways in which projects are applying their understanding of their clients and communities to increase access to services, they are also applying their understanding to operate and provide services in ways that are appropriate for the diverse populations with which they work. Staffing appropriate to client needs, refining approaches to sharing information, and consideration of the implications physical place where activities take place were mentioned by projects in conjunction with their understanding of the diverse populations in their communities.

- We had a very difficult time trying to find someone bilingual and bicultural to fill the position of parent advisor. We decided to rearrange our staffing to fill this position by asking a parent advisor currently employed by Matrix to take this position. She has worked for Matrix in Marin County in the past and was happy to do it again. Matrix Parent to Parent CSRI
- We have learned that approaching families with developmental information about their child is more acceptable to families than presenting information about special needs. There are cultural

issues and parental concerns around identifying a child as having special needs at a young age. Families of young children are often not ready to acknowledge that their child may have special needs, which is not a concern if their child is receiving services that are needed. Matrix Parent to Parent CSRI

- The Playgroup has enabled us to reach families in an entirely new way because we get to know each other, the families trust us and we are truly able to disseminate information into the community - from announcements of workshops and programs, to health and referral information. Also, through this Playgroup, we were able to train 6 Promotoras who can reach the Latino community in a way we never could on our own. Novato SR
- With a more thorough understanding of the Tomales community we now know that activities that do not take place on the school campus, a place that our families trust, are not well attended- no matter how much outreach you do. It is important to capitalize on the relationship we have built with Tomales Elementary School and continue to find new ways to work with our rural families on the school campus. Shoreline

Availability: Increasing number and types of services

Projects described some of the ways in which they expanded the number and/or types of services for their communities. For some projects this increase was made possible in part by additional staff and/or coordinating projects with other First Five Partners or others, such as bringing Raising a Reader to new playgroups, offering a tax preparation workshop tailored to meet the information needs of undocumented workers, or placing a consultant within another First 5 project. Projects also talked about broadening their mission statement and diversifying their offering to include some small group and individual instruction. One project also detailed how staff awareness of the importance of building and maintaining relationships with directors and providers at childcare sites are providing a means for deeper engagement of directors who oversee multiple sites who are then able to bring their learning to the sites that may not have the opportunity to work directly with the project's consultants going on to say, "The program's relationship-based model thus spreads its influence through a ripple effect."

One success-which I will work to sustain-was the placement of a nursing student with the FLAGSHIP project. The FLAGSHIP coordinator was very excited by the families' positive response, and used resources developed by the student to implement similar activities at other sites.

— EC Health Consultant

The RAR Coordinator partnered with two of First 5 Marin's school readiness communities to have the new playgroups participating in RAR.

— Raising a Reader

We developed a new workshop this year to train parents on child development for their preschool age children. We used the Ages and Stages assessment tools that are currently being used in the Special Needs Mental Health Initiative and created a checklist that is easy for parents to use with their children.

— Matrix CSRI

We have joined forces with the United Way & IRS to bring a Super Saturday Tax Preparation event to our community. This event was carefully planned to meet our clients needs, many of which are undocumented. In order to be prepared and work towards citizenship or amnesty, many of our clients wanted to begin the process by filing their taxes- a step that the federal government smiles upon when issues around legalization arise.

— Shoreline

Weekly Parent Education was offered with the continuation of the Latino Family Literacy Project and the addition of the Raising a Reader program. In the area of ECE, because we were able to hire an additional fulltime staff person in December, we were able to offer individual and small group instruction Children's Center.

— Bahia Vista Even Start

Legal Aid plans to include children in our mission and our new mission statement should reflect that new an important focus. It also coincides with our dependency law practice. Our focus in the past has been on adults but we hope to increase our capacity with regard to representing the interests of children in the future. This change will be part of a strategic planning session to be scheduled for Fall 2007.

— Medical-Legal Partnership

Our consultants are increasingly aware that they are building relationships with every conversation at the site, and that being called to the site opens a window of opportunity to interact with teachers and children and make a difference in unidentified areas. We also insist on the active involvement of directors who oversee multiple sites. Directors are then able to translate what they learn from consultation to additional providers. The program's relationship-based model thus spreads its influence through a ripple effect.

— ECMH

Civic Engagement

A few partners spoke of how their project requires the engagement of community members as volunteers who implement at least part of the program services. Additionally, for at least two partners, project employees or volunteers are drawn from the community and are well situated to bring information to the wider population who might not yet be receiving direct services from the project. Furthermore, during a wave of immigration raids, staff organized "informational events for families around their civil rights and the immigration system."

Volunteers are the backbone of this project. They help the Project succeed tremendously.

