Children Ages 0-5 in San Mateo County: A Review of Research, Community Data, and Grantee Results

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Introduction & Purpose of Report

Since its inception in 2000, First 5 San Mateo County (F5SMC) has been committed to maximizing the impact of Proposition 10 dollars through innovative funding and service delivery. As a leader in the State on groundbreaking initiatives such as the Children's Health Initiative and Preschool for All, F5SMC has made a difference in many thousands of young children's lives who will reap the benefits for years to come. By employing a diversity of funding strategies, F5SMC has been able to flexibly respond to emerging needs while also providing a stable funding source for core efforts.

As First 5 San Mateo County (F5SMC) embarks upon its 2008 Strategic Plan revision, existing efforts as well as new opportunities will be assessed and placed within the context of the key objectives selected by the Commission for its work going forward. The purpose of this document is to provide data to help facilitate this process utilizing the System of Care framework approved by F5SMC in January of 2007. The following information will be provided:

- An overview of San Mateo County.
- A summary of who has been served with First 5 San Mateo County funds.
- A review of available local population-based data on the needs of children ages 0-5 and their families, presented by System of Care objective.
- The research basis or 'rationale' for addressing these needs.
- Information on how existing grantees have impacted System of Care objectives.

The report will conclude with a discussion of the implications of these data for strategic planning, program improvement, and evaluation efforts. Please note that this report does not address the existing landscape of services for children 0-5 beyond those funded by F5SMC. To truly determine gaps in services to children ages 0-5 and their families, further work is needed to map existing efforts countywide (including those not funded by F5SMC) against the needs described in this report.

Please note that the snapshot of community data and grantee results presented in this Executive Summary is not exhaustive; please consult the full report for a comprehensive presentation of community data and corresponding information on grantee impact.

Overview of San Mateo County

Located in the heart of the Bay Area's Silicon Valley, San Mateo County (SMC) is economically, ethnically, and geographically diverse. San Mateo County residents are more educated than the general population in California, with 35% having a bachelor's or graduate degree, compared to 26.6% statewide. Despite having one of the highest median family incomes in the state ($85,500), the County's urban centers contain densely populated, low-income neighborhoods and its coastal communities have large numbers of low-income working families. There are approximately 48,831 children ages 0-5 in San Mateo County (2006 American Community Survey). According to the 2006 First 5 San Mateo County Family Survey, 39% of families with children 0-5 live on incomes under $50,000 and nearly 11% living on incomes under $15,000, an increase over previous years. Exorbitant housing and child care costs mean that many families struggle to make ends meet. From 2000 to 2006 alone, the number of children 0-5 living in poverty doubled, growing from 3,382 children in 2000 to 7,011 children in 2006 (2007 California Child Care Portfolio).

Who Has Been Served with First 5 San Mateo County Funds

Over 26,000 children 0-5 and 14,000 parents/primary caregivers have been reached with First 5 funding in San Mateo County since 2000. In Fiscal Year (FY) 2006-07, an estimated 5,500 unduplicated children 0-5 received direct services from F5SMC programs. The majority of children served (64.7%) were Hispanic/Latino, and 64% were between the ages of 3-5 years. An additional 5,000 parents/primary caregivers of children 0-5 and 3,034 service providers were served in a wide range of family support, early childhood education, and health programs. In total, approximately 7,632 families with children 0-5 were touched by First 5 funds in FY 06-07.

Early Learning: Research, Community Data and Grantee Results

Early Learning Rationale

Approximately 17,000 children ages 0-5 are cared for in licensed center-based or family child care programs at any given time in San Mateo County. Still, the availability and quality of child care remains an issue in the county, where demand continues to significantly outpace supply and costs are prohibitive for many families. In addition, the quality of care in existing settings is uncertain, with indications that in many cases it is average at best. The research is clear that quality matters when it comes to early learning and preschool environments; children in settings high in quality score better on social, cognitive, and language measures of development (Helburn & Howes, 1996).

High quality programs are characterized by small group sizes, a partnership with parents, a sound curriculum that addresses the needs of the whole child; low adult-child ratios; competitive staff, compensation, and benefits; well-prepared teachers and ongoing professional development. Research shows process quality is more related to child development than structural quality (Blau, 2001). Programs high in process quality are those in which caregivers respond to children's social behaviors in a sensitive and positive fashion; are involved in and encourage children's play, learning and reflective activities; extend children's actions and verbalizations with more complex ideas or materials; and are not harsh in managing children's behavior (Helburn & Howes, 1996; Blau, 2001). Children in settings with high process quality score better on social, cognitive and language measures of development (Helburn & Howes, 1996).

There is a substantial body of research demonstrating significant returns on investment for children who participate in high quality preschool, especially for high risk children. Benefits of preschool participation include greater success in school, less grade retention, lower rates of placement in special education, higher graduation rates, better health outcomes, increased economic self-sufficiency, lower rates of crime, greater government revenues and lower government expenditures (Lynch, 2004; Karoly, Greenwood, Everingham, Hourbe, Kilburn, Rydell, Sanders & Chisa, 1998; Karoly & Bigelow, 2005; Schweinhart, 2005).

High quality early care and education depends upon a qualified and stable early care and education workforce. Factors contributing to a qualified workforce include having access to specialized coursework in early childhood education, higher wages, low staff-to-child ratios, low staff turnover (Blau, 2001; Shorr & Marchand, 2007), and specialized training in how to work with children with special needs and English Language Learners. In addition, early childhood providers and programs increasingly need support to manage children with social-emotional and behavioral concerns.

Early Learning Community Data

- 58% and 70% of families in San Mateo County with one infant and one preschooler can not afford licensed family and center-based child care respectively (SMC Child Care Needs Assessment).
- There is enough available licensed infant/toddler care to meet 32% of the need, a 28% improvement from 1998 (SMC Child Care Needs Assessment).
- There is enough available full-time preschool-age care to meet 68% of the need, a 11% improvement since 1998 (SMC Child Care Needs Assessment). However, the quality of care in many existing preschool settings is uncertain (see below).
- Current publicly subsidized preschool reaches 66% of eligible poor/low-income 4-year-olds and 32% of eligible poor/low-income 3-year-olds statewide (Karoly, Reardon, & Cho, 2007).
- At-risk[1] children who attended preschool in San Mateo County generally entered kindergarten at the same level as their not-at-risk peers (2005 School Readiness Assessment), providing local support for national research showing preschool has especially beneficial impacts on vulnerable children and may help to close the achievement gap.
- 86% of center-based child-care programs nationally are of mediocre or poor quality; only 14% of centers are high enough in process quality to enhance the development of children (no local population-based data available) (Helburn & Howes, 1996).

[1] At-risk criteria include gender, Latino vs. non-Latino, English language learners, age, parental education, frequency of child being read to, and income.

- 34% of center-based teachers and 18% of family child care providers have bachelor's degrees in the Bay Area, compared to 25% and 14% respectively statewide (Whitebook, Sakai, Kipinis, Lee, Bellm, Almaraz, & Tran, 2006).
- Only 14% of center-based teachers and 15% of family child care home teachers report conducting standardized developmental screening using the Ages & Stages Questionnaire. An additional 3% of center-based teachers and 4% of family child care home teachers report conducting screenings using the Denver II[2] (2005 School Readiness Assessment).

Impact of First 5 San Mateo County Investments

Supply of High Quality Child Care/Early Learning Environments

☑ F5SMC funding to **SmartKids and Preschool for All** has been instrumental in creating 1,149 new child care/preschool spaces and 696 enhanced spaces in San Mateo County.

Early Developmental Screenings in Early Childhood Environments

☑ At least 92% of children served in **Preschool for All** settings received developmental screenings; 8% of children were referred for further assessment based on screening results.

Quality Improvement

☑ San Mateo **Preschool for All** classrooms outperformed preschool classrooms nationally on the Classroom Assessment Scoring System (CLASS), an independent assessment of classroom quality administered by PFA's outside evaluator American Institutes of Research.
☑ Center-based early childhood programs served by **Kids & Families 1st** demonstrated statistically significant improvements in 19 out of 28 indicators on the Early Childhood Environmental Rating Scale (ECERS).
☑ ECERS scores for **Shelter Network's First Step for Families Child Development Center** increased by 2.3 points between November, 2005 and Spring of 2006.

Summer Transitional Kindergarten Programs

☑ Children who participated in the **Kickoff to Kindergarten** summer transitional program between 2001-05 experienced significant improvements in all National Education Goals Panel school readiness areas.

Workforce Development

☑ 100% of **Preschool for All** master teachers and 42.2% of Preschool for All assistant teachers had an AA degree or higher by the end of the 06-07 school year.
☑ At least 45% of **Preschool for All** teachers have received training in working with English/dual language learners, compared to 12% statewide (Whitebook, 2006).
☑ Spanish speaking early childhood education providers taking coursework at **Canada College** enrolled in more ECE courses and had higher rates of course completion than did English-speaking ECE students, thanks in part to Spanish-language courses and tutorial supports funded by Preschool for All.
☑ 72% of 06-07 participants in **SaMCARES** increased the number of early childhood education or general education courses completed by at least 3 units *or* completed 21 professional growth hours.

Social-Emotional Health in Early Childhood Settings

☑ 90% of teachers served by the **Early Childhood Mental Health Consultation Project** reported that mental health consultants were very effective or effective in contributing to their ability to handle a particular child.

Child Health and Development: Research, Community Data and Grantee Results

Child Health & Development Rationale

It is estimated that between 12 -18% of U.S. children have disabilities (Hill, Lutzky, Schwalberg, 2001; Van Dyck, Kogan, McPherson, Weissman, Newachek, 2004; Davidoff, Yemane, Hill, 2005; Shaw, Santos, Cohen, Araki, Provance & Reynolds, 2001;); however, many children's special needs are not identified until they enter

[2] The Denver II is not recommended as a standardized screening instrument by the AAP.

kindergarten or later. Universal screening of children in pediatric practices can increase the likelihood that children's developmental concerns and other special needs are identified at the earliest possible time, maximizing opportunities for early intervention. Once identified, children with special needs need access to appropriate, integrated services and their families need assistance negotiating the complicated service terrain. National data show, however, that a majority of pediatricians are not practicing the care coordination strategies needed to optimize health care for children with special needs (Gupta, O'Connor, & Quezada-Gomez, 2004).

Childhood obesity is on the rise and is also a health condition that may lead to chronic special needs and that can benefit from early detection and intervention. Community data show that many parents in San Mateo County are concerned about their children's weight.

Regardless of children's health conditions or lack thereof, all children should have access to comprehensive health insurance coverage. Children without health insurance are less likely to have a regular pediatrician and to use medical and dental care. They are also more likely to be in poor health and to be under-immunized (2007 San Mateo County Children's Report). In addition to health insurance, home visitation services that focus on postpartum and neonatal health can serve as important preventive and early intervention services. Research on home visitation is mixed, but some programs have demonstrated positive results in the areas of smoking during pregnancy, accidental injuries, incidence of child abuse, domestic violence, and parenting skills (Gomby, Culross & Behrman, 1999).

Child Health & Development Community Data

- 41% of children have never received a developmental screening from their doctor or other health care provider (F5SMC 2006 Family Survey).
- 57.7% of pediatricians 'rarely' or 'never' use a formal screening instrument (F5SMC 2007 Early Screening Survey)
- 38.2% of pediatricians rate their understanding of the early intervention system as 'fair' or 'poor', and fully 60% of pediatricians rate their understanding of the special education system as 'fair' or 'poor' (F5SMC 2007 Early Screening Survey).
- 10.4% of children 0-5 in San Mateo County have special needs (F5SMC 2006 Family Survey). As many as 5,800 children ages 0-5 in San Mateo County may suffer from undetected special needs (F5SMC, 2005).
- Exclusive breastfeeding at birth has declined from 72.5% to 59.2% between 2000 and 2006, or by 13.3% (F5SMC 2006 Family Survey).
- 25% of children in grades five, seven, and nine were overweight compared to 28% in the Bay Area and 28% statewide (2007 San Mateo County Children's Report).
- 98% of children 0-5 have health insurance, compared to 94.5% statewide (F5SMC 2006 Family Survey; 2005 California Health Interview Survey).
- 82.5% of children were fully immunized by 2 years of age in San Mateo County, compared to 71.8% statewide (2007 San Mateo County Children's Report).
- Only 30% of 2-year-olds and 63% of 3-year-olds have ever been to the dentist (F5SMC 2006 Family Survey); almost one-third of preschoolers in California have experienced some kind of tooth decay (Dental Health Foundation, 2006).

