



Moving Toward Results: Strategic Plan Implementation Year 1

*Evaluation Report
Fiscal Year 2005-2006*





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BACKGROUND and OVERVIEW

The First 5 Marin Children and Families Commission (First 5 Marin) communicates its commitment to the health and wellbeing 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 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.

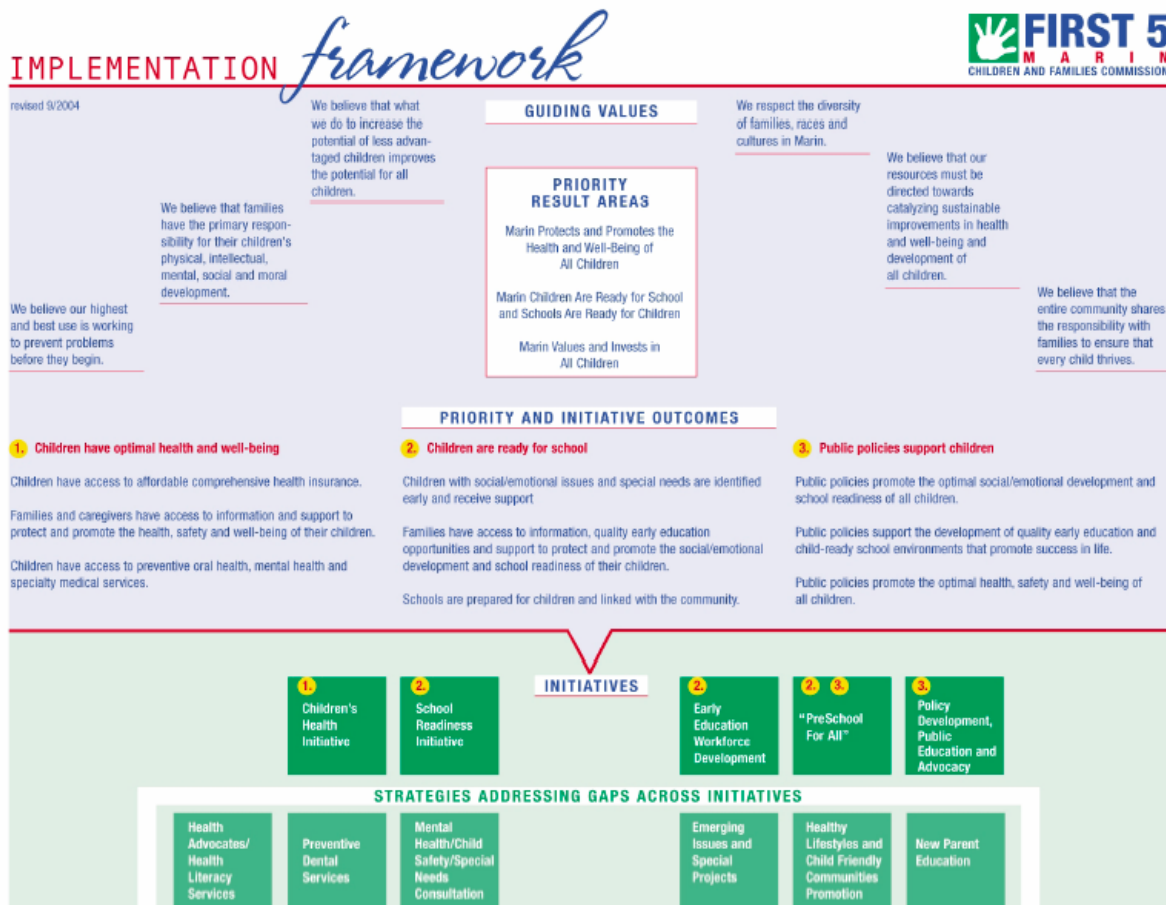
Priority Outcomes:

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 is implementing 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, 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.

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

Figure 1



The projects included in the report are those funded by First 5 Marin Children and Families Commission for the full 2005-2006 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 are in the early stages of implementation.

Figure 2
FY05-06 Initiatives and Funded Projects by Priority Result Area

Project	Agency
Children Are Ready for School	
Canal School Readiness	
Bahia Vista Even Start	Bahia Vista Even Start
Pickleweed Child Care	City of San Rafael
Family Education Coordinator/Summer Bridge	Head Start
Kinder Advocates	School Linked Services
Matrix Parent Support	Matrix
Mentores	Parent Support Services (PSP)
School Readiness Expansion	
Novato Implementation	Novato Youth Center
Shoreline Implementation	Paper Mill Creek Community Center
San Geronimo/Nicasio Implementation	San Geronimo Valley Community Center
Marin City Planning	Sausalito/Community Action Marin
FLAGship	
Children Have Optimal Health and Well-being	
Special Needs Mental Health Initiative	
Early Child Mental Health Consultant	Jewish Family and Children’s Services
Family Service Agency	Family Service Agency of Marin
Special Needs Project	Easter Seals Northern California
Health Advocacy/Health Literacy Initiative	
Family Child Care Mentor Project	Marin Childcare Council
Early Childhood Health Consultant	Marin County Dept. of Health and Human Services
FLAGship	Marin Literacy Project
Matrix Parent Support	Matrix
Children’s Health Initiative	
CalKids Insurance Premiums	California Kids Foundation
Outreach/Enrollment/Retention	DHHS, PSP and First 5 Marin
Garden of Eatin’	North Bay Children’s Center
Family Safety Net	Coordinated Youth Services Council
Oral Health Project	Marin County Dept. of Health and Human Services
Marin Values All Children	
Public Policy and Education Initiative	
Community Requests for Funds (Small CRFs)	First 5 Marin
Childhood Matters Radio Program	Childhood Matters
Nuestros Ninos	Childhood Matters

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 - Initially designed by First 5 California, a form is used to collect client demographic and service type unit data and submitted quarterly by grantees. The data from this form is used to compile a segment of First 5 Marin's annual report submission to First 5 California Children and Families Commission. Currently, this data is entered in to an Access database at First 5 Marin. All projects are required to submit data quarterly as part of contract compliance.
- ❖ Annual 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.
- ❖ Project Performance Measures¹ - Several projects have performance measures (process and outcome) incorporated in to their contracts and for which they are held accountable. These measures link the projects efforts to the broader Commission goals and priority outcomes.
- ❖ Annual Report to First 5 California - Submitted annually in October to First 5 California as part of First 5 Marin's reporting requirements; this report includes a combination of quantitative and qualitative data including numbers served and project vignettes.
- ❖ System Change Assessment Survey - This survey is administered annually and includes questions on service delivery and system integration both in Marin in general and specifically within the First 5 Marin funded partner community. There were 17 respondents to the survey.

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 FY2005-2006. The following summarizes the content of each section:

- ❖ 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.
- ❖ 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:
 - Aggregate View - Client demographic and service delivery information is aggregated across all funded programs. In addition, geographic distribution of funding and clients types is provided.
 - Initiative and Project Highlights - A summary of highlights across related initiatives and projects is provided including both quantitative and qualitative data.
- ❖ Moving Forward – This section summarizes future areas of focus for First 5 Marin and potential factors which may influence its efforts.

¹ Performance measures are being revised as part of the implementation of the new strategic initiatives.
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 Prepared by **fdcPartnerships**

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. The System Change Assessment is administered annually to all funded projects and designed to collect information on how projects service delivery efforts have changed in two ways: 1) within the broader community, and 2) specifically with regard to the First 5 Marin funded community. There were 17 respondents to the survey.

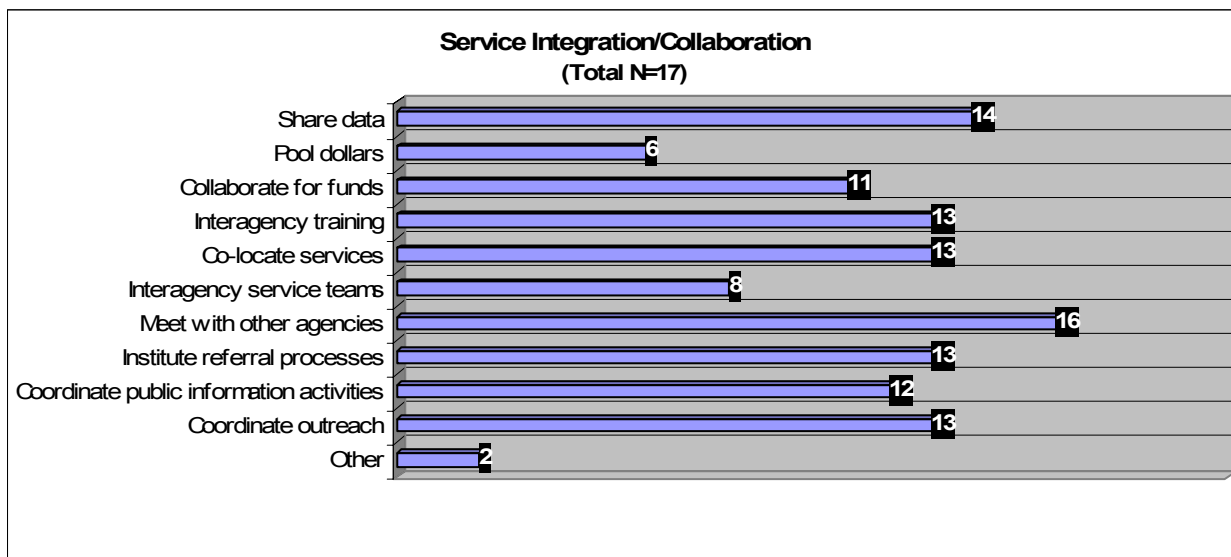
Service Integration and Collaboration

The ways in which programs are working together can serve as a reasonable proxy for better integration and collaboration. Figure 3 presents the various ways in which funded programs are working with other organizations and agencies in the community. The majority of respondents identified the following most often: meeting with other agencies, share data, Interagency training, co-locating services, instituting referral processes and coordinated outreach.