— Children's Oral Health

During a wave of immigration raids, many families were in need of information and support. We worked intensively with at least 15 families during this time, and also worked collaboratively with the Canal Alliance and Canal Welcome Center to organize informational events for families around their civil rights and the immigration system.

— Mentores

We have begun training 6 Promotoras (volunteer parents) who are able to reach the Latino community as members of this community.. They have informed their friends, families and neighbors about our programs, services and workshops. We are very excited to be working with them. They, in turn, are very excited to receive training and information to pass on.

— Novato

Raising or Leveraging of Funds

Several partners talked about their success in raising or leveraging funds. Some of these funds were noted as specifically providing for expansion of services, provision of materials for participants, strengthening of the project’s infrastructure, and/or building of staff capacity through training. As one project stated, “Sustainability is very important for this project because of the impact it is having in our community. We hope to be successful moving forward with fundraising both locally and regionally with the possibility of matching grant nationally.”

Figure 47: Dollars Leveraged by First 5 Marin Funding

Funded Project Partners	\$s Leveraged	Source of Leveraged Funds
CAREs	\$261,048	Local County, Foundation and State AB212
FSA PCIT	\$61,202	MediCal and other Insurance
Oral Health	\$34,048	MediCal and other Insurance
Marin DHHS CHI	\$2,900	MediCal and other Insurance
Medical-Legal Partnership	\$47,500	Foundations
Shoreline SR	\$57,000	United Way
PSP CHI Outreach and Enrollment	\$40,000	United Way and MAA/CAA money
San Pedro Family Literacy	\$59,000	Feds (leftover from previous year) and Foundation
Bahia Vista Even Start	\$172,500	Federal Even Start
Marin DHHS ECHC	\$80,000	State funding which fully funds this position for HHS
TOTAL	\$815,198	

Other partners expressed work in place and/or a desire to secure funding. For one these additional funds would help them to implement a refined strategy model that would ensure more time for on-site work between early childhood mental health consultants and childcare providers; the other partner described a funding initiative to launch a regional resource center to broaden the scope of their efforts.

Due to the success of the Medical-Legal Partnership to date, Legal Aid of Marin has been able to attract other funders. Sustainability is very important for this project because of the impact it is having in our community. We hope to be successful moving forward with fundraising both locally and regionally with the possibility of matching grant nationally.

— Medical-Legal Partnership

Because we have received the Pre-Literacy Grant we will be able to add more support to our program. We will be able to reach 16 more children and offer them more focused and intense services in school-readiness.

— Bahia Vista Even Start

We have also been fortunate to identify and secure additional funding sources to strengthen the project's infrastructure. Our new partnership with the Bella Vista Foundation provides us with additional resources to serve families, build our staff capacity through new training opportunities, and retain our staff through cost of living adjustments.

— Mentores

The RAR Coordinator leveraged a product grant offered through the National Office to bring program materials to both playgroups.

— Raising a Reader

As we go forward, our goal is to secure sufficient funding to offer a Hybrid Model, ensuring that the consultants can spend the necessary time at the sites to work with childcare providers on issues that affect all of the children in their care.

— ECMH

We are in the concept-development stage of a multi-funder proposal to launch a regional resource center for restorative practice as applied to communities, families and organizations.

— Family Safety Net

Service Quality

Several partners reflected on some of the specific ways in which they are working to improve or ensure service quality – be it through improved physical environment, staff training – often achieved through coordination and collaboration with other agencies, systematically eliciting feedback from providers and parents, and other service recipients, participating in with other agencies in work directly related to quality improvement, training other providers to use tools to assess the quality of their programs, and through the improve ability to effectively track clients with the Persimmony database.

Our ECE classroom has become more refined and conducive to providing intensive literacy & ECE activities because of our new, much larger and more improved space. Children are able to concentrate better and focus more time on the different activities because of this.

— Bahia Vista EvenStart

Our new relationship is with MarinCARES. They were very instrumental in helping us reach our program goals. More than half of our staff was able to taking ECE classes, receive stipends and receive educational counseling. This supported our staff in becoming stronger teachers in the classroom.

— Bahia Vista EvenStart

Collectively, our teachers and staff have earned over 40 ECE credits. The push to help staff acquire more ECE credits & other training can often be difficult, straining staff to attend workshops and classes while working long hours. We have surpassed our goal of 15 trainings and will continue to support our staff in their professional growth.

— Shoreline

The key activities that contributed to achieving our performance targets included staff and parent trainings/orientations and workshops. Staff/providers participating in the program for the first time had a clear understanding of how to successfully implement the program and work with families to promote participation and communication.