Impact of F5SMC Investments

<u>Early Health & Developmental Screenings</u>

- ☑ Between FY 03-04 and FY 05-06, **Pre-3** increased the number of children who received developmental screenings from 65% to 91%.

<u>Parent Education to Improve Health Outcomes</u>

- ☑ **Pre-3** parents participating in parenting classes experienced significant improvements in parenting sense of competence and efficacy ($p<.05$).

- ☑ 86.8% of **Pre-3** clients initiated breastfeeding in FY 05-06.
- ☑ 78% of **WIC Breastfeeding Care Center** participants initiated breastfeeding in FY 03-04 (the most recent year for which data are available).
- ☑ Parents who participated in **Our Second Home** nutrition workshops described learning new information about cooking and nutrition that changed the way their families eat, leading to consumption of more fruit and vegetables and less fast food.

Health Insurance & Health Utilization

- ☑ In 2006, 69% of **Healthy Kids'** enrollees ages 3-6 years had a well-child visit in the last year, which is higher than for Medi-Cal enrollees (66.2%) but lower than for Healthy Families participants (76.4%).
- ☑ Dental visits for 4-6 year old **Healthy Kids'** enrollees (68.6%) is comparable to rates for kindergarten children statewide. Dental visits for 2-3-year old Healthy Kids' enrollees is much lower, or 35.7%.

Integrated Services for Children's Special Needs

- ☑ At eighteen months of age, preemies served by the San Mateo County **Preemie Project** demonstrated better memory, problem solving, language, auditory, comprehension and expressive communication skills than a control group of comparable infants ($p=.05$). Preemie Project infants also received earlier access to intervention services than did a control group of infants ($p<.05$) (September, 2005).

Family Support and Engagement: Research, Community Data, and Grantee Results

Family Support Rationale

Over 32% of all young children are affected by at least one family risk factor and 16% of all children are in families with two or more socio-demographic risks. Among low-income families, the prevalence of risk factors is much higher; for example, among Head Start families in Washington state, just under half of families reported 4 or more risk factors (e.g., parental criminal and substance abuse, high levels of marital discord, family violence, low levels of educational attainment, etc) (Raver & Knitzer, 2002). The prevalence of maternal depression, attachment difficulties and post-traumatic stress – some of the conditions most likely to impair bonding and children's development -- is also high among families living in poverty; failure to identify and address these conditions undermines mothers' development of empathy, sensitivity and responsiveness to their children and leads to poorer developmental outcomes for their children (Shorr & Marchand, 2007).

No single risk factor is predictive of later school achievement; rather it is the extensiveness of multiple risk factors, or 'cumulative risk', that best predicts academic and emotional status (Raver, 2002). High-risk families dealing with multiple stressors require programs capable of responding to their complex needs in holistic, individualized and family-friendly ways. Research demonstrates that programs that target children's comprehensive developmental needs (physical well-being and motor development, social and emotional development, approaches to learning, language development, and cognition and general knowledge) *and* the multiple layers of children's environments (parents, providers, schools, and communities) are the most likely to improve long-term outcomes for high-risk children and families. In particular, research points to the critical importance of involving children's primary caregivers in any intervention effort.

Family support programs have a particular role to play in promoting the following key domains of family functioning:

Nurturing, Responsive Caregiving

Nurturing, warm, responsive parenting is critical to secure attachment between children and caregivers and to feelings of safety and stability for the child, which in turn influences a host of developmental outcomes (e.g., ability to regulate emotions, ability to form relationships with others, academic outcomes, ability to cope with stress, and many others). Disturbed attachment between children and their primary caregivers is considered to be one of the most significant risk factors for poor outcomes later in life.

Stimulating Parent-Child Interactions

Home influences account for as much as one-half of the gap in achievement scores between low- and high-income children (Duncan & Magnuson, 2002). Children who live in stimulating and linguistically rich home learning environments have better emergent literacy and social skills, more positive approaches to learning, lower levels of behavior problems, and better sensory concept activation (Fatuzzo, McWayne, Perry, & Childs, 2004; Foster, Lambert, McCarty & France, 2005). Stimulating environments are characterized by parent-child activities that are reciprocal, child-centered, encouraging and by environments with low levels of strictness and aggravation.

Identification and Treatment of Children and Parents' Mental Health, Social-Emotional and Behavioral Concerns

Social-emotional problems and behavior disorders often go undetected in young children and are linked to a host of future problems, including cognitive difficulties, less acceptance by peers and teachers, and poor and disengaged school performance (Raver, 2002; Raver & Knitzer, 2002). Children's early mental health issues, in turn, are closely tied to relationships with caregivers and influenced by parenting style (Raver, 2002), including primary caregivers' mental health status. Because of the overwhelming research identifying relationships as integral to early mental health, it is critical that approaches to treating mental health problems in children 0-5 and/or their caregivers focus on the family unit as a whole.

Given the complex interplay of family dynamics and their impact on children's functioning, the need for specialized expertise in early childhood development among family support professionals is high. Guidelines developed by First 5 California emphasize the importance of clinical competency and specific training in early childhood development for family support professionals, especially mental health professionals working with children 0-5 and their families. Existing therapeutic services are often narrow in their approach and lack a comprehensive focus on the family as a unit.

Family Support Community Data

- According to the First 5 San Mateo County 2006 Family Survey, 33% or one-third of families with children 0-5 live in environments which may pose significant threats to children's development. An additional 18% of families demonstrate signs of being somewhat disconnected from their children.
  - **11% of families are highly vulnerable and at-risk** on a number of indicators, according to the 2006 First 5 San Mateo County Family Survey. These families are characterized by primary caregivers who are depressed, have less emotional connection with children, have poor knowledge of child development, experience significant stress, have low levels of social support and confidence in their parenting and have children who watch a significant amount of TV.
  - **22% of families are depressed and struggling.** Many of these families exhibit clinical levels of depression, express anger toward their children, express less confidence in parenting, and do not interact as frequently with their children. On the positive side, primary caregivers in these families are apt to seek treatment for their depression and feel empathy toward their children.
  - **18% of families** exhibit behaviors that can be characterized as "**disengaged".** They have strengths in the areas of confidence in parenting, report coping well, and have access to social support. However, they do not know a lot about child development and demonstrate a lack of empathy toward their children. In addition, they don't read, play music, or tell stories much to their children and their children tend to watch a lot of TV.[3]
- The number of children 0-5 living in poverty in San Mateo County has more than doubled since 2000 from 3,382 to 7,011 in 2006 (2007 California Child Care Portfolio).
- 36% of families of children 0-5 in SMC have incomes less than $50,000 year (F5SMC 2006 Family Survey). A self sufficiency income in San Mateo County is $82,600 for a family of four (2008 Community Assessment: Health & Quality of Life in San Mateo County).

[3] These findings are based on a cluster analysis of F5SMC 2006 Family Survey data completed by Applied Survey Research. Cluster analysis is a statistical technique that helps to define and identify family portraits using advanced quantitative analysis.

- 24% of primary caregivers of children 0-5 report needing help with sadness or depression since their child was born. 8% of primary caregivers of children 0-5 in SMC show clinical symptoms of depression, according to the Edinburgh depression scale (F5SMC 2006 Family Survey).
    - Only 33% of parents with clinical signs of depression have sought treatment.
- 74% of parents of young children in San Mateo County say there is someone they can turn to for day-to-day emotional help with parenting (F5SMC 2006 Family Survey).
- Parents who express higher levels of empathy engage in more frequent, positive activities with their children, are more knowledgeable about appropriate child development, and have children who watch less television (F5SMC 2006 Family Survey).
- 76% of parents correctly believe that a parent can begin to significantly impact a child's brain development pre-natally or at birth (F5SMC 2006 Family Survey).
- 66% of parents of children 0-5 in San Mateo County read to their children daily (F5SMC 2006 Family Survey).
- 337 children ages 0-5 in San Mateo County, or 0.58% of the 0-5 population, experienced substantiated child abuse in FY 2006-07. 25% of all referrals to Child Protective Services were substantiated (Needell et al, 2007).
- 53% of kindergartners in San Mateo County were nearly proficient on all measures of school readiness in 2005; about half of children were fully ready for their kindergarten experience. (2005 School Readiness Assessment).
    - Children with lower readiness are more likely to be English language learners, to come from low-income families, and are less likely to have mothers with some college education.
    - Children entering kindergarten are least likely to be ready for kindergarten on a number of skills relating to early/emerging literacy.
- The prevalence of pre-kindergarten children with behavioral and social-emotional concerns is about 10%, with prevalence rates that are much higher for low-income children (about 27%). About 4-6% of preschoolers have serious emotional and behavioral disorders, and between 16-30% pose ongoing problems to teachers *(no local data are available)* (Raver & Knitzer, 2002).

Impact of F5SMC Investments

Psychosocial and Mental Health Screenings of Primary Caregivers

- ☑ 95.6% of all mothers served by **Pre-3** home visitation services between FY 04/05 – FY 05/06 were screened for depression. 20% of Pre-3 mothers had symptoms of clinical depression, compared to 8% of mothers countywide (F5SMC 2006 Family Survey).
- ☑ The percentage of **Pre-3** clients classified as high-risk increased from 22.5% to 37% between 2003-2006.

Parent Education to Promote Warm, Nurturing Parenting Attitudes and Practices

- ☑ Parents/caregivers who participated in **Pre-3** parenting classes experienced statistically significant changes in parenting attitudes (an average of a 7 point improvement).
- ☑ Quantitative and qualitative data suggest that parents of children 0-5 participating in **Our Second Home** programs have improved their parenting skills – including improved communication with children, increased time and involvement with their children, and increased ability to handle stress – which are reflected in higher functioning families.

Improve Family Functioning through Comprehensive, Integrated Services

- ☑ Families participating in **School Readiness Initiative** comprehensive home visiting services improved their parenting skills and children experienced improved health and other outcomes:
    - 20% more parents responded to children's verbalizations at follow-up than at intake (91% vs. 71%). 29% more parents encouraged their children to learn patterned speech at follow-up.
    - 29% more parents encouraged their children to play with items at home at follow-up, as compared to intake (97% vs. 68%).

- ☑ **Pre-3** mothers who were depressed and participated in Pre-3 mental health groups experienced statistically significant decreases in measures of depression and anxiety (October, 2006).

Promote the Social-Emotional Health of Children 0-5 and Their Primary Caregivers

- ☑ The percent of children served by **Healthy Homes** with social-emotional/behavioral concerns decreased from 44% to 16% from intake to follow-up (as measured by the ASQ-SE). 79% of parents served improved their functioning in areas such as feeling isolated, feeling hopeless, and/or feeling anxiety.
- ☑ Parents of children enrolled in **Preschool for All** who received early childhood mental health consultation services cited many examples of how they changed their behavior to better respond to their children's needs, for example by employing positive behavior management strategies and communicating with their children's teachers.

Implications of Findings for Strategic Planning

The picture that emerges from this report is a county with many strengths, but also one in which a significant portion of families with young children need additional supports. With one-third of families appearing to be highly vulnerable on a number of different risk factors, the data affirm the need for First 5 San Mateo County to promote 'comprehensive, coordinated, culturally/linguistically competent and family friendly' services (Objective 6 of Communications & Systems Change in the System of Care). Given limited resources, it is impossible for F5SMC to address the full universe of family needs detailed in this report. However, even in the absence of funding, there is a role for F5SMC to play in better integrating services in the community and ensuring that families served with First 5 funds receive the support they truly need to ensure the best possible health and development of their children.

In order to fully leverage this report for strategic planning purposes, the following additional data needs should be considered throughout the strategic planning process.