In FY2004-2005, funded partners reporting the following as the primary strategies: interagency training, meet with other agencies, share data, coordinate outreach, collaborate for funds and Interagency service teams. The differences between the two fiscal years could be attributed to the developmental nature of collaboration and the changing focus on strategies over time.

There was some discussion at the last Roundtable meeting of agencies collaborating to provide a training open to interns, parents and childcare providers on strategies for managing difficult child behavior using evidence-based practices, such as methods taught to parents in PCIT.
Family Service Agency, SNMHI

Figure 3
Primary Strategies Supporting Service Integration/Collaboration



Funded partners identified four key areas in which the service integration and collaborative activities listed in the previous table (Figure 3) affected service delivery and access to care for the populations they serve. **Those areas include: higher quality services, service duplication, access to services and gaps in service.** Note that there is little change from FY2004-2005

Figure 4
Aspects of Collaboration Which Have Been Affected And to What Degree

Collaboration has affected	Type of Change							
	2004	2005	2004	2005	2004	2005	2004	2005
	Increase		No Change		Decrease		Don't Know	
Service Duplication	0	0	1	4	8	8	NA	4
Gaps in services	0	1	1	2	12	12	NA	1
Accessibility of services	13	15	1	0	0	1	NA	0
Cost of providing services	4	1	5	6	3	2	NA	7
Higher quality service	13	12	0	0	1	2	NA	2

Following are some more formal examples of Interagency Collaboration and Service Integration:²

- Coordinating Council** – Initiated by First 5 Marin and School Linked Services, the Coordinating Council is a countywide meeting of all the service providers working with children 0 to 18 in Marin County. Leadership is shared by the county’s Department of Health Services, Marin Child Care Commission, School Linked Services and First 5 Marin. **Until invited to the Coordinating Council, these providers had never met, talked and planned at one place and time.** Now, meeting together on a regular basis, sharing challenges and collaborating on solutions, these providers are working to improve the system of services for all children.
- Special Needs /Mental Health Roundtable** – First 5 Marin’s Special Needs / Mental Health Initiative brings a variety of community services providers together to collaborate on identifying and serving children with special needs and mental health issues and providing support for their families. **As a group, providers can decide which agencies can best serve each child, streamlining the services and avoiding duplication, cutting paperwork and maximizing efficiency, and most importantly, providing the best programs and support for each child and family.** The result has been more than collaboration, because participating organizations are not only working together, but suggesting alternative options and devising unique solutions for children and families.
- School Readiness Advisory Boards** – By bringing together all those who are interested in and contribute to and are vital for school readiness, the Advisory Boards, which all include families of the children in the community, are dramatically increasing the amount of programs and services available to each child and family. **There has been a change in outlook from “That’s not really my responsibility” to “These are our children and our community, so it is our responsibility.”**

Many people feel that the School Readiness program has created a community for families with 0-5 year olds.
San Geronimo Valley School Readiness

² First 5 Marin Annual Report to First 5 California submitted October 2005.
Moving Towards Results: Evaluation Report FY2005-2006
Prepared by **fdcPartnerships**

There are many other examples of partnerships, integration, coordination and collaboration occurring in the First 5 Marin community. The following are selected highlights³:

- Bahia Vista - Through close work with and funding from Supervisor Steve Kinsey able to find temporary transportation for families from the Canal District to the Davidson Annex by contracting with the CYO.
- Children's Health Initiative - Teamed with School Linked Services Coordinators and Kinder Advocates contact the hardest to reach families in the school readiness communities. Coordinated services with Marin County Dental Office, CalKids and Safeguard to provide anesthesia assisted restorative dental care for a 4 year old child.
- Early Childhood Mental Health Project - Partnered with Easter Seals providers in assessments, referral and trainings.
- Easter Seals Special Needs Project - Renewed relationship with Marin Community Clinic in support of the adoption of the Ages and Stages program at the Novato Community Clinic.
- Family Services Agency - Closer working relationship with Head Start resulting in a shared full time equivalent position for bi-lingual Spanish speaking service providers.
- FLAGship - Coordination with Marin County, Division of Public Health's Marin Car Seat Program in the provision of bilingual demonstrations at seven sites across the county.
- MarinCARES – Linkages with College of Marin to identify bilingual counselors and to make them more available to early childhood providers who are continuing their education.
- Matrix Parent Network and Resource Center – Greater involvement with Kinder Advocates in the case management meetings when children with special needs are discussed as well as working more closely with the Special Needs Mental Health Initiative.
- Mentores Project – Coordinated and facilitated workshops with Aprendiendo Juntos for families to develop their leadership capacity.
- Novato School Readiness – Partnered with the North Bay Children's Center on oral health workshops for parents in the Hamilton area. Participated in a pilot program to create a School Transitions tools to enable ECE teachers to pass on information on a child to Kindergarten teachers in a standardized manner.
- Oral Health – Development and facilitation of oral health trainings for Child Protective Services workers at the County's Departments of Health and Human Services.
- Pickleweed Children's Center Child Care Health Advocate - Enhanced working relationship with Oral Health Project resulting in dental screening for all preschoolers enrolled.
- Safety Net Project - Coordination with the dependency court system and improved working relationships among social workers, attorneys and families on behalf of children at risk of out of home placement.
- San Geronimo School Readiness - Relationships forged with the Marin Literacy Program/FLAGship which brought bi-lingual literary events and school readiness activities to children and their families.
- School Linked Services - Strengthened relationships with Matrix Parent Network and Resource Center including training of the Kinder Advocates regarding services for children with special needs.
- Shoreline School Readiness - Teachers and staff have been attending on-going trainings sponsored by First 5 Marin. Compasspoint. PSP, college of Marin, Santa Rosa Junior College and the Dance Palace Community Center.

³ FY2004-2006 Annual Reports submitted by funded partners.

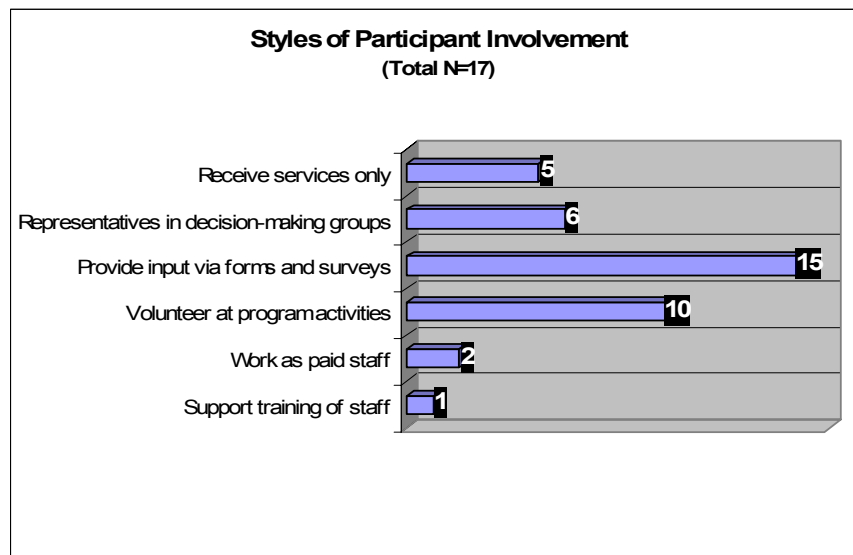
Engaging Participants

Projects identified several ways in which “clients” function as participants and engage in activities related to the planning, decision-making and implementation of the program.

88% (15) of projects gather information regularly from participants through data collection efforts such as surveys and other feedback mechanisms. This is a significant change from FY2004-2005 when only 9 projects reported using forms and surveys to gather information and feedback from their clients.