— Raising a Reader

Mini-grants were awarded to six classroom teaching teams this spring. Requirements included that the entire classroom teaching team must have attended ECERS training and must each complete an ECERS on their classroom.

— MarinCARES

Participation with the ECE Quality Improvement Group helped facilitate discussions on not duplicating efforts, what program quality looks like in ECE classrooms and how to partner with other programs that are offered in the same classrooms RAR is in.

— Raising a Reader

Legal Aid has joined a regional collaboration to learn more about and share best practices.

— Medical-Legal Partnership

Director and Provider satisfaction and skill development are evaluated using the Director and Provider Questionnaires when a case is closed. We continue to evaluate the best methods for eliciting feedback from the parents we serve. At the close of a case, the parent questionnaire is given to each parent with a self-addressed, stamped return envelope. We had an exceptional return of close to 50% this year on these questionnaires.

— ECMH

We welcomed eight new advisors this winter. Advisees were asked to complete evaluations to rate how we are doing as advisors in an attempt to ensure we are meeting the needs of the teachers and providers. Forms have been created for use by the advisors to keep records of all contacts and assistance provided.

— MarinCARES

Training from the Special Needs projects has begun to coach providers on how to utilize the various tools (EcERS and Ages and Stages) to help build the quality of their programs. It is on the provider's minds; why not take the opportunity to help develop it. In the end, it will help folks learn and utilize Ages and Stages broadly. Easter Seals Special Needs

The Persimmony database is going to help us track our clients more effectively. We are very pleased with the product and are looking forward to entering all of our client information in the next month.

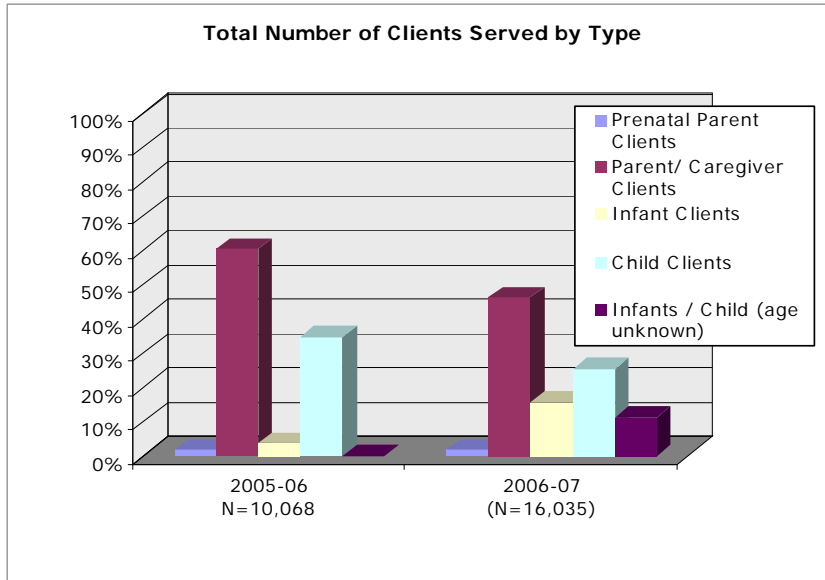
— Shoreline

IV. SYSTEM-WIDE DATA

The data presented in the following section includes an overview of client demographics, service delivery and financial distributions.

Client Demographics

Figure 48: Total Number of Clients Served by Type: FY2005 and FY2006



Approximately 16,000-16,100 unduplicated clients were served by this cohort of First 5 funded projects in FY2006-07. The majority of these clients were parents/ caregivers (46%) and children ages 3-5 years (25%). These two groups also represented the majority of clients in 2005-06.