- ❖ Conduct a 'gaps analysis' of existing services. To maximize the benefits of this gaps analysis and minimize the costs, partner with and build upon existing mapping efforts in San Mateo County. A gaps analysis should include a review and analysis of the current landscape of services for children 0-5 in San Mateo County (First 5 and non-First 5 funded) that address the needs described in this report. This would reveal the remaining areas of unmet need and help the Commission to prioritize its objectives.

- ❖ Obtain community input to help prioritize the areas of community need described in this report, and the strategies that are ultimately prioritized. Data can only tell you so much; professionals on the ground and the families they serve are most able to identify the support that would make the most difference in children's lives.

- ❖ Use evidence-based practice to develop criteria for programs that will be funded. Research should be utilized to establish rigorous program quality standards in order to maximize the impact of F5SMC dollars in the community.

Implications of Findings for Program Improvement Opportunities

Regardless of the outcome of strategic planning and the direction of the Commission's policy and funding decisions, the findings of this report suggest a number of concrete ways in which exiting and future F5SMC investments and leadership efforts can be enhanced to improve services to families with minimal resources:

- ❖ Promote universal developmental and social-emotional screenings of children 0-5 across all F5SMC grantees who directly serve children. Currently, there are a number of grantees who serve children who do not conduct developmental and social-emotional screenings, reducing opportunities for early intervention. In addition, many grantees who do conduct screenings do not provide F5SMC with information about who was referred for further assessments, the outcomes of those assessments (e.g., IEPs, IFSPs, other services, or no services), and how these children's special needs were accommodated in their programs.

- ❖ Promote universal psychosocial risk assessment of families of children 0-5 across all F5SMC grantees who directly serve parents/primary caregivers, including specific screening for maternal depression. Currently, there are a number of grantees who serve parents/caregivers who do not conduct psychosocial screenings, reducing opportunities for resource, referral, and intervention.

- ❖ Require grantees who serve families to address opportunities of critical importance for parent education, as revealed by countywide data: nurturing, empathetic caregiving and the importance of attachment; knowledge of appropriate child development; the importance of early dental care; child nutrition and physical activity; stimulating parent-child interactions that promote school readiness; how to promote children's social-emotional health; and breastfeeding.

- ❖ Better integrate programs to address gaps in services, for example by exploring the integration of Watch Me Grow with Preschool for All to help address barriers to serving children with special needs cited by teachers in PFA settings.

Implications of Findings for the F5SMC Evaluation Framework

The limitations of the data provided in this report suggest many areas of improvement for the First 5 San Mateo County Evaluation Framework. The current Evaluation Framework relies on three major strategies that are disconnected from each other:

1. Decentralized Collection of Individual Level Client Data: Grantees develop their own mechanisms and databases for collecting F5SMC individual level Client Data and report the required elements to F5SMC in individual data sets. F5SMC staff then have the task of cleaning and merging the data into one data set for each F5SMC client type (children, families, providers, child care sites). As a result of the varying capacity of grantees and the variety of data collection strategies used by grantees, the quality of data is often poor with significant amounts of missing data. In addition, the current required fields provide a minimal amount of information on clients served, leaving many questions unanswered, including important information on family characteristics and on services received.

2. Individual Grantee Outcome-Based Evaluation: One of the strengths of the F5SMC Evaluation Design is that it has required grantees to develop high quality, individual outcome-based evaluations from its inception. This has resulted in a wealth of evaluation related information that has been used by F5SMC staff to monitor programs and by grantees to improve their programs. These evaluations have also served as best practice models for other counties statewide (e.g., School Readiness Initiative, Preemie Project, and Preschool for All). However, the challenge of current grantee outcome-based evaluations is that they are not linked together into an overall evaluation strategy in any meaningful way. Common measures of impact are not being utilized across grantees, diminishing the Commission's ability to assess the success of programs.

3. Population-Based Research: Another major strength of evaluation at F5SMC is the sponsoring of innovative population-based research such as the Family Survey, the Early Screening Survey, and the School Readiness Assessment. Similar to the above, however, indicators measured in population-based studies are not tied to indicators measured in grantee evaluation efforts.

The following should be considered when reviewing and modifying the Evaluation Framework as part of strategic planning:

- ❖ Strategies to improve client level data collection, including centralized data entry by grantees that also includes more information on family characteristics, client level service data, and client level outcome data.

- ❖ The development of common measures of impact by grantees focusing on similar areas. Only measures that can be based on data sources that are empirically valid and reliable should be considered. In addition, to the extent possible, measures should include indicators tracked in larger population-based studies sponsored by First 5 San Mateo County.

INTRODUCTION

Since its inception in 2000, First 5 San Mateo County (F5SMC) has been committed to maximizing the impact of Proposition 10 dollars through innovative funding and service delivery. As a leader in the State on groundbreaking initiatives such as the Children's Health Initiative and Preschool for All, F5SMC has made a difference in many thousands of young children's lives who will reap the benefits for years to come. By employing a diversity of funding strategies, F5SMC has been able to flexibly respond to emerging needs while also providing a stable funding source for core efforts.

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The report will conclude with a discussion of the implications of these data for strategic planning, program improvement, and evaluation efforts. Please note that this report does not address the existing landscape of services for children 0-5 beyond those funded by F5SMC. To truly determine gaps in services to children ages 0-5 and their families, further work is needed to map existing efforts countywide (including those not funded by F5SMC) against the needs described in this report.

Format of Report

This report is organized in accordance with First 5 San Mateo County's System of Care Framework. Community data, research, and grantee results are presented according to the System of Care's three major focus areas: Early Learning, Child Health and Development, and Family Support and Engagement. For ease of presentation, System of Care objectives are clustered into three categories within each focus area: Prevention, Intervention, and Provider Capacity Building. Each category begins with a brief overview of the research basis for addressing the System of Care objective or cluster of objectives in question. Then, community indicator data relevant to that area is presented. Finally, outcome data on how F5SMC investments have impacted each area are presented.

Due to the large volume of data presented, the following symbols are used to help readers differentiate the key types of information in this report:

 = Research establishing the basis for System of Care objectives.

 = Community indicator data that speaks to how San Mateo County is doing on each System of Care objective.

☑ = Outcome data that demonstrates how F5SMC investments have impacted System of Care objectives.

Please note that many grantees address more than one System of Care Focus Area in their work with children, families and/or providers in San Mateo County. As a result, a number of grantee results appear across two or more Focus Areas; some appear in all three. In addition, a small number of grantee

results are repeated because they apply to more than one System of Care objective (in other words, certain objectives are somewhat redundant of each other).

Because grantee results are spread across their applicable System of Care objectives, it is not possible in all cases to get a full picture of an individual grantee's impact. In addition, grantee results that do not fit under any System of Care objective are not included. Copies of grantees' evaluation reports may be requested from F5SMC staff for a more thorough, complete and comprehensive discussion of their impact.

Data Sources

A variety of data sources were reviewed and analyzed for this report:

Literature Review: Peer reviewed journal articles (including the results of original research studies), compendiums of research, research and policy briefs, and other academic research publications were reviewed and summarized to provide the research basis for System of Care objectives. References for these materials are provided at the end of this report.

Population-Based Data: Local, state, and national population-based data were reviewed to provide the community indicator data. Local data were emphasized to the greatest extent possible. When local data were unavailable, state or national data were utilized instead. Key local data sources, including a number sponsored directly by First 5 San Mateo County, include:

- *First 5 San Mateo County 2006 Family Survey* – a population-based survey of parents/primary caregivers of children 0-5 in San Mateo County conducted approximately every three years.

- *F5SMC 2007 Early Screening Survey* – a countywide survey of pediatricians that assessed pediatricians' and other health care providers' attitudes and practices related to early developmental screening and care coordination for children 0-5 with special needs (The response rate was 28% of pediatricians countywide, for a total of 129 responses).

- *2005 School Readiness Assessment* – a population-based assessment of kindergarten children in San Mateo County conducted every 1-3 years, sponsored by the Silicon Valley Community Foundation, with key funding provided by F5SMC. The assessment is conducted by Applied Survey Research.

- *Children in Our Community: A Report on Their Health and Well-Being. San Mateo County Children's Report 2007* – a review of publicly available population-based data on children ages 0-18 produced by the Lucile Packard Foundation for Children's Health.

- *2007 California Child Care Portfolio* - a statewide and county-by-county report documenting child care supply and demand, produced by the California Child Care Resource & Referral Network.

- *San Mateo County Child Care Needs Assessment* – a periodic needs assessment of the supply and demand of licensed child care in San Mateo County conducted by the Child Care Partnership Council. Draft data from the needs assessment were included in this report.

- *Healthy San Mateo 2010: Health Status Indicators for San Mateo County, California 1990 - 2001* – produced by the Department of Public Health in 2004.

- *2008 Community Assessment: Health & Quality of Life in San Mateo* County – A comprehensive assessment of San Mateo County's health and quality of life sponsored by the Healthy Community Collaborative of San Mateo County.

- *2007 California County Data Book* by Children Now.

- *U.S. Census Bureau, 2006 American Community Survey*. Data extracted through American Factfinder.

- *2004 First 5 San Mateo County Preschool for All Supply and Demand Study* – a population-based study of child care providers and parents of children ages 0-5 in San Mateo County designed to determine the supply and demand of preschool in the county, the qualifications of the early childhood workforce, current participation rates in preschool and parent attitudes and concerns about preschool.

References for all academic citations, as well as additional population-based data sources not described above, are provided at the end of this report.

First 5 San Mateo County Grantee Evaluation Reports. First 5 San Mateo County requires all of its grantees to conduct outcome-based evaluations of their efforts. Evaluation Plans are developed and approved by F5SMC at the beginning of grantee efforts and modified as needed based on emerging results and available resources. First 5 San Mateo County encourages grantees to utilize quantitative measures of impact that are empirically valid and reliable, and to use qualitative data that are rigorously and scientifically analyzed where appropriate.

Results for all grantees who were funded during Fiscal Year 2006-07 are included in this report. A number of these grants have since transitioned off of First 5 funds; these include the following: Stanford University Preemie Project, WIC Breastfeeding Care Center, Lucile Packard Breastfeeding Project, Kids & Families 1st, Smoke Free Start for Families, Redwood City 2020[4], and the family support and parent education components of the two Shelter Network grants[5]. All grantee results presented in this report are based on evaluation reports submitted to F5SMC between September 2007 and February 2008, unless otherwise noted.

As of the most recent version of this report, time has not permitted the incorporation of results from the following grantees: Smoke Free Start for Families, Peninsula Family Advocacy Program, and the Father Involvement Program.

Definition of Common Evaluation Tools Referenced

It is not possible to provide an explanation of all evaluation tools referenced in this report. Below are explanations of the evaluation tools that are referenced the most frequently in this report:

The **Ages & Stages Questionnaire (ASQ)** and **Ages & Stages Questionnaire: Social-Emotional (ASQ:SE)** are two empirically valid, reliable, and culturally sensitive tools to screen infants and young children for developmental delays during the first 5 years of life. The ASQ screens children in the following developmental domains: communication, gross motor, fine motor, problem solving, and personal-social. Any area of concern indicated by the ASQ should be followed by a more comprehensive developmental assessment. The ASQ-SE focuses specifically on social-emotional development, and allows professionals to quickly recognize young children at risk for social or emotional difficulties, identify behaviors of concern to caregivers, and identify any need for further assessment. Both questionnaires can be administered at home by parents, in community-based programs, or in clinical settings and are available at a variety of age ranges within the 0-5 year period.

[4] The early childhood mental health consultation component of this grant was incorporated into the Early Childhood Mental Health Collaborative.
[5] Only the child care components of the two Shelter Network grants were retained in FY 07-08.

The **Early Childhood Environment Rating Scale (ECERS)** is an empirically valid, reliable, and culturally sensitive assessment of process quality in center-based early childhood settings. Process quality consists of the various interactions that go on in a classroom between staff and children, staff, parents, and other adults, among the children themselves, and the interactions children have with the many materials and activities in the environment, as well as those features, such as space, schedule and materials that support these interactions. The ECERS is a generally accepted and valid measure of early childhood classroom quality when administered by an independent, outside observer with established inter-rater reliability. Self-administered ECERS assessments are generally regarded as unreliable. The State's benchmark for a good program is a score of 5 out of 7. The **Family Child Care Environment Rating Scale (FCCERS)** assesses process quality in family child care settings.