*We are working on increasing parent participation in the Advisory Committee.
We now have 2 parents who are actively involved...and are emerging as leaders.
Novato School Readiness*

Figure 5
Styles of Participant Involvement



*Our two parent leaders wrote a mini grant to First 5 Marin and were able to purchase more age appropriate materials and expand the activities provided.
Shoreline School Readiness*

This is the first year that First 5 Marin has formally captured information on parent’s volunteer involvement with funded partners. Anecdotal information in past years indicates that there has been increasing participation by parents through volunteerism. Much of this can probably be attributed to the design of the school readiness initiatives. With this year serving as a baseline, it is anticipated that the number and ways in which participants formally and informally engage with the projects beyond being the recipients of services and support will increase.

Access to Services

Increasing the accessibility of services has been a key focus of First 5 Marin’s efforts and is reflected through a multi-dimensional definition which has five (5) components: affordable, available, accessible, appropriate and accommodating.

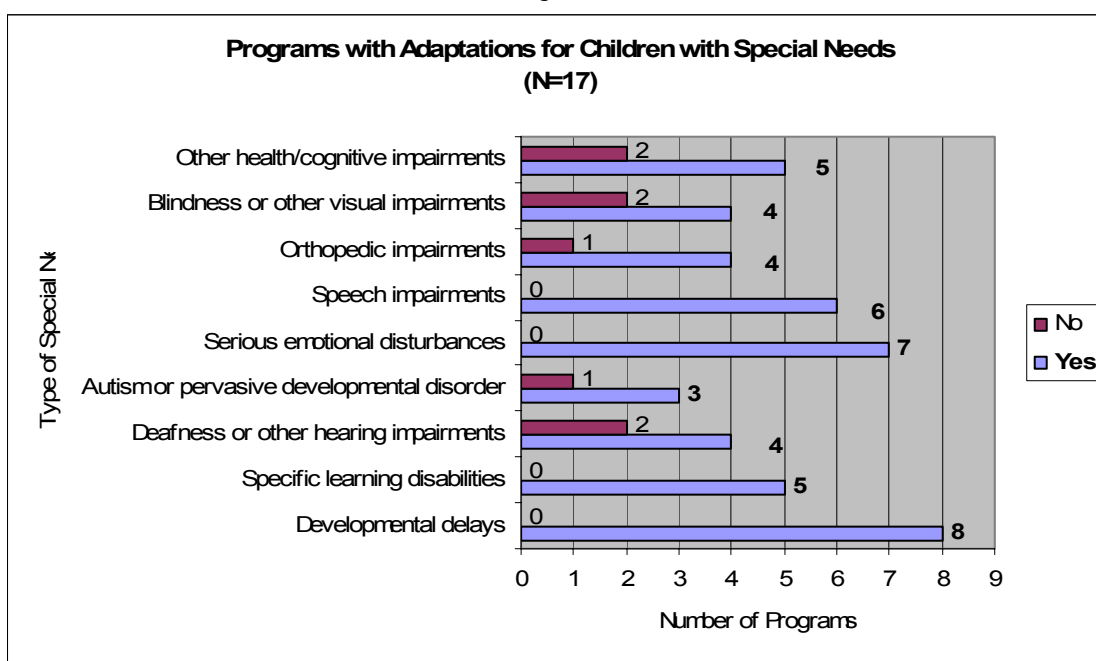
Programs were asked what efforts they were undertaking to increase access for two specific populations: children with special needs and cultural and ethnic groups.

Special Needs

53% (9) of the 17 respondents have made program modifications in order to address children with special needs. In FY2004-2005⁴, 40% of respondents reported making such programmatic changes. Figure X summarizes the diagnosis/condition for which programmatic adjustments have been made.

Modifications not in the table include: behavioral modifications and interventions, special needs not diagnosed and handicap accessibility to public transportation/services.

Figure 6



It (the consultation) brought out awareness in all the teachers to look more closely into behavioral patterns and possible causes.
 Early Child Mental Health Consultation, SNMHI

⁴ First 5 Marin Evaluation Report. FY2004-2005
 Moving Towards Results: Evaluation Report FY2005-2006
 Prepared by **fdcPartnerships**

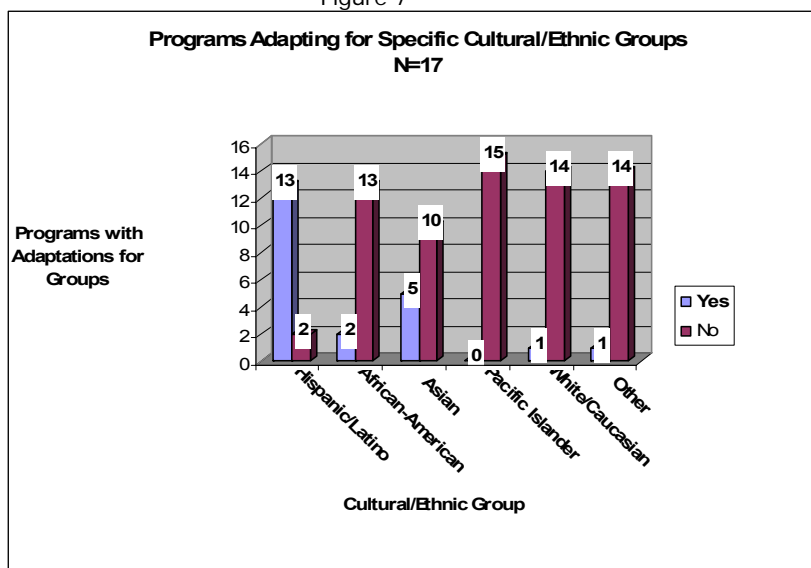
Cultural and Ethnic Groups

87% (14) of survey respondents have modified their program to increase accessibility to specific cultural and ethnic groups. Figure 7 highlights for what populations these changes have been made.

Additional groups for which program modifications or increased awareness of and sensitivity to include: lesbian, gay, bisexual and transgender individuals, single parents, as well as Koreans.

All 17 respondents have information available in both English and Spanish. 3 respondents have information available in Vietnamese. 1 respondent has information available in Korean and 4 respondents responded “other” but provided new details.

Figure 7



All but two non-Spanish Speaking Papermill staff members are currently in Spanish language programs at their individual academic levels.
Shoreline School Readiness

Additionally, observations of cultural holidays and special occasions have been incorporated into program planning.

New and Expanded Services

Projects reported a variety of new and expanded services which enhanced their ability to effectively serve children 0-5 and their families. The majority identified two activities:

- Utilizing family intake/assessments and
- Meeting with staff regarding families to provide case management

Additional activities listed by projects included: health education for parents, family literacy skills, service coordination and the addition of staff thus building the overall capacity of the organization to provided services. Note that overall, more projects reported new activities in FY2005-2006 than in FY2004-2005 which is consistent with the full implementation of all initiatives (except for public education and policy).

Figure 8
New and Expanded Activities

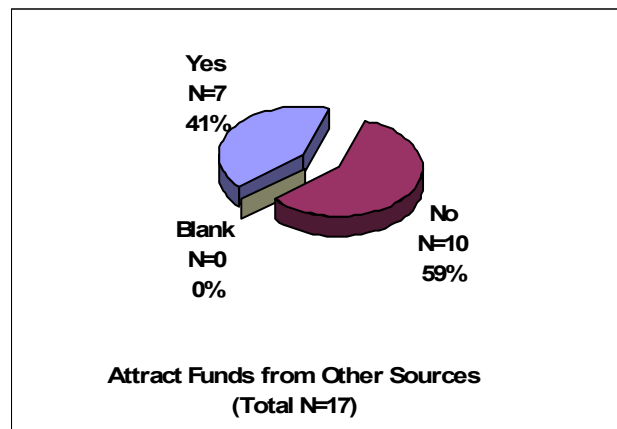
Activity	Status					
	New Activity		Expanded Activity		Existing Activity	
	2004	2005	2004	2005	2004	2005
Intake assessment	3	5	5	5	4	3
Record-keeping	1	3	2	3	6	3
Meetings w/staff re: family	0	4	4	4	3	3
Toll-free line	0	0	1	0	1	2
Transportation	2	3	0	2	1	0
Child care	2	4	3	2	3	2
Adapt materials to literacy	3	3	7	3	3	6
Other	2	2	3	2	0	0

Leveraging Funds and Fiscal Sustainability

Creating sustainable programs and efforts is a critical element of First 5 Marin’s approach to working with the community. It strives to identify partners and to support strategies which are effective, efficient and vital to a coordinated system of care for children 0-5 and their families and for which the issue of funding their continuation becomes a community commitment.