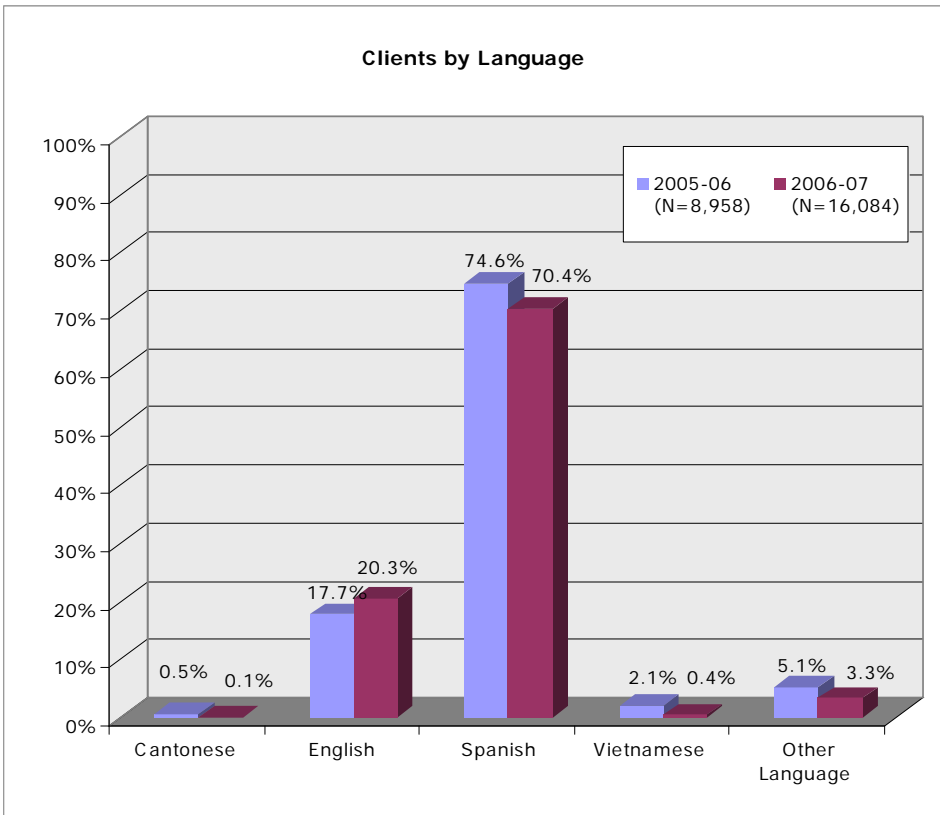
Of those served, the majority, 73%, are Hispanic, followed by Caucasian (12%) and African American (3%). Note that the percentage of African Americans served is higher than the proportion of African Americans for the county which is approximately 1.9%⁵. The ethnicity of clients served is very similar to those served in 2005-06 with differences in percentages between the two years not exceeding 2.5 percentage points (excluding other and unknown). As in 2005-06, Spanish (70%) and English (20%) are the languages most often spoken by clients served in 2006-07.

⁵ 2005 American Community Survey, US Census Department

Figure 49: Total Number of Clients Served by Ethnicity: FY2005 and FY2006

Fiscal Year	Ethnicity									
	African American	Alaska Native/Amerind	Asian	Caucasian	Pacific Islander	Hispanic	Multiracial	Other	Unknown	TOTAL
2005 06	275	16	245	978	69	7,378	168	649	n/a	9,778
2006 07	483	8	317	1938	33	11750	178	344	1,046	16,097

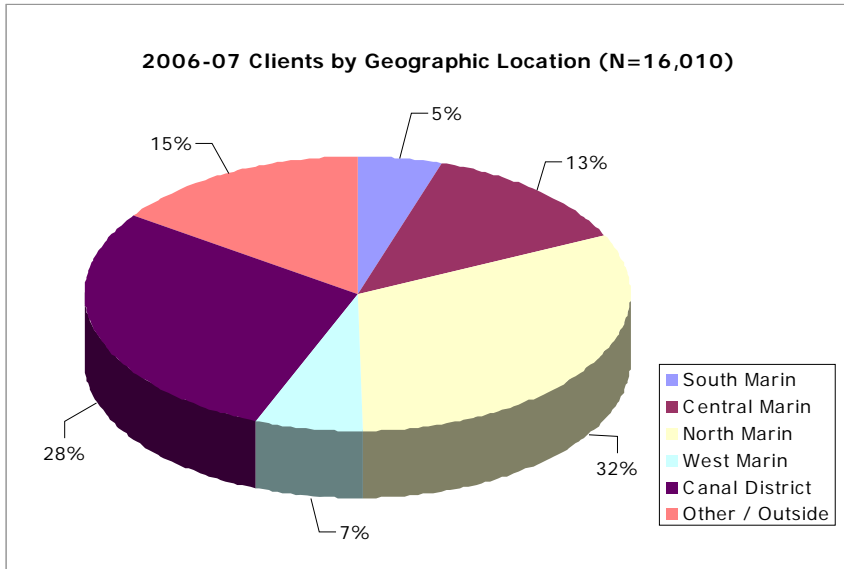
Figure 50: Clients by Language



Service Geographic Description

In 2006-07 North Marin followed by San Rafael are the areas in which the majority of services are provided (32% and 25%, respectively), followed by Central Marin (13%), West Marin (7%), and South Marin (5%). Areas identified as "other/outside" accounted for 15% of the area served.