The **Desired Results Developmental Profile** is a tool designed to help child care and development programs document the progress made by children and families in achieving desired results and provide information to help practitioners improve their child care and development services. The DRDP is a required assessment for all children participating in California Department of Education subsidized child care programs, and is a required assessment locally for all Preschool for All programs.

OVERVIEW OF SAN MATEO COUNTY

Population Characteristics

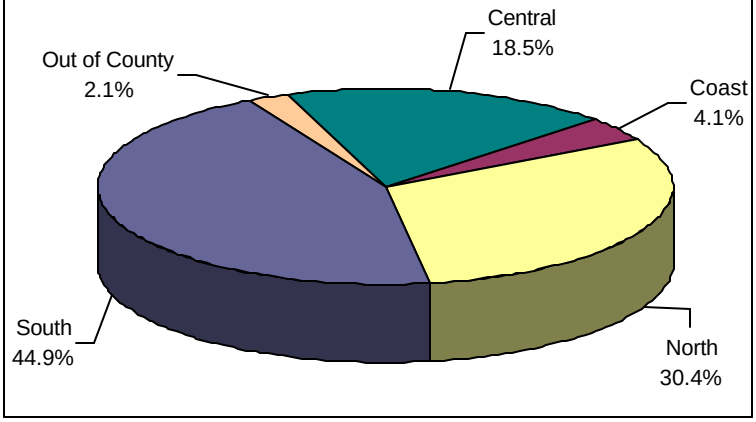
Located in the heart of the Bay Area's Silicon Valley, San Mateo County is economically, ethnically, and geographically diverse. San Mateo County residents are more educated than the general population in California, with 35% having a bachelor's or graduate degree, compared to 26.6% of the population statewide. Jobs are concentrated in the professional, service and sales sectors, similar to statewide trends, with somewhat more individuals employed in management and professional level positions. Despite having one of the highest median family incomes in the state ($85,500), the County's urban centers contain densely populated, low-income neighborhoods and its coastal communities have large numbers of low-income working families. A self sufficiency income for a family of four in San Mateo County is $82,600 (400% of the Federal Poverty Level). According to the 2006 F5SMC Family Survey, 39% of families with children 0-5 live on incomes under $50,000 with nearly 11% living on incomes under $15,000, an increase over previous years. Exorbitant housing and child care costs mean that many families struggle to make ends meet.

There are approximately 48,831 children ages 0-5 in San Mateo County (2006 American Community Survey). From 2000 to 2006 alone, the number of children 0-5 living in poverty doubled, growing from 3,382 in 2000 to 7,011 children in 2006 (2007 California Child Care Portfolio).

Who has been served with First 5 San Mateo County Funds?

Since F5SMC's inception, over 26,000 children 0-5 and 14,000 parents/primary caregivers have been reached with F5SMC funding. In Fiscal Year 2006-07 an estimated 5,500 unduplicated[6] children 0-5 received direct services from F5SMC programs. 34% of children were between the ages of 0-3 and 64% were between the ages 3-5. The majority (75.3%) lived in the North and South regions of the County (See Figure 1). Children were served in a range of programs funded by F5SMC, including high quality child care/preschool settings, therapeutic interventions, home visiting programs, health insurance, and family resource centers.

Figure 1: F5SMC Children Served by Geographic Area FY 2006/2007



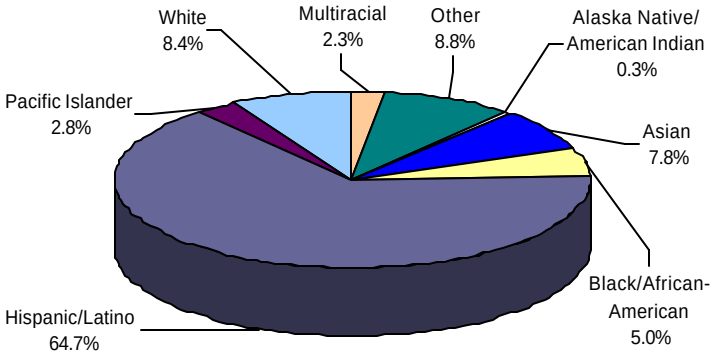
Approximately 5,000 unduplicated parents/primary caregivers were also served in FY 06-07 by F5SMC grantees. Some of these parents were served along with their children by programs focusing on the entire family unit, while others were served by programs focusing primarily on children's adult primary caregivers. Finally, 3,034 individual service providers and 146 child care sites benefited from training, technical assistance, professional development and other capacity building services funded by F5SMC. These additional supports to parents, providers and child care facilities greatly increase the number of children indirectly influenced by F5SMC funds.

[6] Only some grantees were able to submit 06-07 Client Data with the unique identifiers needed to determine duplicate clients served. F5SMC staff were able to identify 4% of clients who received services across multiple F5SMC grants. Historical analyses of Client Data with complete unique identifiers suggest that the duplication rate is likely to be higher, or between 10-15%. Therefore, the figures presented above may over-represent clients served by approximately 6-10%. Going forward, a growing number of F5SMC grantees will be able to submit identifiable data, enabling a more accurate picture of clients served to be presented.

Race/Ethnicity and Language of Children Served

A demographic profile of children 0-5 served by F5SMC investments in FY 2006-07 reveals that a higher percentage of Hispanic/Latino children (65%) were served relative to their percentage of the general population of children 0-5 in the County (32%) (See Figure 2). Similarly, Client Data show that approximately 59% of children served by F5SMC programs speak Spanish as their primary language.

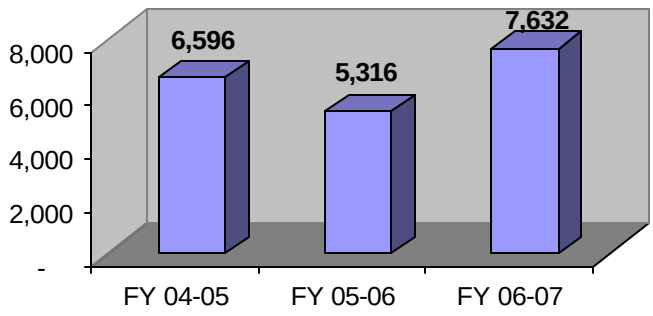
Figure 2: F5SMC Children Served by Race/Ethnicity FY 2006/2007



Number of Families Reached with First 5 Funds in FY 2006-07

Put differently, First 5 San Mateo County reached nearly 7,632 families[7] in FY 06-07. This represents a substantial increase over the number of families reached in the two previous fiscal years (See Figure 3).

Figure 3: Number of Families Reached with First 5 San Mateo County Funds, FY 04/05 - 06/07



[7] In order to make an accurate comparison across fiscal years, we used the duplicated Client Data set for FY 2006/2007 (4% of families were duplicated, based on available data. The actual duplication rate is higher, most likely somewhere between 10-15%. Not all grantees submitted data with confidential identifiers; therefore, not all duplicates are able to be identified). In fiscal years 2003-2006, grantees were not required to submit data with unique identifiers, preventing the ability to unduplicate data across all grantees. "Family" means either the child or the parent was served directly, and in some cases services were provided to the entire family unit; if both children and parents were served, the family is counted only once.

Early Learning: Research, Community Data, and Grantee Results

Early Learning System of Care Objectives:

Prevention:

- Ensure children receive early developmental screenings and assessments to identify possible developmental delays (in ECE settings).

Intervention:

- Promote and support high quality child care/early learning environments for all children ages 0-5 that engage and support parents as their children's first teachers.
- Expand access to high-quality preschool for 4-year-olds that engages and supports parents as their children's first teacher.
- Provide training & technical assistance to child care providers to improve the quality of early childhood education environments.
- Improve and expand early childhood facilities to better serve children 0-5.
- Increase the number of children who are prepared for the transition to school (Kindergarten Transition Programs).
- Ensure children identified with special needs are transitioned effectively (at age 3 and kindergarten) with active IFSPs, IEPs, and other individual transition plans.

Provider Capacity Building:

- Promote and incentivize the professional development of the Early Childhood Education Workforce.
- Promote and support programs to be fully inclusive and supportive of children 0-5 with special needs.
- Promote optimal social-emotional health in child care settings (Early Childhood Mental Health Consultation).

SYSTEM OF CARE EARLY LEARNING PREVENTION STRATEGIES

- Ensure children receive early **developmental screenings and assessments** to identify possible developmental delays (in ECE settings).

Developmental Screenings and Assessments

🕮Rationale🕮

Approximately 17,000 children ages 0-5 are cared for in licensed center-based or family child care at any given time[8]. Given the large number of young children who spend their days in early care and education settings, child care programs are ideal environments in which to identify children with special needs. Along with health care providers, child care providers can play a critical role in identifying children who have or are at risk for special needs and linking them to assessment, early intervention and follow-up services. Early intervention services can resolve many types of children's special needs completely or prevent them from becoming more severe and debilitating.

💻Community Indicators💻

- 💻 Only 14% of center-based teachers and 15% of family child care home teachers report conducting standardized developmental screening using the Ages & Stages Questionnaire. An additional 3% of center-based teachers and 4% of family child care home teachers report conducting screenings using the Denver II[9] (2005 School Readiness Assessment).
- 💻 Preschool for All and Head Start are the only publicly subsidized preschool programs universally screening children for developmental delays using the Ages & Stages and Ages-Stages: Social Emotional Questionnaires.

Please see the Health & Developmental Section for a more thorough discussion of data relating to children ages 0-5 at risk for and diagnosed with special needs, including prevalence rates.

☑Impact of F5SMC Investments☑

- ☑ **Preschool for All** San Mateo County has implemented universal and periodic screening of all children for developmental delays and other special needs using the ASQ and ASQ-SE. In Fall of 2007, at least 92% of children received ASQ and ASQ-SE screenings[10].
  - 62, or 8% of children enrolled in Preschool for All classrooms, were referred for further assessment based on ASQ and ASQ-SE results. These children may not have otherwise been identified as at-risk for special needs and may have missed critical opportunities for early intervention.

- ☑ 100% of children participating in **Shelter Network's** First Step for Families and Haven Child Development Centers received developmental screenings using the Ages & Stages Questionnaire.

[8] This figure is calculated using 2007 California Child Care Portfolio data. It may slightly over or underestimate the number of children in licensed care because precise figures for the number of 0-5 family child care slots are unavailable. The figure was calculated by assuming that 70% of family child care slots are used by children 0-5.

[9] The Denver II is not recommended as a standardized screening instrument by the AAP.

[10] This number is lower than 100% due to missing data and due to the fact that children who had pre-existing special needs and/or Individual Education Plans (IEPs) may not have been screened since they were already receiving special education services.

☑ *To be Developed - Watch Me Grow: Improved data on the extent to which ECE providers conduct developmental screenings is anticipated to be available through the Watch Me Grow Phase 2 Evaluation.*

SYSTEM OF CARE EARLY LEARNING INTERVENTION STRATEGIES

- Promote and support **high quality child care/early learning environments** for all children ages 0-5 that engage and support parents as their children's first teachers.
- **Expand access to high-quality preschool** for 4-year-olds that engage and support parents as their children's first teacher.
- Provide training & technical assistance to child care providers to **improve the quality of early childhood education environments.**
- Improve and expand **early childhood facilities** to better serve children 0-5.
- Increase the number of children who are prepared for the **transition to school** (Kindergarten Transition Programs).
- Ensure **children identified with special needs are transitioned effectively** (at age 3 and at kindergarten) with active IFSPs, IEPs, and other individual transition plans.

Expand Access to High Quality Preschool and Child Care/Early Learning Environments

🕮Rationale🕮

Supply of Child Care
The availability and quality of child care remains an issue in California, where demand continues to significantly outpace supply (2007 Child Care Portfolio). Costs remain prohibitive for many families. Available, high-quality care for infants and toddlers is especially scarce.