Fund totals do not include the numerous in-kind contributions that are made every day such as meeting space, pro-bono speakers/presentations and the distribution of educational materials and information. Funding sources were ranked as follows: private, business and individual contributions, United Way and local government.

Figure 9



In FY2005-2006, 41% (7) of projects responding have identified other funding supports (FY04-05 it was 54%) totaling \$303,000.

The difference between the two years could be partially attributed to the following:

- First 5 Marin funding for several projects was ending in FY2004-2005 and as a consequence they may have been actively seeking other funding sources.
- Several projects in FY2005-2006 were in the early stages of implementation and most likely not looking in to other funding sources as of yet.

Activities Supporting System Change

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 table summarizes the range of system change activities in which funded projects have led, engaged and supported for FY2005-2006. Note that the range of efforts reflects a continuum of focus from clients to policy makers and direct services to public policy.

Figure 10
System Change Activities by # of Projects

System Change Activity		# Projects
Research and Needs Assessment Activities:		
	Conducting Community Asset Mapping/Needs Assessment	3
	Conducting Research or Evaluation	8
Civic Engagement		
	Supporting Involvement of Residents on Policy Boards/ Commissions and in Program Implementation	2
	Community Planning Efforts Involving Residents	3
	Other Civic Engagement	4
Advocating for Policy Changes or New Legislation		
	Meeting with/Educating Policy-Makers	5
	Preparing Documents to Support Policy Changes	1
	Other Advocating for Policy Changes or New Legislation	3
Raising or Leveraging of Funds		
	Preparing/Implementing Sustainability Plans	5
	Writing Proposals to Request Additional Funds	7
	Other Raising or Leveraging of Funds	5
Service Quality		
	Developing New Training Materials for Service Providers	7
	Developing or Monitoring Service Quality Standards	7
	Other Service Quality Improvement	4
Working Competently with Diverse Populations		
	Developing or Adapting Programs and Materials Specifically for Diverse Populations	8
	Providing Outreach to Underrepresented Providers	7
	Working Competently with Diverse Populations in Other Ways	5
Interagency Collaboration		
	Developing Systems to Blend Funding Streams	5
	Establishing or Maintaining Centralized Registries and Databases	3
	Organizing/Facilitating Administrative-level Meetings/Work to Share Information, Coordinate, and Make Joint Decisions	7
	Organizing/Facilitating Interagency Meetings/Work among Providers to Coordinate Cases	8
	Other Interagency Collaboration	8
Accessibility of Services		
	Other Efforts to Increase Accessibility of Services	5
	Universal Health Care or Augmentation of Health Insurance	1
	Universal Preschool or Expansion of Early Child Care and Education Slots	4

Changes in Program Services Delivery Due to First 5 Marin Funding

In order to gauge the type of impact that First 5 Marin funding and support was having on system change in Marin, funded projects were asked to identify whether or not a specific programmatic activity had improved/increased and then to indicate to what degree that change could be attributed to First 5 Marin. The following two tables summarize those responses for two communities:

- Broader Marin Community – Public, private and non-profit organization and agencies that work with children 0-5 and their families
- First 5 Marin Community – Partners of First 5 Marin who have received major funding during FY2005-2006.

Broader Marin Community

The changes noted below are those that First 5 Marin respondents report in terms of their interactions with any and all providers in Marin regardless of whether they are funded by First 5 Marin.

As compared to FY2004-2005, respondents reported significantly higher attribution to First 5 Marin in terms of affecting these changes in FY2005-2006. The only area which did not experience an increase in the “mostly” category was “Providing services in the home.”

Figure 11
Type of Change and Degree by # of Projects

Type of Change	% of Respondents Stating Improvement/Increase	Attributed to First 5	
		Mostly	Somewhat
Referrals received	71% (12)	58% (7)	42% (5)
Referrals made	53% (9)	78% (7)	22% (2)
Number of children/families served	76% (13)	77% (10)	23% (3)
Appropriateness for Children with Special Needs	27% (4)	75% (3)	25% (1)
Appropriateness for families of different ethnicities	47% (8)	44% (4)	38%(3)
Cultural sensitivity of staff	41% (7)	58% (7)	14% (1)
Cultural/Linguistic reflection of staff	76% (13)	38% (5)	54% (7)
Service locations	18% (3)	67% (2)	0
Hours of operation	29% (5)	60% (3)	20% (1)
Staff awareness of resources	78% (13)	38% (4)	54% (7)
Frequency of serving families	47% (8)	74% (6)	13%(1)
Frequency of preventative services	41% (7)	86% (6)	0
Information sharing among other agencies	70% (12)	67% (8)	33% (4)
Public awareness of programs	76% (13)	80% (4)	20% (1)
Providing services in the home	29% (5)	20% (1)	80% (4)
Sharing information among staff	47%(8)	49%(4)	38% (3)
Frequency of efforts to improve program	82% (14)	29% (4)	64% (9)
Using evaluation to improve programs	59% (10)	50% (5)	40% (4)

Note that these changes are shaping a new system of services and supports across Marin consistent with First 5 Marin’s guiding principles.

First 5 Marin Funded Community

Among those projects funded by First 5 Marin, improvements/increases continue to occur particularly in the area of information sharing. Changes in referrals received and made are less than last year which could be due to strengthened and institutionalized relationships among providers.

Figure 12
Type and Degree of Change by # of Projects

Type of Change	% of Respondents Stating Improvement/Increase		Attributed to First 5			
	2005	2004	Mostly		Somewhat	
			2005	2004	2005	2004
Referrals received	70% (12)	80% (12)	67% (8)	33% (4)	25% (3)	67% (8)
Referrals made	47% (8)	73% (11)	75% (6)	27% (3)	25% (2)	73% (8)
Staff awareness of resources	70% (12)	73% (11)	33% (4)	64% (7)	67% (8)	36% (4)
Sharing information with other agencies	65% (11)	40% (6)	64% (7)	50% (3)	36%(4)	50%(3)

AGGREGATE VIEW AND PRIORITY RESULTS

First 5 Marin Children and Families Commission funded 24 projects for the entire 2005-2006 fiscal year. These projects ranged in focus from supporting various school readiness efforts in five local communities; expanding an initiative designed to provide, outreach, enrollment assistance and health insurance to children ages 0-18 years old in partnership with Marin County's Department of Health and Human Services, CalKids and others; and launching an initiative to provide health education and improve health literacy in the county.

Two different perspectives are provided in order to gauge the impact of First 5 Marin's efforts in FY05-06, aggregate view and priority result.

AGGREGATE VIEW

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

Client Demographics

Approximately 10000⁵ unduplicated clients were served by this cohort of First 5 funded projects in FY2004-2005. **The majority of these clients were parents/ caregivers (59%) and children ages 2-5 years (35%).**

Of those served, the majority, 74%, are Hispanic, followed by Caucasian (10%) and African American (7%). Note that the percentage of African Americans served is higher than the proportion of African Americans for the county which is approximately 1.9%⁶ Spanish (75%) and English (18%) are the languages most often spoken by clients.

Figure 13

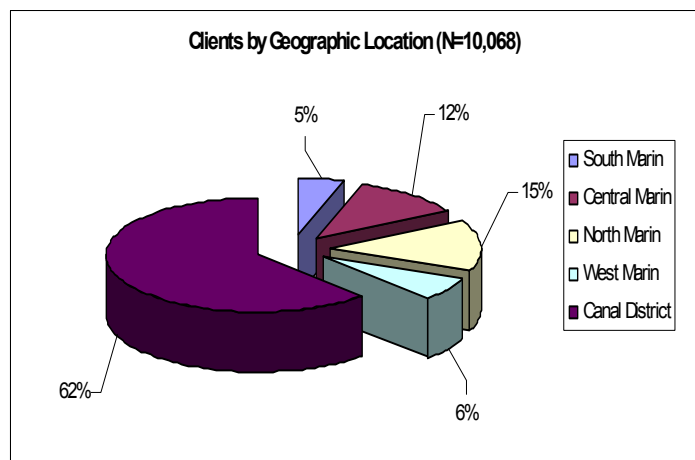
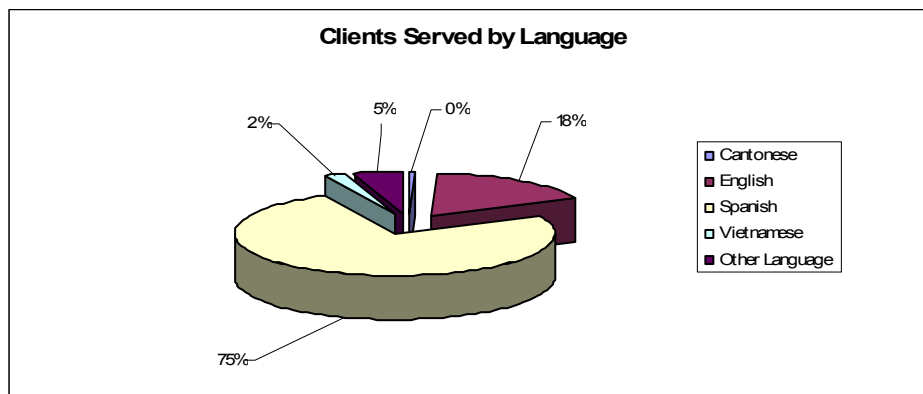


Figure 14



⁵ Inconsistencies in data reporting across projects limit the ability to provide a more accurate count.