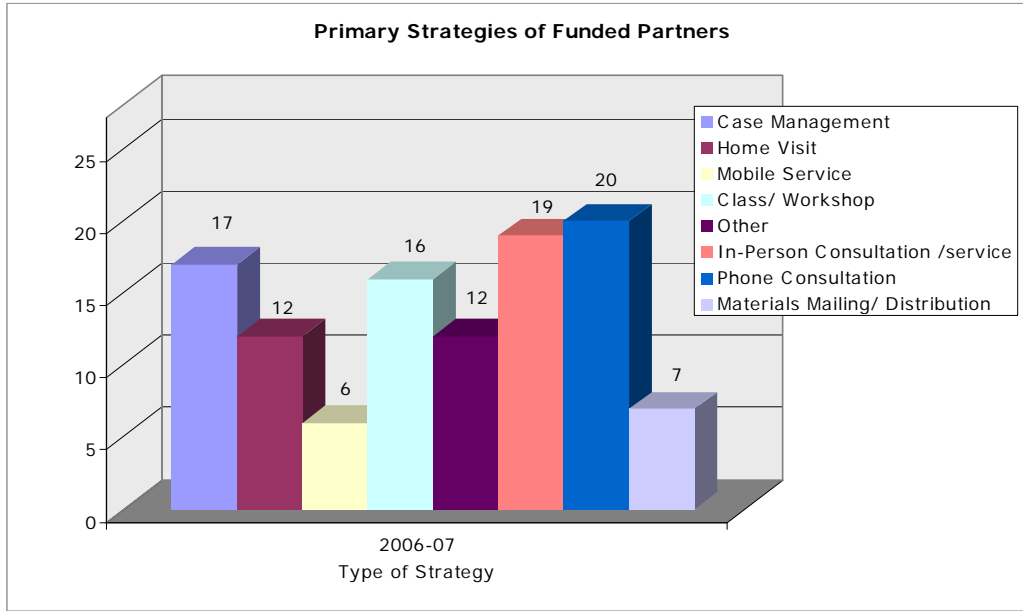
Figure 51: Total Clients Served by Geographic Location



Service Delivery Description

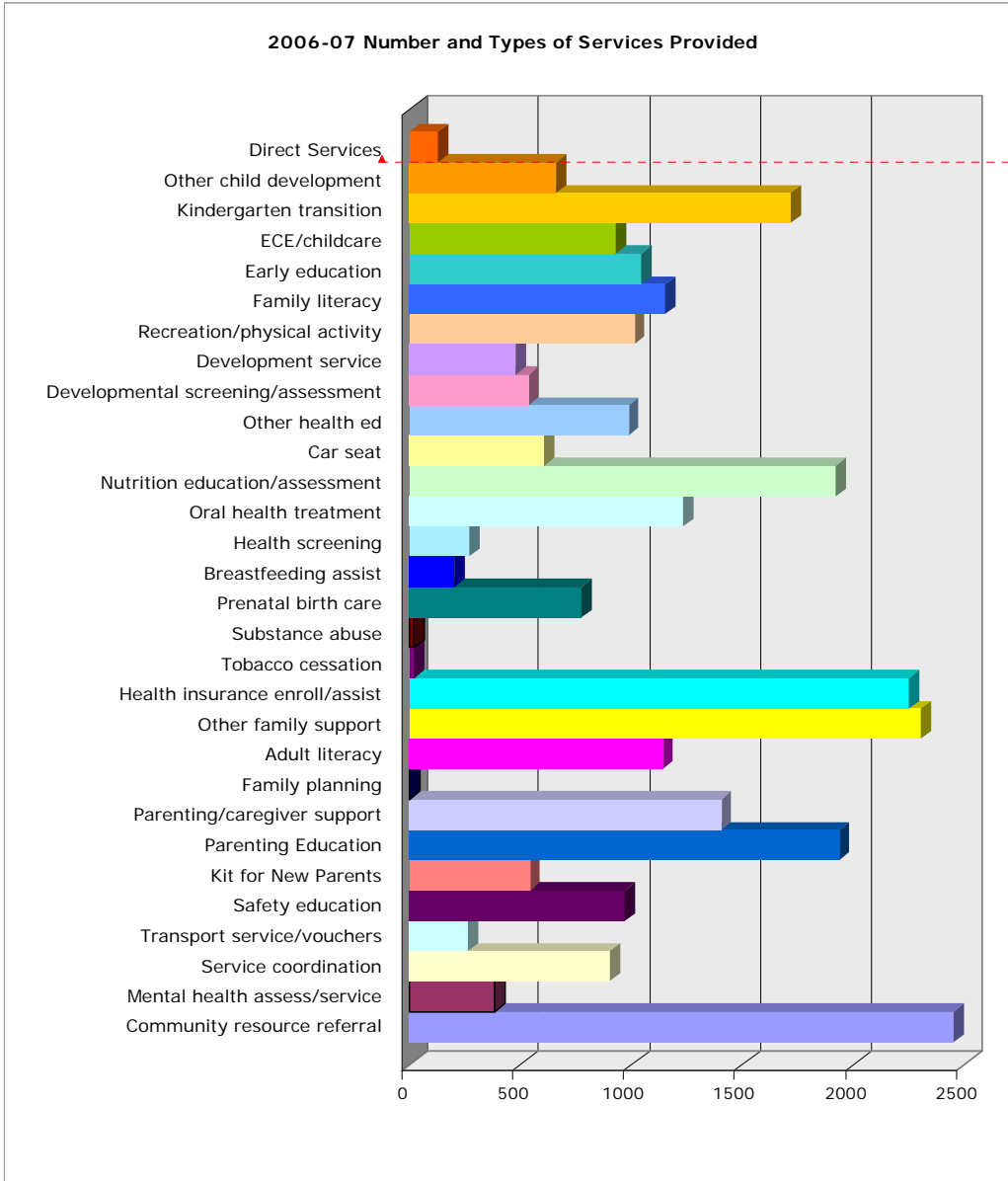
Projects were asked to identify the primary method (modality) by which they delivered services. The majority of projects (16 to 20 of 28) utilized class/workshop, case management, in-person consultation services, phone consultation. This differs from FY2005-2006 data when case management was not a primary method. The chart below summarizes the range of services delivered through those methods.