High Quality Preschool Experiences
Several decades of research have clearly and decisively established the effectiveness of preschool and other high quality early childhood education (ECE) programs. The literature shows these benefits are most substantial for high-risk children (Karoly & Bigelow, 2005). Long-term experimental studies have shown abundant benefits for preschool participation, including but not limited to:

- Higher levels of verbal, mathematical, and intellectual achievement;
- Greater success at school, including less grade retention, lower rates of placement in special education, and higher graduation rates;
- Better health outcomes, including reduced rates of child abuse, increased maternal reproductive health and decreased maternal substance abuse;
- Increased economic self-sufficiency, initially for the parent and later for the child, through greater labor force participation, higher employment and earnings, and lower welfare usage;
- Lower rates of crime; and
- Greater government revenues and lower government expenditures. Cost-benefit studies have shown a return on investment for every dollar invested in preschool of $3.78 to $17 realized in savings to public systems (education, criminal justice, welfare, etc) and in the higher earnings of participants (Lynch, 2004; Karoly, Greenwood, Everingham, Houbé, Kilburn, Rydell, Sanders & Chisa, 1998; Karoly & Bigelow, 2005; Schweinhart, 2005).

💻Community Indicators💻

- There is enough available licensed infant/toddler care to meet 32% of the need, a 28% improvement from 1998 (SMC Child Care Needs Assessment).
    - 6% of licensed center-based child care spaces in San Mateo County are for infants and toddlers, compared to 5% statewide. However, 51% of child care referral requests in SMC are from families looking for infant care (2007 California Child Care Portfolio).
- There is enough available full-time preschool-age care to meet 68% of the need, a 11% improvement since 1998 (SMC Child Care Needs Assessment). However, the quality of care in many existing preschool settings is uncertain (see below).
- Current publicly subsidized preschool reaches 66% of eligible poor/low-income 4-year-olds and 32% of eligible poor/low-income 3-year-olds statewide (Karoly, Reardon, & Cho, 2007).
- There has been a 14% decrease in the supply of licensed family child care homes in San Mateo County since 1998 (SMC Child Care Needs Assessment).
- Between 66-68% of 3-4-year-old children in San Mateo County have a formal preschool experience (2005 School Readiness Assessment; San Mateo County Data Book).
    - Children in families with incomes greater than $53,000/year, with mothers who have some post-secondary education, who are from households in which English is the primary language, and who are not English language learners are much more likely to have had a prior preschool experience (2005 School Readiness Assessment).
- The 2005 San Mateo County School Readiness Assessment showed that preschool is significantly associated with overall readiness.
    - Children who attended preschool the year before entering kindergarten were more ready for school than children who did not attend preschool, even after controlling for other child and family factors (such as socioeconomic status). Results were strongest for the areas of academics and self care and motor skills.
    - More is not necessarily better; children who were in preschool for more than 30 hours/week experienced challenges in the area of self-regulation.
- At-risk[11] children who attended preschool in San Mateo County generally entered kindergarten at the same level as their not-at-risk peers (2005 School Readiness Assessment), providing local support for national research showing preschool has especially beneficial impacts on vulnerable children and may help to close the achievement gap.

☑Impact of F5SMC Investments☑

- ☑ F5SMC funding helped make available a total of 1,149 new child care and preschool spaces and 696 enhanced spaces in San Mateo County:
    - **SmartKids** funding has contributed to the development of 1,009 new child care spaces in San Mateo County. 26% of these spaces are for infant/toddlers while 74% are for preschool age children. 22% of center-based spaces are for low-income children.
    - **Preschool for All** funding has resulted in 140 new spaces and 696 enhanced spaces[12]. The vast majority of children served in PFA settings are low-income and English-language learners, who research shows can benefit the most from preschool interventions.

[11] At-risk criteria include gender, Latino vs. non-Latino, English language learner, age, parental education, frequency of child being read to, and income.

[12] Enhanced spaces receive critical quality supports such as staff training and development, individualized technical assistance to meet PFA quality standards, universal developmental screenings, early childhood mental health consultation, universal Raising a Reader participation, Early Childhood Language Development Institute trainings, and higher teacher compensation.

☑ *Data to be Developed: Preliminary data on the impact of Preschool for All on children's school readiness will be available in FY 08-09 as part of the Fall 2008 School Readiness Assessment.*

💻County Child Care/Preschool Cost of Care Data💻

- The cost of child care in San Mateo County is the second highest in the State, and averages from $1,500 to $1,940 per month for two children, a 41% increase over 1998 average rates (SMC Child Care Needs Assessment). A minimum-wage income in San Mateo County would be entirely consumed by child care costs for one infant (2008 Community Assessment: Health & Quality of Life in San Mateo County).
- Over 5,000 low-income families are on the waitlist for subsidized child care through the San Mateo County Centralized Eligibility List (SMC Child Care Needs Assessment).
- 58% and 70% of families with one infant and one preschooler can not afford licensed family and center-based child care respectively (SMC Child Care Needs Assessment).
- 53.7% of parents using child care in San Mateo County experienced problems enrolling their child because of waiting lists/lack of availability; 27.6% experienced problems due to cost (F5SMC 2006 Family Survey).

☑Impact of F5SMC Investments☑

- ☑ **Preschool for All** has resulted in 76 new, free high-quality preschool spaces in San Mateo County (as per above).
- ☑ 27% of center-based slots and 5% of family child care slots supported by **SmartKids** are publicly subsidized, meaning that these spaces are free or low-cost for low-income families.

Improve the Quality of Early Childhood Education Environments

🕮Rationale🕮

The research is clear that quality matters when it comes to preschool. Successful preschool programs have small group sizes, a partnership with parents, a sound curriculum that addresses the needs of the whole child; low adult-child ratios; competitive staff, compensation, and benefits; well-prepared teachers and ongoing professional development. Research shows process quality is more related to child development than structural quality (Blau, 2001). Programs high in process quality are those in which caregivers respond to children's social behaviors in a sensitive and positive fashion; are involved in and encourage children's play, learning and reflective activities; extend children's actions and verbalizations with more complex ideas or materials; and are not harsh in managing children's behavior (Helburn & Howes, 1996; Blau, 2001). Children in settings with high process quality score better on social, cognitive and language measures of development (Helburn & Howes, 1996).

💻Community Indicators💻

- In 2004, only 11% of child care centers and 10% of family child care homes in San Mateo County were accredited by the National Association for the Education of Young Children (NAEYC) (F5SMC 2004 Preschool Supply & Demand Study). NAEYC accredited programs have to meet higher and

more rigorous standards of quality than either subsidized programs (Title 1, Title 5, Head Start) or non-subsidized programs (Title 22) do.

- 81% of California low-income children served in subsidized child care are in settings in which the quality of care is uncertain. Extensive regulatory requirements and current funding mechanisms provide little incentive to raise quality (Karoly, Reardon & Cho, 2007).
- National data show that the quality of center-based child care programs is average at best. 86% of center-based child care programs are of mediocre or poor quality; only 14% of centers are high enough in process quality to enhance the development of children (Helburn & Howes, 1996).

☑Impact of F5SMC Investments☑

The Year 2 **Preschool for All** evaluation conducted by American Institutes of Research revealed the following:

- ☑ San Mateo County Preschool for All classrooms outperformed other preschool classrooms nationally on the Classroom Assessment Scoring System (CLASS), an independent assessment of classroom quality administered in PFA San Mateo classrooms by the American Institutes of Research.
    - Preschool for All classrooms scored 0.44 (*Instructional Learning Formats)* to 1.14 *(Teacher Sensitivity)* points higher (on a scale of 7 points) than classrooms nationally in the National Center for Early Development and Learning (NCEDL) studies. Even in the area of Concept Development, the area in which PFA classrooms scored the lowest, PFA outperformed classrooms nationally.
    - CLASS assessments generally indicate that the majority of the eight sampled PFA classrooms demonstrate mid-to-high range quality. Classrooms scored highest in the domain of Emotional Support (mean score of 6.2 out of 7) and lowest in the domain of Instructional Support (mean score of 3.8 out of 7). These results indicate that PFA classrooms in San Mateo have strong positive climates in which teachers regard children's perspectives and are sensitive to children's needs. However, when it comes to the area of Instructional Support, classrooms are somewhat inconsistent in their practices promoting high-order thinking and problem solving skills and need more support in this area.
- ☑ Classrooms report that PFA has had a strong or very strong and significant impact on language facilitation among children, teacher-child interactions, literacy instruction, support for the mental health needs of children and families, support of children from diverse linguistic and cultural backgrounds, and communication and teamwork among staff.
- ☑ The area for improvement mentioned the most by classrooms is services to children with special needs. Teachers need more support administering the ASQ and collaborating with school district special education staff on referrals, assessments, and services.
- ☑ PFA classrooms scored high on an independent assessment of early literacy practices, with a total average score of 4.6 out of 5 on the literacy subscale of the ECERS-E[13].
- ☑ 30 PFA classrooms who received independently conducted ECERS assessments by San Francisco State University between February 2006 and May 2007 received an average score between 4.2 and 5.5.

- ☑ Child care programs served by **Quality Spaces/Learning Places (Kids & Families 1st)** demonstrated overall improvements in quality after 3 years in the program, with family child care programs demonstrating the strongest gains. Findings on the Environmental Rating Scale, a generally accepted, research-based, valid measure of classroom quality, show the following:

[13] The ECERS-E is an extension of the ECERS-Revised, a tool commonly used in early childhood settings to assess quality (For a more complete definition of the ECERS, please see the Introduction section of this report). The ECERS-E looks at quality relating literacy, numeracy, science, and diversity in preschool settings.

- Programs serving infants and toddlers experienced gains in 17 out of 19 indicators on the Infant/Toddler Environment Rating Scale, demonstrating the greatest gains in the areas of diversity, nature/science, free play, and discipline.
- Center-based early childhood programs demonstrated statistically significant improvements in 19 out of 28 indicators on the Early Childhood Environmental Rating Scale (ECERS). The strongest gains were in the areas of diversity, nature/science, sand/water, using language to develop reasoning skills, and music/movement.100% of providers had a mean ECERS score of 5 or higher.
- Family child care providers demonstrated improvement in almost all of the Family Day Care Rating Scale indicators, demonstrating the highest gains in the areas of dramatic play and sand/water play.

☑ Scores on the Early Childhood Environmental Rating Scale (ECERS) increased by 2.3 points between November, 2005 and Spring of 2006 at the **First Step for Families Child Development Center at Shelter Network.** The overall average ECERS score was 4.8 out of 7.

Transition to School

🕮Rationale🕮

Children experience smoother transitions to the K-12 system when schools have relationships with early childhood programs and parents before children enter kindergarten. Coordination between schools, ECE programs and parents before kindergarten entry promotes better learning among children and bolsters parents' roles in their children's education. In addition, the academic, cognitive, social and other developmental benefits of early childhood programs are sustained to a much greater degree when children attend K-12 schools that have curricula and standards that are aligned with their early childhood education experiences (Shorr & Marchand, 2007).

💻Community Indicators💻

The following kindergarten transition activities were conducted by child care programs and parents before the children they cared for entered kindergarten (2005 School Readiness Assessment):

- 44% of center-based child care teachers and 52% of family child care home (FCCH) teachers in San Mateo and Santa Clara (SC) Counties talked about school (kindergarten) with children.
- 36% of center-based child care teachers and 29% of FCCH teachers in SMC and SC offered parent meetings or orientations about kindergarten.
- 14% of center-based child care teachers and 15% of FCCH teachers in SMC and SC met with children's kindergarten teachers.
- 91% of parents in SMC talked about school with their child before they entered kindergarten.
- 72% of parents in SMC took their child to visit the school before they entered kindergarten.
- 56% of parents in SMC met their child kindergarten teacher; 54% attended a parent meeting or orientation.
- 22% of parents in SMC had their child attend a summer kindergarten preparation program.