⁶ 2005 American Community Survey, US Census Department

Service Unit Description

More than 44,000 individual units⁷ of service were provided by funded partners of First 5 Marin. **The majority of service units were provided to Hispanics, followed by Caucasians (10%) and African Americans (4%).**

San Rafael still remains the area in which the majority of services are provided (62%), followed by North Marin (15%), Central Marin (12%), West Marin (6%) and South Marin (5%) respectively.

As efforts increase in the other geographic focus areas, it is likely that the numbers will be more evenly distributed over time, although population distribution is higher in Novato and San Rafael and thus numbers in these communities are likely to be greater than in other communities.

Figure 15

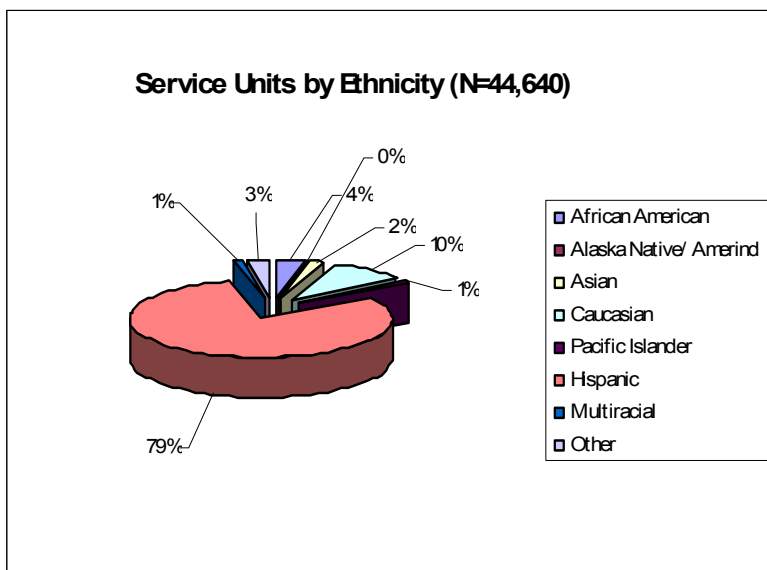
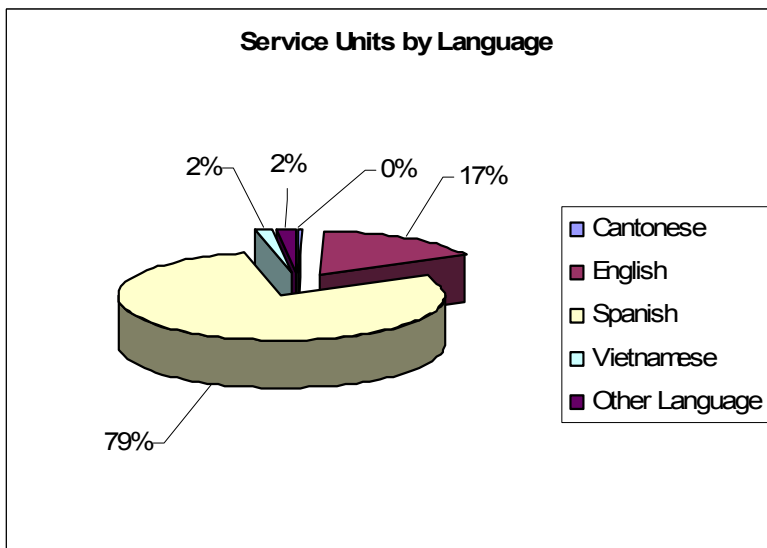


Figure 16

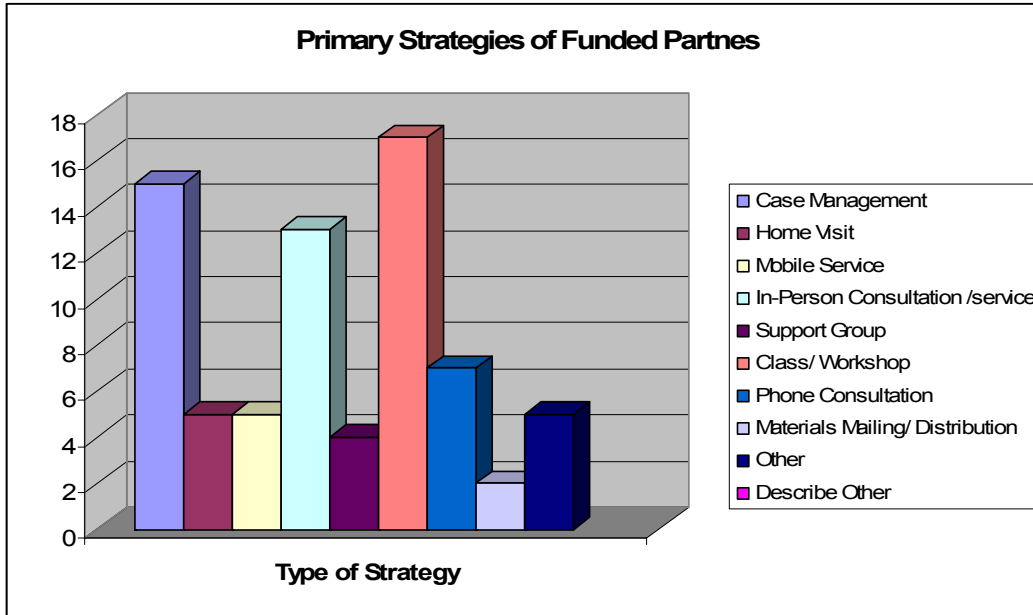


⁷ Inconsistencies in data reporting across projects limit the ability to provide a more accurate count.
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Service Delivery Description

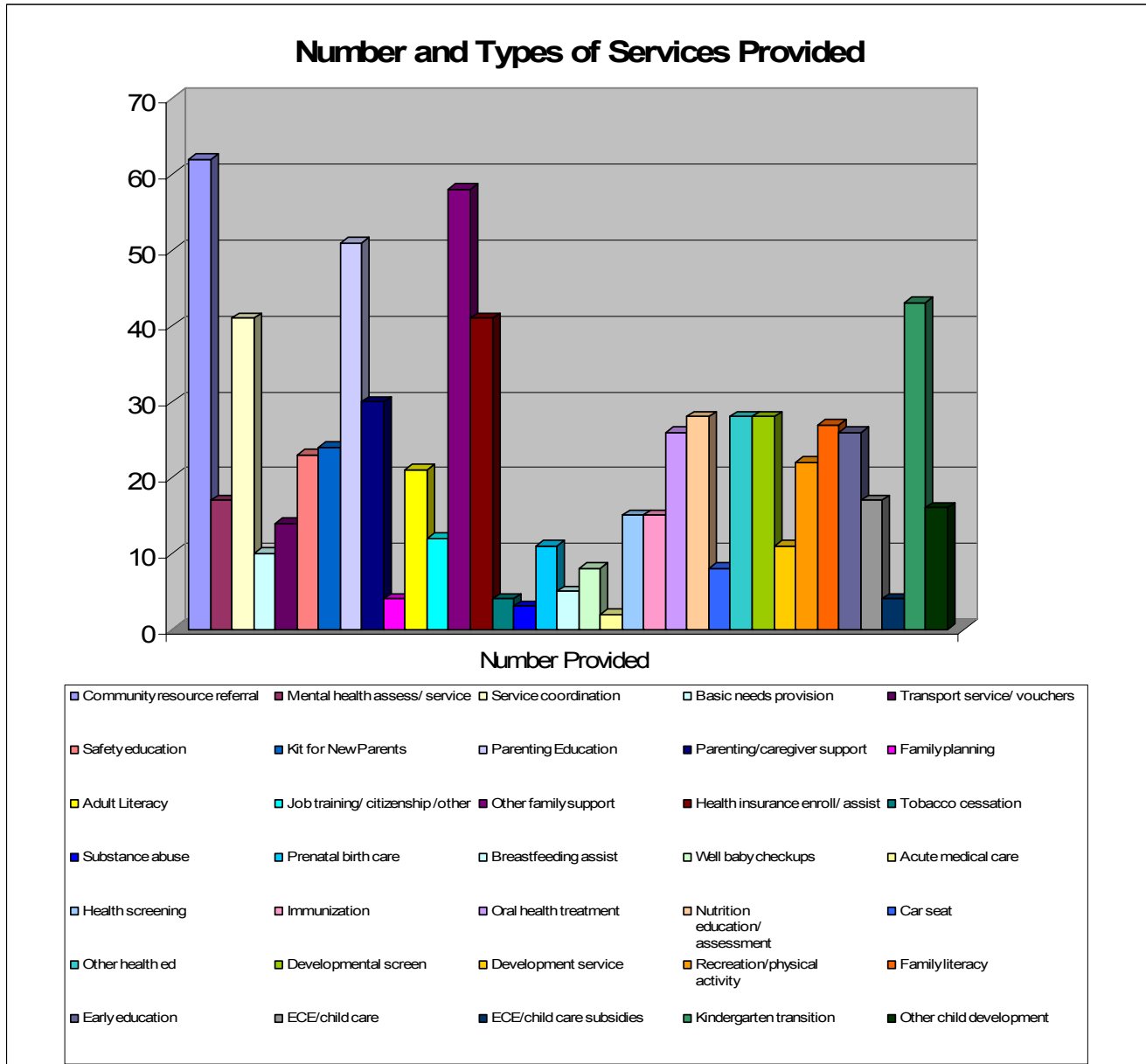
Projects were asked to identify the primary method (modality) by which they delivered services. **The majority of projects (14 to 17) utilized case management, phone consultation and in-person consultation services.** This differs from FY2004-2005 data when case management was not a primary method. The chart below summarizes the range of services delivered through those methods.