Figure 52: Total Number of Types of Services Provided by Number of Providers Delivering Service



Community resource referral was the primary service delivered, followed by other family support (same as in 2005-06; in FY2004-2005 the two were reversed). The next highest areas of service were health insurance/enrollment, parenting education, and nutrition education/assessment.

Figure 53: Total Number and Types of Services Provided by Funded Partners



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Provider Capacity Building Activities and Training

In addition to direct services to children 0-5, their families and parents/caregivers, funded projects work directly with providers in a variety of disciplines to enhance their capacity to support the healthy (in the broadest sense) development of children and their families. The following tables summarize the number and variety of activities and trainings as well as the numbers of providers reached through these efforts.

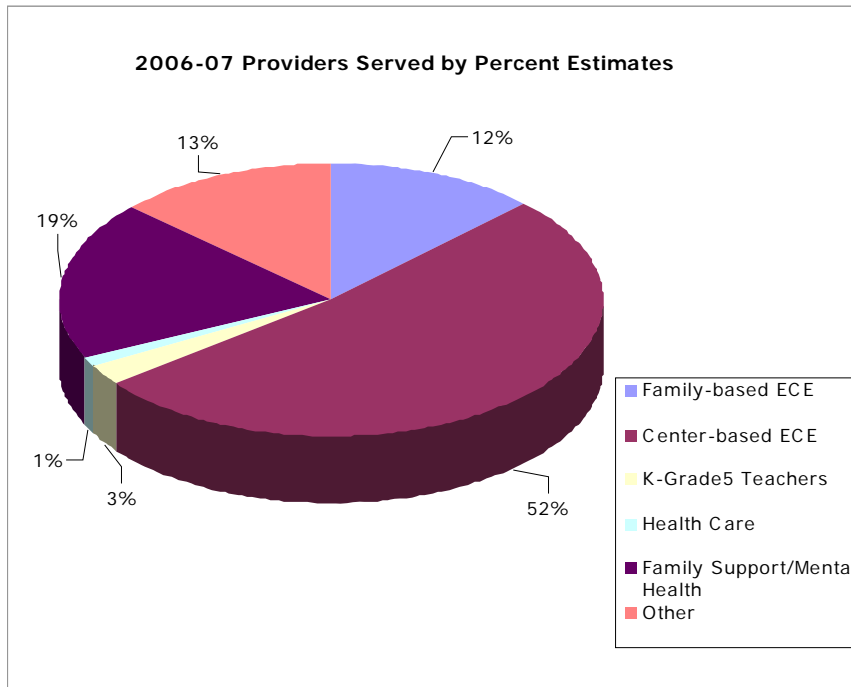
With regard to trainings, the most frequent topic was serving families/children with special needs (918), followed by other (193) and early childhood health development (128). These topics also reached the largest numbers of providers (1,787, 881 and 481 respectively).