☑Impact of F5SMC Investments☑

- ☑ Children who participated in the **Kickoff to Kindergarten (KTK)** summer transitional program between 2001-05 experienced significant improvements in all National Education Goals Panel school readiness areas.
    - o English Language Learners with no preschool experience prior to KTK participation made between two and two-and-a-half times the gains of their English-speaking counterparts.
    - o Children at-risk (low-income, no preschool experience, and ELL status) benefited the most from KTK.

There is no grantee data at this time on the prevalence of kindergarten transition activities conducted by F5SMC funded programs serving children.

Children Identified with Special Needs are Transitioned Effectively

🕮Rationale🕮

The F5SMC Special Needs Needs Assessment (2005) revealed that many children fall through the cracks as they transition from the early intervention to special education systems. Qualification for services for children under the age of 3 is facilitated by the broader eligibility criteria embedded in the more prevention-oriented approach of Part C of the Individuals with Disabilities Education Act (IDEA). Difficulties posed by the stricter eligibility criteria of IDEA, Part B and school districts' limited resources may disproportionately exclude 3-5-year-olds from services at an age where they are the most likely to benefit from services.

💻Community Indicators💻

- 💻 Preemie children transitioning from the early intervention to special education systems at age 3 are not being assessed for eligibility for special education, decreasing the likelihood that they will receive ongoing services (Preemie Project Evaluation Report, 2007).
- 💻 A recurrent barrier mentioned by many participants in F5SMC's 2005 special needs focus group was that many 3-5-year-old children fall through the cracks due to strict eligibility criteria established by school districts. Focus group participants were deeply concerned about children whose special needs are not quite severe enough to qualify for special education services but who have just as much need for services – especially those with social, emotional and behavioral problems (F5SMC Special Needs Needs Assessment, 2005).

☑Impact of F5SMC Investments☑

- ☑ *To be Developed – Watch Me Grow: In the future, data on the effectiveness of Watch Me Grow in ensuring children are transitioned appropriately will be available as part of the Watch Me Grow evaluation.*

SYSTEM OF CARE EARLY LEARNING PROVIDER CAPACITY BUILDING STRATEGIES

- Provide training & technical assistance to child care providers to **improve the quality** of early childhood education environments.
- Promote and incentivize the **professional development** of the Early Childhood Education Workforce.
- Promote and support programs to be **fully inclusive** and supportive of children 0-5 with special needs.
- Promote optimal **social-emotional health** in child care settings (Early Childhood Mental Health Consultation).

Professional Development of the Early Childhood Education Workforce

🕮Rationale🕮

High quality early care and education depends upon a qualified and stable early care and education workforce. Research shows that teachers who complete on-site workshops and specialized courses in early childhood education (ECE) demonstrate higher levels of teacher sensitivity, reduced detached behavior and work in classrooms that score higher on independent measures of quality such as the ECERS & ITERS (Blau, 2001). Higher wages, low staff-to-child ratios, and low staff turnover are also linked to higher quality care and better child outcomes (Shorr & Marchand, 2007). Given the substantial population of Hispanic/Latino children in early care and education settings in San Mateo County and the specialized skill set required to work with children with or at-risk for special needs, specific training and technical assistance in cultural competency and special needs should also be a critical component of professional development efforts.

💻Community Indicators💻

- 💻 Bay Area early care and education providers are generally more educated than the workforce statewide; however, the vast majority of teachers and providers do not have Bachelor's degrees:
  - 34% of center-based teachers and 18% of family child care providers have Bachelor's degrees in the Bay Area, compared to 25% and 14% respectively statewide (Whitebook, Sakai, Kipinis, Lee, Bellm, Almaraz, & Tran, 2006).
  - Teachers with BAs or higher are more likely to be over the age of 50 and approaching retirement (Whitebook et al, 2006).
- 💻 The annual turnover rate for early care and education teachers in California is 22%, twice the rate of turnover for K-12 teachers (11%) statewide (Whitebook et al, 2006)

☑Impact of F5SMC Investments☑

- ☑ **Preschool for All** provides a number of professional development, technical assistance, training, and career advancement opportunities to both the PFA workforce and to the larger early childhood education workforce countywide.
  - 100% of Preschool for All master teachers and 42.2% of PFA assistant teachers had an AA degree or higher by the end of the 2006-2007 program year. 86.4% of master teachers had a BA degree or higher.
  - At least 45% of Preschool for All teachers have received training in working with English/dual language learners, compared to only 12% statewide (Whitebook, 2006).
  - 86% of Preschool for All Teachers received training in how to promote early literacy through the Raising A Reader program.

- 100% of Preschool for All staff received individualized mentoring, technical assistance, and training in the PFA quality standards (including ECERS-R standards, how to implement the ASQ and ASQ-SE, teacher competencies, and how to facilitate language and learning)
- Spanish-speaking early childhood education providers taking coursework at **Canada College** enrolled in more ECE courses and had higher rates of course completion than did English-speaking ECE students, thanks in part to Spanish-language courses and tutorial supports funded by Preschool for All.
  - More Spanish-speaking students earned child development permits than did English-speaking providers. However, no Spanish-speaking students earned AA degrees during the time evaluated.

☑ 40% of providers served by **Kids & Families 1st** reported that their staff had completed 8 or more early childhood education units.
- 78% of providers had completed more than 8 hours of professional development in the previous year, such as classes, workshops, training, conferences, etc.

☑ 72% of **SaMCARES** participants increased the number of early childhood education (ECE) or general education college courses completed by at least 3 units or completed 21 professional growth hours.
- 72% of participants remained in their child development program for a full program year.
- Almost one in three (31%) participants said they would not have taken an ECE class in the previous year if they had not enrolled in SaMCARES.

☑ Early childhood education teachers served by **Redwood City 2020** who participated in professional development workshops were satisfied with the content of workshops. 95-96% of participants stated the workshops were effective or very effective in increasing their understanding of children's behavior and feelings, the importance of play, and concepts related to sensory integration.

Inclusion of Children 0-5 with Special Needs

🕮Rationale🕮

Full inclusion of children 0-5 with special needs in early childhood education programs promotes all children's development, builds the capacity of providers to better serve children with special needs, and helps develop children's respect and acceptance of individuals who are different from themselves.

💻Community Indicators💻

- 💻 Just under half (45.9%) of all licensed early care and education providers in California have participated in non-credit training or college coursework related to children with special needs (Whitebook, 2006).
- 💻 67% of center-based programs in San Mateo County serving children with diagnosed special needs do not provide any services at their sites that address the needs of those children (F5SMC 2004 Preschool for All Supply and Demand Study).
- 💻 9% of parents/primary caregivers of children 0-5 with special needs in SMC [14] reported problems with their preschool or child care center not making accommodations for their children (F5SMC 2006 Family Survey).

[14] 9% refers to 6 out of 64 parents/caregivers of children who had special needs according to the special needs screener used in the 2006 Family Survey.

☑Impact of F5SMC Investments☑

- ☑ 9% of all children currently served in **Preschool for All** classrooms have special needs; an additional 8% may be at-risk for special needs and have received referrals for further assessment. These children are served in integrated preschool settings.

- ☑ *To Be Developed - Watch Me Grow: Data on the impact of Watch Me Grow on increasing the number of inclusive child care/preschool programs will be available as part of the WMG evaluation.*

Promote Social-Emotional Health in Child Care Settings

🕮Rationale🕮

Child care providers in California report emotional and behavioral problems as one of the most significant challenges they face in their work with children (Shaw, Santos, Cohen, Araki, Provance & Reynolds, 2001). San Mateo County child care programs report large numbers of children with emotional and behavioral problems, and also report they have nowhere to go to for help (F5SMC, 2006). The most challenging children eventually get kicked out of programs, losing out on the benefits of quality child care and on opportunities for early intervention.

Emerging research suggests that interventions in ECE settings, including social skills curricula, interventions that target both parents and teachers, and on-site mental health consultation have the potential to ameliorate behavioral issues in children (Raver & Knitzer, 2002). For all of these reasons, early education settings are ideal environments in which to identify and treat children's social-emotional and behavior issues.

💻Community Indicators💻

- ☑ Managing children's behavior was the second most commonly cited classroom challenge for both center-based (63%) and family child care teachers (48%) in San Mateo and Santa Clara Counties (2005 School Readiness Assessment).
- ☑ 32% of San Mateo County kindergartners need help with *self-regulation* and 17% were significantly below teachers' expectations in this domain (2005 School Readiness Assessment).
- ☑ The prevalence of problematic behaviors in young children nationally is about 10%, with prevalence rates that are much higher for low-income children (about 27%). About 4-6% of preschoolers have serious emotional and behavioral disorders, and between 16-30% pose on-going problems to teachers (Raver & Knitzer, 2002).

☑Impact of F5SMC Investments☑

- ☑ 90% of teachers served by the **Early Childhood Mental Health Consultation project** reported that mental health consultants were very effective or effective in contributing to their ability to handle a particular child.
    - o Teachers served by mental health consultants showed improvement in 100% of 18 indicators related to caregiver-child interactions on the Caregiver-Interaction Scale.
    - o There was a decrease in the number of children asked to leave their child care programs.

Child Health and Development: Research, Community Data, and Grantee Results

Child Health and Development System of Care Objectives:

Prevention:
- Ensure children receive early health and developmental screenings and assessments to identify possible developmental delays (in health settings).
- Improve the knowledge of parents and caregivers of children 0-5 to support positive health outcomes (health education).
- Support programs that promote optimal birth outcomes.
- Support strategies that reduce and prevent childhood obesity.

Intervention:
- Ensure that all children 0-5 have health insurance and that families effectively utilize and navigate health care systems.
- Children receive appropriate, integrated intervention services for their identified special needs.
- Promote and monitor the development of children 0-2 (home visitation for newborns).

Provider Capacity Building:
- Provide training & technical assistance to health providers to improve the quality of health programs.

SYSTEM OF CARE HEALTH & DEVELOPMENT PREVENTION STRATEGIES

- Ensure children receive early health and **developmental screenings and assessments** to identify possible developmental delays (in health settings).
- Improve the **knowledge of parents** and caregivers of children 0-5 to support positive health outcomes (health education).
- Support programs that promote optimal **birth outcomes.**
- Support strategies that reduce and prevent **childhood obesity.**

Developmental Screenings and Assessments

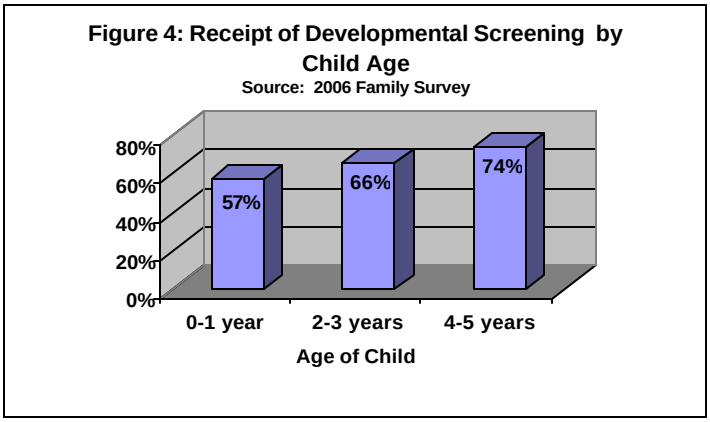
🕮Rationale🕮

It is estimated that between 12 -18% of U.S. children have disabilities (Hill, Lutzky & Schwalberg, 2001; Van Dyck, Kogan, McPherson, Weissman & Newachek, 2004; Davidoff, Yemane, Hill, 2005; Shaw, Santos, Cohen, Araki, Provance & Reynolds, 2001;); however, many children's special needs are not identified until they enter kindergarten or later. The American Academy of Pediatrics and other prominent medical professional groups have recommended that all children's growth and development be assessed periodically using formal, standardized developmental screening tools at the 9-, 18-, and 30-month well-child visits (Halfon, Olson, 2004). Universal screening of children in pediatric practices can increase the likelihood that children's developmental concerns and other special needs are identified at the earliest possible time, maximizing opportunities for early intervention.