Figure 17
Types of Services Provided by
of Providers Delivering Service



Community resource referral was the primary service delivered), followed by other family support (in FY2004-2005 the two were reversed). **The next highest areas of service were parenting education, kindergarten transition, and health insurance enrollment/assistance and service coordination.**

Figure 18
Number and Types of Services Provided



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. MarinCARES data is provided separately.

Figure 19
and Types of Providers reached through Capacity Building Activities

Type of Activity	Other Type	Types of Providers						Total Number Distributed/ Held
		Early Care and Education			Health and Social Services			
		Family-based ECE	Center-based ECE	K-Grade5 Teachers	Health Care	Family Support/ Mental Health	Other	
Incentives/stipends		161	35	4	65	65	262	2,761
Informational materials		201	337	75	1,437	140	6,101	15,595
Meetings/events		17	115	9	108	140	35	106
Program materials		0	0	61	0	22	62	137
Other		19	0	0	0	266	266	1924
	TOTAL	398	531	149	1615	367	6,726	20,523

The majority of providers (3151 up from 914 in FY2004-2005) were reached through the distribution of informational materials. **Overall, providers characterized as health care (1615) and Other (6726) were the ones most often reached through all efforts.** In FY2004-2005, it was family-based ECE.

Figure 20
and Types of Activities and Providers reached through MarinCARES

Type of Activity	Other Type	ECE Types of Providers		Total Number Distributed/ Held
		Family-based ECE	Center-based ECE	
Incentives/stipends		22	93	115
Distribution or loaning of program materials		3	12	15
Distribution of informational materials for providers		17	1600	1600
Meetings or events for providers		0	2-25	25
Other capacity building support		Website/Newsletter	Website/Newsletter	
	TOTAL	398	531	1755

MarinCARES utilizes stipends as a primary incentive to engage early childhood educators in the pursuit of additional training. It uses a flat rate award based on the following steps and ranges: Track 1 (\$50); Track 2 (\$710); Track 3 (\$1420); Track 4 (\$2130) and Track 5 (\$2840-\$3040).

With regard to trainings, the most frequent topic was serving families children with special needs (872), followed by supporting school readiness (468). Health education/health literacy (461) was the next most frequent topic. These topics also reached the largest numbers of providers (1651, 1539 and 461 respectively).

Center-based (26%), Other (24%) and Family Support Mental Health (22%) were the categories in which most providers were described.

Figure 21
and Type of Providers reached through Trainings

Type of Training	Other Type	Total Number Trainings	Total Number Providers	Family-based ECE	Center-based ECE	K-Grade5 Teachers	Health Care	Family Support /Mental Health	Other ⁸
Accessing Resources		45	199	0	40	0	30	23	51
Cultural diversity		18	69	0	4	0	0	4	4
Health Education/Literacy		53	461	25	74	0	151	33	49
Licensing/Accreditation		5	40	0	8	0	0	0	0
Serving families/children with special needs		872	1,651	55	174	12	20	304	130
Supporting School Readiness		468	1,539	157	54	0	0	22	265
Other	Oral Health	18	161	14	38	4	60	45	0
Other	PSP Inst, Parent Summit, Media, Tobacco, PLAN, MAA	8	92	4	10	0	0	0	3
Other	ECCERS	9	46	0	8	0	0	0	0
Other	Mentor	2	8	24	0	0	0	0	0
Other	Nutrition	12	42	0	25	0	0	0	0
Other	Other	53	197	30	108	1	0	44	16
TOTALS		1,563	4,505	309	543	17	261	475	518

⁸ Additional information on this category is not available in the current data collection tool. The size of this number in relation to the other categories suggests that there may be a reporting error. It seems likely that this number refers to trainings to parents...etc. as opposed to the provider community. This issue will be reviewed and clarified the next reporting cycle.

Fiscal Analysis⁹

A total of \$ 2,293,567.13 was dispersed in FY2005-2006 to projects funded for the full year. Figure 22 presents the annual reimbursements per funded project.