Figure 54: Total Number and Types of Activities and Providers reached through Trainings

Type of Training	Type of Provider						Total Number Trainings	Total Number Providers
	Early Care and Education			Health and Social Services				
	Family-based ECE	Center-based ECE	K-Grade5 Teachers	Health Care	Family Support /Mental Health	Other		
Cultural diversity	0	55	0	0	50	2	19	107
Early Childhood Health Development	145	201	77	0	30	28	128	481
Health Education/Literacy	97	34	0	12	31	73	37	247
Licensing/Accreditation	0	2	0	0	0	0	2	2
Serving families/children with special needs	50	826	22	0	560	329	918	1,787
Other	258	191	13	35	165	149	193	881
TOTALS	550	1,309	112	47	836	581	1,297	3,505

Center-based (52%), Family Support Mental Health (19%), and Other (13%) were the categories in which most providers were described.

Figure 55: Estimated Percent of Total Providers Served



Fiscal Analysis⁶

A total of \$2,582,811.02 was dispersed in FY2006-2007 to projects funded for the full year. Figure 22 presents the annual reimbursements per funded project.

Figure 56: Funded Project and FY2006 – 2007 Reimbursements

Project Names	Agency Housing/ Coordinating Project	Strategy	Initiative/ Project	Individual Contracts
		Totals	Totals	Totals
Ready For School		1,245,899.38		
School Readiness Initiatives		948,814.00		
Canal School Readiness				
Mentores Program	Parent Services Project			74,996.90
Kinder Advocates	School Linked Services Initiative			113,896.62
Family Education Coordinator	Marin Head Start			74,886.04
CSRI Program Coordinator	San Rafael City Schools (SRCS)			13,200.00
Parent to Parent Program	Matrix			9,699.00
Pickleweed Preschool Expansion	City of San Rafael			73,218.00
Bahia Vista Even Start	SRCS			88,971.71
San Pedro Family Literacy	SRCS			45,000.00
Marin City/Sausalito School Readiness	Community Action Marin			118,263.13
Shoreline School Readiness	Papermill Children's Corner			131,443.34
Novato School Readiness	Novato Youth Center			119,433.71
San Geronimo Valley School Readiness	San Geronimo Community Center			85,805.55
Other Ready for School Projects		297,085.38		
MarinCARES	Bay Area Community			200,085.38

⁶ The Commission's uses fund-based, or cost center, budgeting. The program areas, or cost centers, to which revenue and expenses are allocated, reflect the Strategic Priorities outlined in its Strategic Plan and activities (in a separate cost center) related to evaluation of these efforts. Staff time is allocated to each of the program areas based on actual time spent in implementing these programs. Indirect costs are also allocated to each program area based upon the percentage of the total annual budgeted expenditures that the direct program and contract activities represent. All costs that meet the definition for administrative expenses outlined above are reflected in the fund/cost center labeled "General Operations".

Project Names	Agency Housing/ Coordinating Project	Strategy	Initiative/ Project	Individual Contracts
		Totals	Totals	Totals
Resources				
Marin Literacy Mobile FLAGship	Marin Literacy Program			51,000.00
Raising a Reader	Parent Services Project			46,000.00
Children Are Healthy		801,220.92		
Children's Health Initiative			456,330.20	
Health Insurance Access	Marin County Department of Health & Human Services			123,683.42
CalKids Health Premiums	CalKids			93,441.00
Health Access Outreach	Parent Services Project			69,789.42
Children's Oral Health Project	Marin County DHHS			169,416.36
Other Health Projects			276,779.07	
HAHL/Early Childhood Health Consultant	Marin County DHHS			29,895.01
HAHL/Family Mentor Project	Marin Child Care Council			10,000.00
HAHL Training Activities	First 5 Marin			11,406.03
Family Safety Net Project (Health)	Center for Restorative Practice			121,225.39
HALI/Marin Literacy Mobile FLAGship	Marin Free Library			40,000.00
Garden of Eatin'	North Bay Children's Center			26,752.64
Medical Legal Partnership (Health)	Legal Aid of Marin			37,500.00
Special Needs/Mental Health Initiative	Lead Agency Easter Seals of Northern California		344,890.72	
Easter Seal SNP	Easter Seals Northern CA, Inc.			186,537.72
PCIT and Family/Child Counseling	Family Service Agency of Marin			57,353.00
Early Childhood Mental Health Project	Jewish Family and Children's Services			96,000.00
Family Care Provider Training	Marin Child Care Council			5,000.00
Marin Values All Children		258,911.65		
Policy and Education Initiative			258,911.65	
Community Request for Funds			173,911.65	

Project Names	Agency Housing/ Coordinating Project	Strategy	Initiative/ Project	Individual Contracts
		Totals	Totals	Totals
Childhood Matters/Nuestros Ninos			22,500	
Total Initiative/Program Expenses				2,582,811.02

V. PRELIMINARY FINDINGS AND RECCOMENDATIONS

The following are preliminary findings and recommendations based on analysis of available data. A more comprehensive set will result from discussions with First 5 Marin Commissioners, Staff and funded partners (see next steps). They are organized by Result Area and address the following set of questions:

- **Evaluative** - Are Initiatives and funded partners/projects having the intended impact?
- **Evaluation Design** – Does the evaluation design reflect the actual outcomes that are feasible?
- **Evaluation Capacity** – Is needed data available, valid and reliable?