Pediatricians and other health care providers can also play a critical role in screening for family risk factors known to have a profound impact on child development. Screening of families for psychosocial risk factors such as depression, family violence, family stress, basic needs, substance abuse, etc. provides an opportunity to link families to services they might not otherwise access. The First 5 San Mateo County Early Screening Survey results show that the vast majority of pediatricians in San Mateo County believe it is their role to inquire about family psychosocial problems; however the majority do not feel they have adequate training or resources to do so. The implications of the prevalence of multiple risk factors on children's development, as well as the importance of screening and interventions to address these risk factors, is discussed further in the Family Support & Engagement section of this report.

💻Community Indicators💻

Community data show that a majority of children 0-5 are not receiving the recommended developmental screenings by their pediatricians and that a significant number of children 0-5 may suffer from undetected, untreated special needs:



Developmental Screenings

- 41% of children have never received a developmental screening from their doctor or other health care provider (F5SMC 2006 Family Survey)
  - Older children were significantly more likely to have received a developmental screening ($p<.01$).
  - Children on Medi-Cal or Medicaid (80%) were more likely to have had a screening than children on other health care plans including Healthy Kids (70%) (2006 Family Survey).

- While 98.2% of pediatricians in San Mateo County assess children for developmental risk, most, or 56.7%, "rarely" or "never" use a formal screening instrument.
    - 29.9% of pediatricians have never used a formal screening instrument with a child ages 0-5.
    - 89% of pediatricians assess for developmental risk through clinical assessment and 86.4% by prompting parents for concerns (suggesting most pediatricians combine both of these strategies).
    - 9.4% of pediatricians "almost always" or "always" use the M-CHAT screening tool (screening for autism spectrum disorders).
    - 5.9% of pediatricians "always" or "almost always" use the Ages & Stages Questionnaire; an additional 5.9% "always" or "almost always" use the Parents' Evaluation of Developmental Status (PEDS).
- About 51% of pediatricians are unfamiliar with developmental screening instruments for children ages 0-5.
- As many as 5,800[15] children 0-5 in San Mateo County may suffer from undetected special needs (F5SMC, 2005).

See below for prevalence rates of children ages 0-5 with special needs in the general population.

☑Impact of F5SMC Investments☑

- ☑ Between FY 03-04 and FY 05-06, **Pre-3** increased the number of children who received developmental screenings using the Ages & Stages Questionnaire from 65% to 91% (October 2006 Evaluation Report).

- ☑ **Preemie Project** findings indicate that developmental assessments and monitoring are effective in identifying children needing treatment services after hospital discharge.

- ☑ *To Be Developed – Watch Me Grow Evaluation: 100% of children served in the Watch Me Grow demonstration site community are anticipated to receive comprehensive developmental and family screening, including the Ages & Stages and Ages & Stages: Social-Emotional Questionnaires, the Parenting Stress Index, and a Health Survey. Preliminary data on actual screening rates will be available in the Fall of 2008.*

Parent Knowledge of Health Promoting Behaviors

🕮Rationale🕮

Efforts to educate parents on the attitudes and practices that will improve their children's health is particularly important in light of local data showing a decline in the rate of exclusive breastfeeding, low dental service usage, and less than ideal consumption of fruits and vegetables.

[15] Assumes a 15% prevalence rate and does not include children with special needs served in private systems, which is unknown.

💻Community Indicators💻

- 71.4% of parents of children 0-5 in SMC report putting their child to sleep on their backs, an overwhelming, significant increase of 22.1% since 2000 ($p<.05$) (F5SMC 2006 Family Survey).
- 13.6% of children in SMC live in households where someone has smoked since they were born (F5SMC 2006 Family Survey).
- Exclusive breastfeeding at birth declined from 72.5% to 59.2% between 2000 and 2006, or by 13.3% (F5SMC 2006 Family Survey).
    - Breastfeeding practices vary significantly by race/ethnicity, with 75% of White mothers breastfeeding exclusively at birth compared to only 45% of Hispanics and 49% of Asians (F5SMC 2006 Family Survey).
    - Mothers who breastfed exclusively at birth breastfed for much greater lengths of times than mothers who combined breastfeeding and formula at birth (F5SMC 2006 Family Survey).

Local data on dental visits and fruit/vegetable intake is provided below under "Childhood Obesity" and "Health Insurance".

☑Impact of F5SMC Investments☑

- ☑ 96.9% of **Pre-3** clients placed their baby on their back or side to sleep in FY 05-06.
- ☑ 78% of **WIC Breastfeeding Care Center** clients initiated breastfeeding in 2003-04 (the most recent year for which data are available).
    - Over the six years of the project, WIC increased its proportion of participants who were still breastfeeding children at 6 months by 4%, or from 41% in FY 01-02 to 45% in FY 06-07.
- ☑ 86.8% of **Pre-3** clients initiated breastfeeding in 2005-06.
- ☑ 88% of mothers served by the **Packard Breastfeeding** program were still breastfeeding one month after discharge from the hospital.

Birth Outcomes

🕮Rationale🕮

Children who are born prematurely (<37 weeks gestation) or who are low birthweight (less than 5.5 pounds) are at greater risk for learning disabilities, are much more likely to receive special education services, and lag behind their peers on measures of IQ and school achievement. Early, ongoing and comprehensive prenatal care is one of the strategies recommended to increase the likelihood that mothers' health risks will be identified and that they will be linked to appropriate services (adapted from 2007 San Mateo County Children's Report, Lucile Packard Foundation for Children's Health, p.4)

💻Community Indicators💻

- 90% of mothers receive early prenatal care in San Mateo County (86% statewide), which meets the Healthy People 2010 goal (2007 California County Data Book; 2007 San Mateo County Children's Report); however, disparities still exist across racial/ethnic groups.
- 7% of newborns in San Mateo County are low birthweight, the same as statewide rates (2007 California County Data Book).
- 10% of newborns were born prematurely in San Mateo County (F5SMC 2006 Family Survey).
- The proportion of babies born with low birthweight has increased by 16%, from 5.7% in 2001 to 6.6% in 2004 (2007 San Mateo County Children's Report).

☑Impact of F5SMC Investments☑

There are no available grantee data in this area; considerable resources would be needed to evaluate impact in this area.

Childhood Obesity

🕮Rationale🕮

Childhood obesity has been on the rise for the past thirty years. Childhood obesity is associated with a number of health conditions, including hypertension, high cholesterol, Type II diabetes, sleep apnea, menstrual abnormalities, impaired balance and orthopedic problems, depression and low self-esteem. The vast majority of obese children become obese adults, continuing to suffer from serious, chronic health conditions (adapted from 2007 San Mateo County Children's Report, Lucile Packard Foundation for Children's Health, p.6-7).

💻Community Indicators💻

Community data show that a significant percentage of parents of children ages 0-5 in SMC are concerned about their children's weight, and that less than half of children 0-5 are eating the recommended number of fruits and vegetables.

- 💻 25% of SMC children in grades five, seven, and nine are overweight compared to 28% in the Bay Area and 28% statewide (2007 San Mateo County Children's Report).
- 💻 24.8% of parents of children 0-5 in SMC are concerned about their children's weight *(this includes parents who may have been concerned about their children being underweight in addition to overweight)*
    - o 16.4% of children 0-5 in SMC have doctors or health providers who are concerned about their children's weight (2006 Family Survey).
    - 💻 42% of children ages 2 and older in SMC had eaten 5 or more servings of fruits and vegetables the previous day (F5SMC 2006 Family Survey).
    - 💻 13.5% of children 0-5 in SMC had eaten fast food the previous day (2006 Family Survey), compared to 22.5% of children ages 2-5 statewide (2005 California Health Interview Survey)[16].
    - 💻 16.7% of San Mateo County children ages 0-5 had consumed one or more glasses of soda the previous day.

☑Impact of F5SMC Investments☑

- ✓ Parents who participated in **Our Second Home** nutrition workshops described learning new information about cooking and nutrition that changed the way their families eat, leading to consumption of more fruits and vegetables and less fast food.

[16] Please note these figures are not directly comparable because they are measured for children in slightly different age groups.

SYSTEM OF CARE HEALTH & DEVELOPMENT INTERVENTION STRATEGIES

- Ensure that all children 0-5 have **health insurance** and that families effectively utilize and navigate health care systems.
- Children receive appropriate, **integrated intervention services** for their identified **special needs.**
- Promote and monitor the development of children 0-2 (**home visitation** for newborns).

Health Insurance *(Medical, Dental, and Vision)*

🕮Rationale🕮

Children without health insurance are less likely to have a regular pediatrician and to use medical and dental care. They are also more likely to be in poor health and be under-immunized. Publicly funded efforts to expand health insurance have improved children's health, school performance, and school attendance outcomes (adapted from the 2007 San Mateo County Children's Report, Lucile Packard Foundation for Children's Health, p.5).

When a family has a regular medical care provider for check-ups, shots, and anticipatory guidance, children are more likely to receive prompt and appropriate care for acute and chronic conditions, as well as continuing preventive care (Schorr & Marchand, 2007).

💻Community Indicators💻

The Children's Health Initiative (CHI) has made tremendous strides in ensuring that virtually all children 0-5 in SMC have health insurance. However, Family Survey data indicate that almost one-quarter of children 0-5 still do not have dental insurance. In addition, many children are not accessing important preventive care services, especially as it relates to dental care and well-baby/well-child visits.

Health Insurance

- 98% of parents of children 0-5 in SMC report their child has health insurance, compared to 94.5% statewide (F5SMC 2006 Family Survey; 2005 California Health Interview Survey).

Health Access

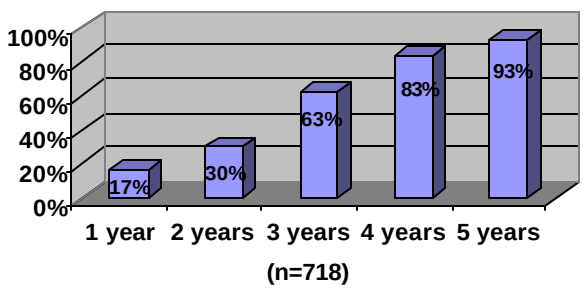
- 98.5% of children ages 0-5 in SMC have a regular doctor or clinic they go to for check-ups, a 9.6% increase since 2000 (F5SMC 2006 Family Survey).
- 82.5% of children were fully immunized by 2 years of age in San Mateo County, compared to 71.8% statewide (2007 San Mateo County Children's Report). The Healthy People 2010 goal is 90%.

Dental Insurance & Dental Practices

- Only 17% of 1-year-olds and 30% of 2-year-olds in SMC have ever been to the dentist. The AAP recommends that all children visit the dentist by age 1. By three years of age, 63% of children have been to the

Figure 5: Percent of Children Who Have Ever Been to a Dentist by Age

(Source: 2006 Family Survey)



(n=718)

dentist (F5SMC 2006 Family Survey).

- By the time children reach kindergarten, almost one-third of children have untreated tooth decay, and approximately one in five experience rampant decay (Dental Health Foundation, 2006).
- 77.6% of children 0-5 in SMC have dental insurance (F5SMC 2006 Family Survey).
- 91.8% of children ages 0-5 brush their teeth every day (F5SMC 2006 Family Survey).

☑Impact of F5SMC Investments☑

- ☑ Over 2,300 children ages 0-5 were enrolled in **Healthy Kids** in FY 06-07. Of these enrollments, 749 children were newly served and 1,582 were re-enrolled.
- ☑ In 2006, 69% of **Healthy Kids'** enrollees ages 3-6 years had a well-child visit in the last year, higher than for 66.2% of Medi-Cal enrollees but lower than for Healthy Families participants (76.4%).
- ☑ 75% of **Healthy Kids'** enrollees were up-to-date on their immunizations at age 2, which is lower than both Medi-Cal (76.4%) and Healthy Families (85.4%) participants.
- ☑ Dental visits for 4-6-year-old **Healthy Kids'** enrollees (68.6%) is comparable to rates for kindergarten children statewide. Dental visits for 2-3-year-old Healthy Kids' enrollees is much lower, or 35.7%.