Figure 22
Funded Project and FY2005-2006 Reimbursements

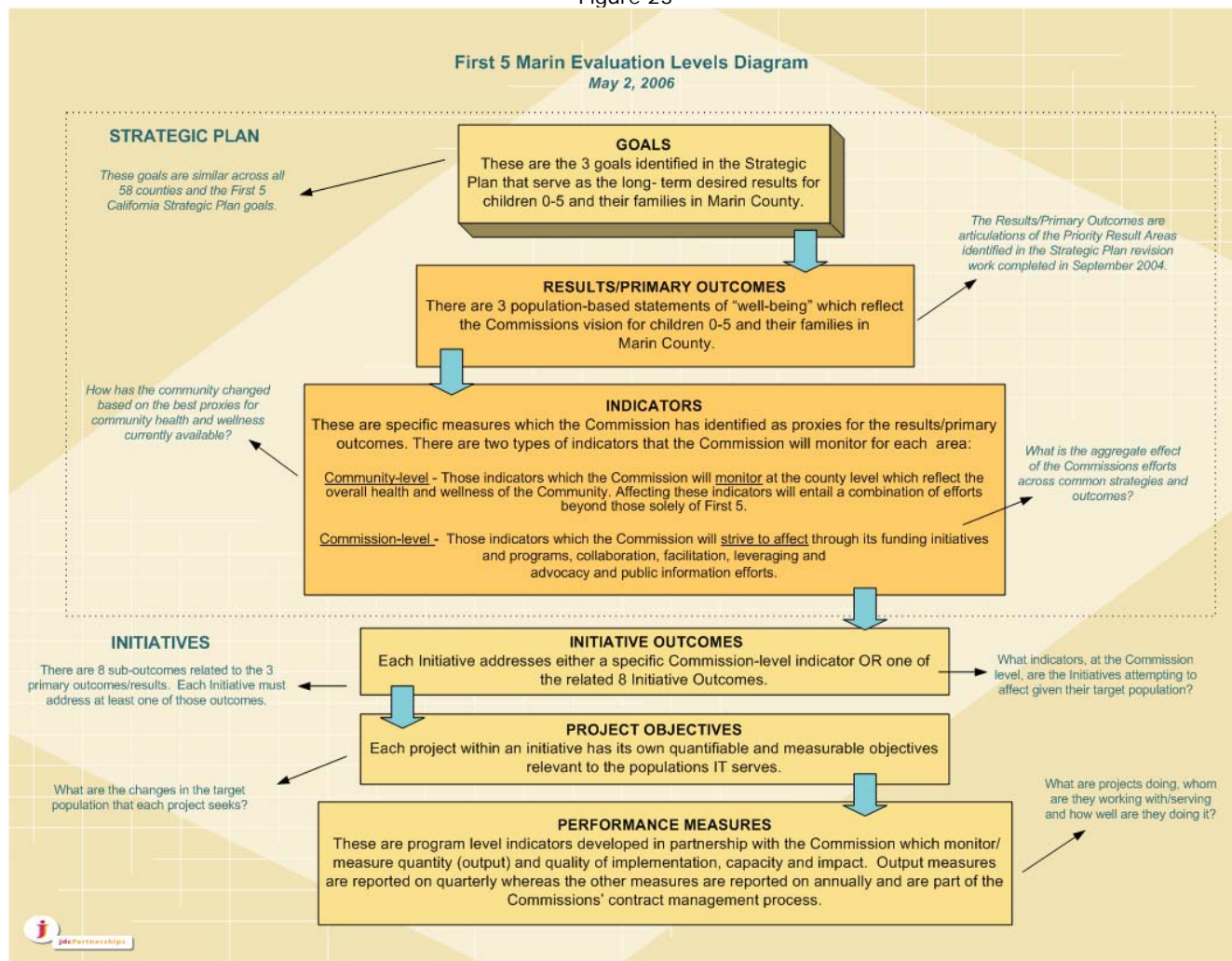
First 5 Marin Initiative/Project Names	Strategy	Initiative/ Project	Individual Contracts
	Totals	Totals	Totals
CHILDREN ARE READY FOR SCHOOL	1,101,720.63		
Canal Neighborhood School Readiness		498,209.88	
Bahia Vista Even Start/San Rafael City Sch. Dst.			100,355.41
Family Education Coordinator/Marin Head Start (CAM)			86,991.29
Kinder Advocates/Bay Area Community Resources (BACR)			128,422.00
Las Gallinas KinderAdvocate/Karina Velasquez			8,000.00
Mentores/ Parent Services Project			74,852.92
Parent to Parent/Matrix Parent Resource Network			13,964.26
Pickleweed Child Care Health Advocate/City of San Rafael			13,578.00
Pickleweed Child Care Preschool/City of San Rafael			72,046.00
Other Ready for School Projects		347,555.56	
Marin City-Sausalito/Community Action Marin			63,239.10
Novato /Novato Youth Center			81,357.32
San Geronimo Valley /San Geronimo Valley Community Center			71,551.45
Shoreline/Papermill Creek C.C.			131,407.69
MarinCARES		204,955.19	204,955.19
FLAGShip/Marin County Literacy		51,000.00	51,000.00
PUBLIC POLICIES SUPPORT CHILDREN	117,270.99		
Community Requests for Funds (Small CRFs)		72,895.99	
Small CRF/FY00506/1st cycle			51,208.82
Small CRF/FY0506/2nd Cycle			21,687.17
Childhood Matters Radio Program		21,875.00	21,875.00
Nuestros Ninos		22,500.00	22,500.00
CHILDREN HAVE OPTIMAL HEALTH AND WELL-BEING	1,074,575.51		
Children's Health Initiative		620,271.96	
Children's Health Initiative/MC-DHHS			195,277.96
Children's Health Premiums/CalKIDS			54,199.00
Community Outreach Workers/Parent Services Project			86,739.98
Children & Family Safety Net/Full Circle & Coordinated Youth Services Council			78,284.65
Children's Oral Health Project/MC-DHHS			152,835.94
Garden of Eatin' /North Bay Children's Center			52,934.43
Health Advocacy/Health Literacy Initiative		79,340.69	
Early Childhood Health Consultant/M.C.-DHHS-Prevention Svcs.			29,340.69
Family Child Care Mentor Project/Marin Child Care Council			10,000.00
FLAGShip/Marin County Literacy			40,000.00
Special Needs/Mental Health Initiative		274,962.86	
Easter Seals			181,371.17
Family Service Agency of Marin			13,674.93
Full Circle Family Institute			8,869.76
Jewish Children's & Family Services			66,047.00
Marin Child Care Council			5,000.00
California Health Interview Survey		100,000.00	100,000.00
TOTALS	2,293,567.13	2,293,567.13	2,293,567.13

⁹ 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".

PRIORITY RESULTS

As part of the Strategic Plan implementation, First 5 Marin expanded its evaluation framework (see Figure X) to include both initiative and project level evaluation plans which were developed during FY2005-2006. 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. Reporting measures began in FY2006-07 and updates are provided to First 5 Marin semi-annually and annually as appropriate.¹⁰

Figure 23



The following sections highlight key accomplishments achieved by result area. More specific project outcome information is provided if available.

¹⁰ In December 2006, First 5 Marin approved a contract for a new web-based data system, Persimmony which allow for more systematic and accurate data collection and support better integrated project and initiative level evaluation.



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 a variety of initiatives and individual projects which provide a continuum of services and supports. The following is a summary of the outcomes to date.

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. We also fund premiums for insurance coverage for 0-5 year olds who do not qualify for existing publicly funded programs.

- **Provided enrollment and re-enrollment assistance to 439 children 0-5 years old**
- Distributed 40,000 referral forms throughout Marin County Schools and ECE programs
- **72% (762) of newly enrolled families have been contacted by the CalKids Liaison**
- **76% (812) of contacted families have scheduled and attended either a preventative medical or dental exam**
- **Marin County CalKids access preventive services at almost double the rate of their statewide counterparts (28% to 14% respectively)**

Children's Oral Health Project

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.

- **Screened, cleaned, applied Fluoride Varnish and provided dental X-rays, when needed, to 424 low-income children through preschools and Summer Bridges**
- Midday Brushing has been established in 2 more county preschools and 2 more family daycare centers which brings the total countywide to 8 childcare centers and family day care centers.
- **70% of children diagnosed with dental disease are in treatment (In FY2004-2005, it was 55%)**

Health Advocacy/Health Literacy Initiative

The Health Advocacy/Health Literacy Initiative 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.

- 3 community forums were held on the following topics: oral health, public charge and health literacy
- Post forum assessments indicate that participants find them well structured and informative

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 outcomes for this initiative

- Convened a monthly Roundtable where project representatives gather to discuss clients, make referrals and coordinate services.
- **800 children screened throughout the County (through September):**
 - **90% were under 3 and 10% were 3-5.**
 - 10.5% were identified as having “yellow flag” (mild-moderate) or “red flag” (serious) indicators of concern.
 - 27% of yellow flags are being monitored (due to their very young age and marginal indicators).
 - 30-40% of those identified with serious indicators have been linked to mandated services so far (some families have not chosen to follow through as yet).
 - The other children/families have been referred to PCIT, family counseling, or, in the case of older children, occupational and other physical therapy or accommodations.
- **296 Ages and Stages and 24 Ages and Stages Social Emotional have been distributed through the Marin Community Clinic (320 total). Of these, 262 (88.5%) were distributed to families of children ages 0-3.**
 - 50% (162) of distributed questionnaires have been returned and scored with the following results:
 - 9.25% (155) were identified as yellow flag and are being monitored quarterly
 - 14.8% (24) were identified as red flag and have been referred as follows:
3 to Early Start; 3 to Special Education; 1 to Early Head Start; 1 to Head Start; 3 to Marin General Hospital for hearing tests and 1 to Even Start.

Project Specific Outcomes: Easter Seals, Family Service Agency (FSA) and Early Child Mental Health (ECMH)

- **Consultation, support and training were given to 30 child care sites and 5 Family Day Care Homes to support the intervention and inclusion of the 87 children participating in the project.**
- 100% of ECE providers involved in ECMH case consultation reported that the consultation services had “very much” or somewhat impacted their willingness to continue caring for the child at the focus of the consultation.
- **At least 90% of providers reported that the consultation had impacted the following:**
 - **understanding of the child of the focus (100%);**
 - **ability to provide direct guidance to the child (97%);**
 - **their communication with the child’s family (95%);**
 - **and the ability to manage the behavior of the child of focus (94%).**
- ECMH Consultants report that treatment goals have been met in 94% of cases.
- Of the 87 children participating, services received were as follows:
 - 6 children received speech therapy assessments
 - 3 children received occupational therapy assessments
 - 2 children received services from blind babies
 - 19 children received developmental assessments
 - 16 children received consultation and intervention strategies in child care setting/home
- Referrals for the 87 children were as follows:
 - 27 children were referred to the Office of Education or the local school district
 - 5 children were referred to the Early Start Program
 - 8 families were given referral for family counseling, PCIT services (FSA) or other mental health support services.



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

School Readiness Initiatives ^{11 12}

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.

Summer Bridge participants were administered a developmental skills assessment by their classroom teachers during the first and last weeks of programming. The 48 assessment items corresponded to the four developmental areas targeted by the Summer Bridge Curriculum and were grouped into 10 skill areas, including: Following Classroom Routines, Ability to Adjust to New Situations, Respecting and Caring for the Classroom Environment, and Playing Well with Other Children (Social Emotional Domain); Enjoying and Valuing Reading and Concentration and Focus (Cognitive Domain); Cutting with Scissors, Using Tools for Writing and Drawing, and Gross Motor Skills (Physical Domain); and Listening and Speaking in Spanish and English (Language Domain). Performance in each area was ranked according to the following scale: 1) Never; 2) Sometimes; 3) Most of the Time; and 4) All of the Time.