Overarching comments for the full portfolio are as follows:

Initiative evaluation plans although comprehensive are too complex.

Recommendation:

Focus on a smaller set of specific outcomes that represent a continuum towards increased access and effectiveness that are sustainable with the current system.

Data collection capacity still varies across projects.

Recommendation

Continue to provide technical assistance to funded partners to increase rigor of evaluative methods and accuracy and reliability of data.

Persimmony has made easier the “output” calculations and reporting to First 5 California but evaluative component needs development.

Recommendation

Continue with the implementation of Persimmony to reflect the multi-dimensional evaluation design of First 5 Marin

Relationships between and among funded projects and Initiatives and their sustainability is difficult to determine.

Recommendation:

Due to the different ways and degrees to which funded partners respond to the mid year and annual evaluation report, additional data collection strategies should be developed to better capture the relationship between and among funded partners and it’s impact on their work, sustainability and ultimately the health and well-being of children 0-5 and their families.

Result Area 1 – Marin Protects and Promotes the Health and Well-Being of All Children

- *Evaluative* – Both the Children’s Health Initiative (CHI) and Special Needs Mental Health Initiative (SNMHI) are starting to demonstrate that their efforts are “making a difference” in terms of children and families being connected to intended services and supports.

Health Advocacy Health Literacy, partially due to staffing capacity and the initial complexity of the effort is better able to document the effectiveness of specific activities than its overall reach in to specific communities at this point of time (note: local school readiness initiatives have begun to develop work plans which link HALI trainings to efforts in the community and intended changes). Individually funded partners vary in their ability to demonstrate “what changed.” However, for those measures for which data was available, most targets were exceeded.

- *Evaluation Design* – Overall, the evaluation plans for all the initiatives in this Result Area are too complex and should focus on a smaller set of core outcomes and related measures. Individual

funded partner evaluation plans should be reviewed in the context of their relationship to the Initiative.

- *Evaluation Capacity* – With full implementation now underway, a more rigorous approach to evaluating effectiveness is needed in particular for Early Childhood Mental Health, Children’s Health Insurance Initiative (HHS and PSP) as well as for Health Advocacy Health Literacy Initiative. Consideration should be given as to how Persimmony and data collection within other efforts can support evaluating the effectiveness of HALI.

Result Area 2 – Marin Children are Ready for School and Schools Are Ready for All Children

- *Evaluative* – As a collective, through the SummerBridge data collection, the School Readiness Initiatives (all five as a whole) are able to demonstrate that impact on the children and families they serve. For those measures for which there was data, most targets were met if not exceeded. Individually, local SRIs are able to demonstrate both reach and impact.

Those projects not formally part of the local school readiness initiatives, FLAGship, MarinCARES and Raising a Reader each are able to demonstrate reach and impact. However, the relationship between and among efforts is difficult to ascertain and its contribution to effectiveness and sustainability is difficult to assess.

- *Evaluation Design* – Current design should be reviewed and a determination made as to what are the core outcomes and related measures.
- *Evaluation Capacity* – Continue to explore how data collection can be standardized across SRIs.

Result Area 3 – Marin Values and Invests in All Children

- *Evaluative* – The identified efforts of this Initiative seem to be well underway and the intended impact seems aligned with number, type and scale of activities. Nuestros Ninos and Childhood Matters provided
- *Evaluation Design* – The current design for Public Policy and Education Initiative as well as Nuestros Ninos/Childhood Matters seems appropriate.
- *Evaluation Capacity* – As efforts continue, and because the staffing for PPEI is limited (one .5FTE), resources available for data collection should be monitored if the number of activities increases. Consider how Persimmony can be used.

VI. NEXT STEPS

With a new data system in place, Persimmony, and all Initiatives and projects fully implemented, First 5 Marin is better able to both collect quantitative and qualitative data and to determine which outcomes and measures are most appropriate (and feasible to collect) for its evaluation plan. To do so, funded partners, First 5 Marin staff and Commissioners will engage in a reflective process (which will inform the Strategic Plan review process) over the next few months with jdcPartnerships, the local evaluator. This will include facilitated discussions, interviews and review of existing data resulting in a revised evaluation plan that identifies the key outcomes desired by both First 5 Marin and its partners based more solidly on the knowledge of how efforts have been implemented in the community and a clearer sense of what new opportunities for leveraging and sustainability exist.