Figure 24
Pre-Post Comparison of Summer Bridge Participant Skill Change (n=214)

	Pre-Test Average	Post-Test Average	Change (+ or -)	Statistically Significant?
Cognitive Development	2.49	3.04	+ 0.55	☺
Enjoys and Values Reading	2.37	2.93	+ 0.56	☺
Concentration and Focus	2.66	3.18	+ 0.52	☺
Social Development	2.92	3.45	+ 0.53	☺
Follows Classroom Routines	2.76	3.45	+ 0.69	☺
Plays Well with Others	2.87	3.41	+ 0.54	☺
Adjusts to New Situations	3.04	3.56	+ 0.52	☺
Respects and Cares for Classroom Environment	2.88	3.39	+ 0.51	☺
Physical Development	2.86	3.39	+ 0.53	☺
Using Tools for Writing and Drawing	2.64	3.24	+ 0.60	☺
Cutting with Scissors	2.83	3.38	+ 0.55	☺
Gross Motor Skills	3.07	3.57	+ 0.50	☺
Language Development	2.59	2.91	+ 0.32	☺
Listening and Speaking - All	2.59	2.91	+ 0.32	☺
First Language Spanish:				☺
Listening/Speaking in English	2.42	2.78	+ 0.36	☺
Listening/Speaking in Spanish	2.85	3.11	+ 0.26	☺
First Language English:				No
Listening/Speaking in English	3.45	3.56	+ 0.11	No

¹¹ 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.

¹² First 5 Marin SummerBridge Key Findings Report, Summer 2006

Other SummerBridge Outcomes¹³

- In the area of copying and drawing shapes, increases between pre and post ranged from 7% (circle) to 16% (triangle). In the area of recognizing colors, increases ranged from 3% (green) to 9% (brown). In the area of shape and name recognition, increases ranged from 13% (circle) to 23% (square).
- Students from San Rafael (Canal) Summer Bridge classrooms demonstrated substantial growth (.75) in the area of Following Classroom Routines.
- Students participating in Novato Summer Bridge classrooms showed marked growth in their ability to use Tools for Writing and Drawing (.73).
- Students from West Marin/Shoreline classrooms showed marked increases in the area of Enjoying and Valuing Reading (.73).
- Students participating in Marin City/Sausalito demonstrated almost an entire rating point increase in Social Emotional Development (.96) and Physical Development (.95).

Project Specific Outcomes

Matrix Parent Network and Resource Center¹⁴

- 90% of the attendees of the workshops reported that they knew more (on various topics) post workshop than prior
- **80% of the attendees reported that they now feel confident about participating effectively in Individual Education Plans.**

Mentores Project

- Reached 150 individual families connecting them needed resources and opportunities primarily in the areas of basic needs, employment support/English classes and child care.

Bahia Vista Even Start¹⁵

- 97% of the adults (31 of 32) with 100+ESL hours achieved the CASAS reading posttest gain of 5 points.
- 67% of the adults (4 of 6) with 100+ESL hours achieved the CASES reading posttest gain of 3 points.
- 90% (target was 50%) of adult learners (38 of the 51) enrolled in ESL classes with a pretest scale score of 211 to 240 on the CASAS Reading Test demonstrated a three-point posttest gain after a minimum of 100 hours of instruction.
- **% of parents reporting that they went to the library once a week increased from 19% to 30%**
- **100% of parents reported taking books from the library post program as opposed to the 33% at the onset of the program.**
- Frequency of parents telling children a story several times a year and several time month changed from 11% to 48% reporting that they told stories every day.
- **50% of parents reported increased knowledge of what they need to do with their children to prepare them to be successful in school.**

San Geronimo School Readiness

- 95 to 100% of parents/caregivers attending program events at San Geronimo SR report new knowledge gained (specific events include Oral Health Night, Eat a Rainbow Event and Attachment Parenting)

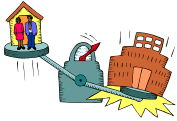
Novato School Readiness

- 100% of parents, teachers and principals reported that Kinder Academy has a positive impact on the children
- 100% of families who attended health workshops reported gaining knowledge
- **75% of Kinder Academy students were screened for vision, dental and hearing**

¹³ See First 5 Marin Summer Bridge Key Findings Summer 2006 report for additional findings

¹⁴ Matrix administers assessments to its parent participants

¹⁵ Bahia Vista administers a variety of standardized tests for children (i.e., DRDP) as well a survey to parents to assess changes in knowledge and behavior



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. Thus data was not available at the time of this report. Other projects that fall within this result area include

Childhood Matters (CM) and Nuestros Ninos (NN)

These 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.

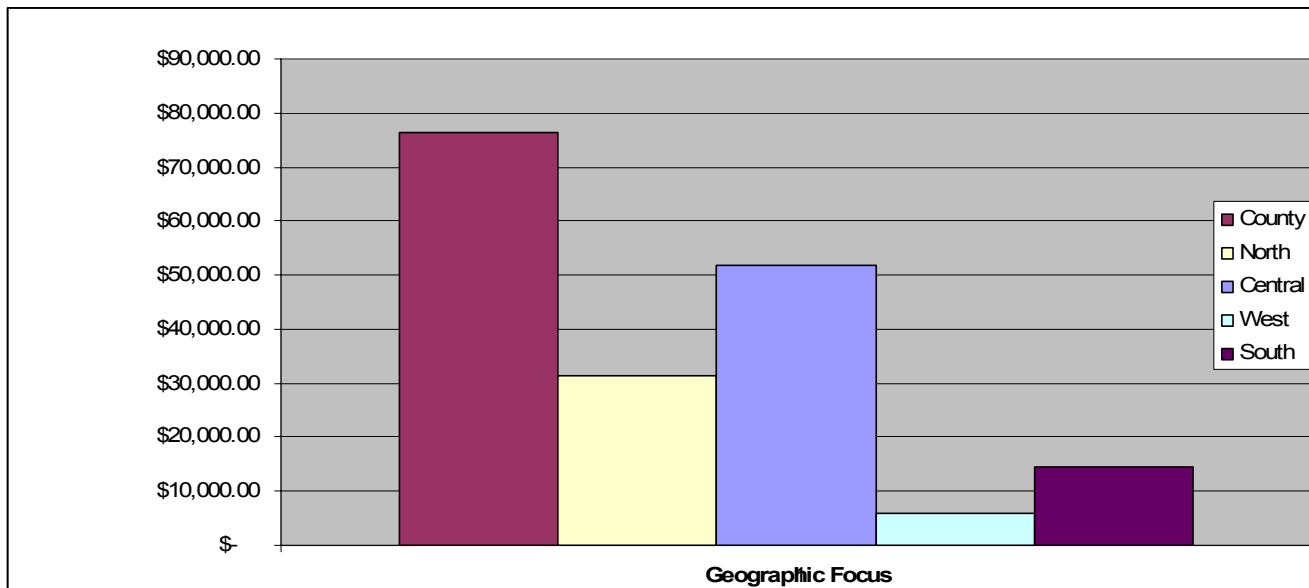
- Estimate of 3200 listeners each week, of which 2080 are parents of children 0-5.
- 80% of programming addressees topics related to children’s health, safety and development, positive parenting, child care and positive discipline for children ages 0-5 and their families
- **Marin County residents made 75 calls to the radio show on 2005-2006, approximately 9% of all calls received.**
- 22 featured guests (on the 104 shows) were from Marin County.
- On Childhood Matters, of the 303 community events announced on-air, 47 (15.5%) were in Marin County
- On Nuestros Ninos, of the 358 community events announced on-air, 53 (14.5%) were in Marin County

Nuestros Ninos has helped me so much and has helped me understand my child.
Parent Listener

Community Request for Funds: Small Grants (CRF)

First 5 Marin currently offers small grants 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 25
Geographic Distribution of CRF for Cycles 1 and Cycle 2



MOVING FORWARD

With all of its Initiatives fully implemented and formalized and standardized evaluation plans at both the project and initiative level, First 5 Marin is positioned to better track its progress and impact from this point forward. Data from the California Health Interview Survey (CHIS) will be available in winter 2006 which will provide the most recent community level information on Marin County to date. Combined with other data collection and analysis efforts, First 5 Marin will track its impact at various levels consistent with the evaluation framework (Figure 23, page 23) proposed in the Strategic Plan.

Unique Identifiers (UI) were introduced in FY2006-2007 in order to better understand how individual clients are being served and are moving within the system.

The new web-based data system hosted by Persimmony (to be launched in FY2007-2008) will provide a tool for both the Commission and its funded partners to track information on an on-going manner thus allowing for mid course adjustments and ready access to needed information for program improvements. In addition, the UI can be more fully operationalized in this environment.

In addition, funded partners will be held to more rigid requirements with regard to reporting accuracy and responsiveness to evaluative questions. First 5 Marin will continue to provide on-going technical assistance and training to funded partners as their success is linked.