Appropriate, Integrated Interventions for Children's Special Needs

🕮Rationale🕮

Young children's special needs may cross many disciplines and require services that span many agencies. In order to ensure children receive appropriate, integrated services addressing their special needs, families need help navigating and negotiating the complicated service terrain. Care coordination is the process of coordinating services across and between multiple service providers in order to optimize health care; pediatricians have a particularly important role to play in ensuring the seamless delivery of services. However, national data show that while the majority of pediatricians believe they are providing care coordination services, their specific practices suggest otherwise (Gupta, O'Connor, & Quezada-Gomez, 2004).

💻Community Indicators💻

Prevalence Data

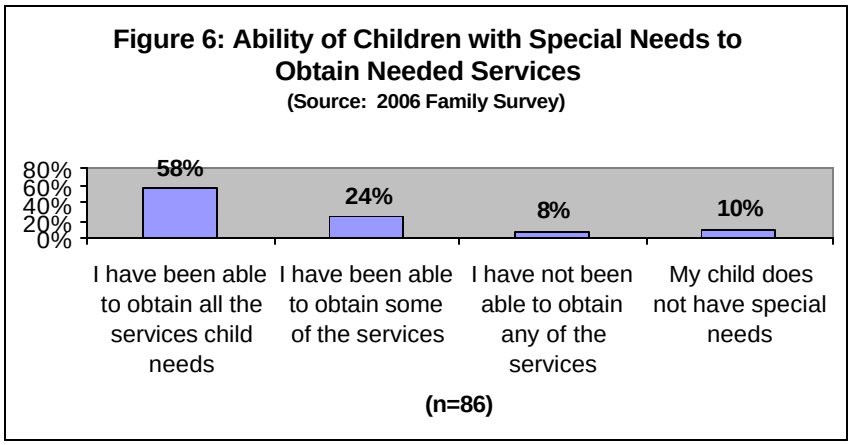
- 10.4% of children in San Mateo County have special needs according to the 2006 Family Survey, which is consistent with national prevalence studies.
    - Children's special needs may not be identified until they are older, with 14.4% of children 3-5 years old identified as having special needs, compared to 9.7% of 0-2 year olds, reducing opportunities for early intervention.
- The prevalence of pre-kindergarten children with behavioral and social-emotional concerns is about 10%, with prevalence rates that are much higher for low-income children (about 27%). About 4-6% of preschoolers have serious emotional and behavioral disorders, and between 16-30% pose ongoing problems to teachers *(no local data are available)* (Raver & Knitzer, 2002).

Access to Services

San Mateo County data on care coordination practices for children 0-5 with special needs is somewhat conflicting. F5SMC Early Screening survey data suggest that a substantial portion of pediatricians do not understand or facilitate access to publicly funded early intervention and special education services.

However, F5SMC Family Survey data show a greater percentage of parents reporting that their regular doctor helped coordinate services for their children's special needs. These data may reveal a pattern partially supported by early screening findings that pediatricians are more likely to refer children with concerns to private sources of care rather than to publicly supported early intervention or special education available through the Individuals with Disabilities Education Act (IDEA).

- 35% of pediatricians in San Mateo County have referred 5% or less of their patients identified with a possible developmental problem to the Golden Gate Regional Center (<3 years) or to their local school district (3-5 year olds), suggesting these pediatricians do not understand San Mateo County's publicly funded early intervention system (F5SMC 2007 Early Screening Survey).
    - 80.6% of pediatricians who do not refer children with possible developmental concerns to the GGRC or local school district refer these children to a private developmental, mental health, medical or other specialist. 17.6% of pediatricians wait and monitor the child at the next visit (F5SMC 2007 Early Screening Survey).
- 42% of children 0-5 in SMC with special needs were referred to a specialist by their doctor, and 83% of parents of children with special needs reported that the child's personal doctor or nurse helped them get some kind of special care or equipment (F5SMC 2006 Family Survey).
    - Children on MediCal/MediCaid (65%) are much less likely to get help from their doctor in getting special care or equipment, as compared to children with private insurance (92%) (F5SMC 2006 Family Survey).
- 58% of parents with children 0-5 with special needs report being able to obtain all the services that their children need, leaving 32% who report gaps in services (F5SMC 2006 Family Survey)
    - Parents of children on MediCal/MediCaid are far less likely to report obtaining all needed services (34%) (F5SMC 2006 Family Survey).



- Preemie Project data show that children who should have an assessment and transition plan in place at age three are not being assessed for eligibility for special education at age 3.

☑Impact of F5SMC Investments☑

- ☑ At eighteen months of age, preemies served by the San Mateo County **Preemie Project** demonstrated better memory, problem solving, language, auditory, comprehension and expressive communication skills than a control group of comparable infants (p=.05). Preemie Project infants also received earlier access to intervention services than did a control group of infants (p<.05) (September 2005).

Home Visitation for Newborns

🕮Rationale🕮

Home visiting programs that focus on postpartum and neonatal health can help establish a regular source of medical care for children so they receive recommended well-baby medical visits (Shorr & Marchand, 2007). Home visiting programs have also demonstrated positive results in the areas of smoking during pregnancy, accidental injuries, incidence of child abuse, domestic violence and parenting skills (Gomby, Culross & Behrman, 1999). However, research also shows that the results of home visitation services are generally modest and vary widely by the type of program model and population served (Gomby, 2003). Further, home visiting evaluations have not generally demonstrated significant benefits for children (Gomby, Culross & Behrman, 1999; St. Pierre, Layzer, Goodson, & Bernstein, 1997), which is why many experts recommend that children in families receiving home visitation also be linked to high-quality early care and education experiences. To maximize the benefits of home visitation, a number of key quality criteria should be met, including implementation of curriculum with fidelity and the use professional level staff (Gomby, 1993; Gomby et al 1999; Gomby, 2003).

💻Community Indicators💻

- 💻 21% of families with children ages 0-5 received home visitation services according to the F5SMC 2006 Family Survey.
    - A higher percentage of at-risk families, or 36% of parents with preemies or low birthweight babies, received home visits (18% of all home visits were from Pre-3 and/or Black Infant Health; 38% were from the hospital or health insurance provider) (F5SMC 2006 Family Survey).

☑Impact of F5SMC Investments☑

- ☑ The following outcomes were reported for the **Prenatal-to-Three** home visiting program (FY 05-06), a home visiting program that serves approximately 1,300 MediCal eligible families each year:
    - 86.8% of Pre-3 clients initiated breastfeeding after birth.
    - 98.4% of Pre-3 clients placed their babies to sleep on their backs, compared to 79.6% of the general county population.
    - Pre-3 clients demonstrated significant improvements on measures of parent-life functioning and parent-child interaction ($p<.1$).
    - Pre-3 parents participating in parenting classes experienced significant improvements in parenting sense of competence and efficacy ($p<.05$).
    - Mothers who were treated for mental health problems experienced a significant reduction in risk of self-harm ($p<.05$).
    - 92% of children were developing normally while their families were being served; 8% of children were referred for developmental assessments.

See above and in the Family Support & Engagement section for additional findings from Pre-3. YFES/Healthy Homes and the School Readiness Initiative also serve some newborns through home visitation, though this is not their primary focus. Results for these two grants are also included in the Family Support & Engagement section of this report.

SYSTEM OF CARE HEALTH & DEVELOPMENT PROVIDER CAPACITY BUILDING STRATEGIES

- Provide training & technical assistance to health providers to improve the quality of health programs.

Technical Assistance & Training to Health Providers

🕮Rationale🕮

Best practice models for increasing developmental screening, psycho-social risk assessment, care coordination practices, and family centered care focus on building the capacity of health care providers (See for example Curtis, 2002; Kaye, 2006). However, capacity building in and of itself is not sufficient to change practice. Technical assistance and training to health care providers must be part of a larger system-wide community effort that involves partnerships between schools, health/human service agencies (Dunkle & Vismara, 2004), and community-based agencies and that addresses policy barriers at the county and state level.

💻Community Indicators💻

- 38.2% of pediatricians rate their understanding of the early intervention system as "fair" or "poor", and fully 60% of pediatricians rate their understanding of the special education system as "fair" or "poor" (F5SMC 2007 Early Screening Survey).
- The most common barrier to conducting formal screening instruments is time limitations, cited by 92% of pediatricians. Language barriers, lack of medical office staff to perform screenings, inadequate reimbursement, inadequate training, unfamiliarity with reimbursement codes, and the belief that there is a lack of treatment options for positive screens were other common barriers cited (F5SMC 2007 Early Screening Survey).
- 89% of pediatricians are provided with assessment/evaluation results by the Regional Center, compared to 55.6% who are provided with these results by school districts (F5SMC 2007 Early Screening Survey).

☑Impact of F5SMC Investments☑

- ☑ *To be Developed – Watch Me Grow Evaluation: Data on the impact of F5SMC-funded activities on pediatric knowledge and practice related to early developmental screening will be available through the Watch Me Grow evaluation.*

Family Support and Engagement: Research, Community Data, and Grantee Results

Family Support and Engagement System of Care Objectives:

Prevention:

- Ensure children receive early developmental screenings and assessments to identify developmental delays (in family support settings).
- Ensure that primary caregivers receive psychosocial and mental health screenings to determine possible exposure to family violence, the existence of maternal depression, and the existence of other family risk factors.
- Promote warm, nurturing, developmentally appropriate, and stimulating parent-child relationships (parent education to support positive parenting practices and achievement of developmental milestones).

Intervention:

- Improve family functioning to enable parents to help children grow, learn, and develop more to reach their maximum potential.
- Provide comprehensive, integrated services to promote family functioning and optimal child development (School Readiness Centers of Excellence).
- Provide resources and referrals to meet the comprehensive, individualized needs of children 0-5 and their families (e.g., basic needs, job development, ESL instruction, legal assistance, housing assistance, etc).
- Help families support the emerging literacy skills of their children 0-5 (family literacy programs).
- Promote the social-emotional health and well-being of children 0-5 and their primary caregivers, with particular attention to children who have experienced trauma and to primary caregivers with depression (therapeutic interventions for children and parents).

Provider Capacity Building:

- Provide training & technical assistance to family support providers to improve the quality of health programs.

SYSTEM OF CARE FAMILY SUPPORT PREVENTION STRATEGIES

- Ensure children receive early **developmental screenings and assessments** to identify developmental delays (in family support settings).
- Ensure that primary caregivers receive **psychosocial and mental health screenings** to determine possible exposure to family violence, the existence of maternal depression, and the existence of other family risk factors.
- Promote **warm, nurturing, developmentally appropriate, and stimulating parent-child relationships** (parent education to support positive parenting practices and achievement of developmental milestones).

Developmental, Psycho-Social and Mental Health Screenings (Child and Family Risk Assessment)

🕮Rationale🕮

Developmental Screenings of Children
The rationale and need for developmental screenings and assessments were previously discussed in the Health & Development and Early Learning sections of this report. Based on the prevalence rates of children at-risk for special needs, and the effectiveness of early intervention in mitigating or resolving these needs, developmental screening should occur in all service settings most commonly utilized by children ages 0-5, including family support program settings.

Psycho-Social and Mental Health Screenings
No single risk factor is predictive of later school achievement; rather it is the extensiveness of multiple risk factors, or 'cumulative risk' that best predicts academic and emotional status (Raver, 2002). Comprehensive screenings of families for risk factors, and resource, referral and intervention as indicated, should be an integral part of any program serving young children.

Over 32% of all young children are affected by at least one family risk factor and 16% of all children are in families with two or more socio-demographic risks. Among low-income families, the prevalence of risk factors is much higher; for example, among Head Start families in Washington state, just under half of families reported 4 or more risk factors (e.g., parental criminal and substance abuse, high levels of marital discord, family violence, low levels of educational attainment, etc) (Raver & Knitzer, 2002). The prevalence of maternal depression, attachment difficulties and post-traumatic stress is also high among families living in poverty; failure to identify and address these conditions undermines mothers' development of empathy, sensitivity and responsiveness to their children and leads to poorer developmental outcomes for their children (Shorr & Marchand, 2007).

💻Community Indicators💻

Screening & Identification of Children's Developmental and Behavioral Concerns in Family Support Settings

- 💻 No local population-based data are available on the extent to which family support programs screen children for developmental delays and screen families for psycho-social risk factors, including depression.

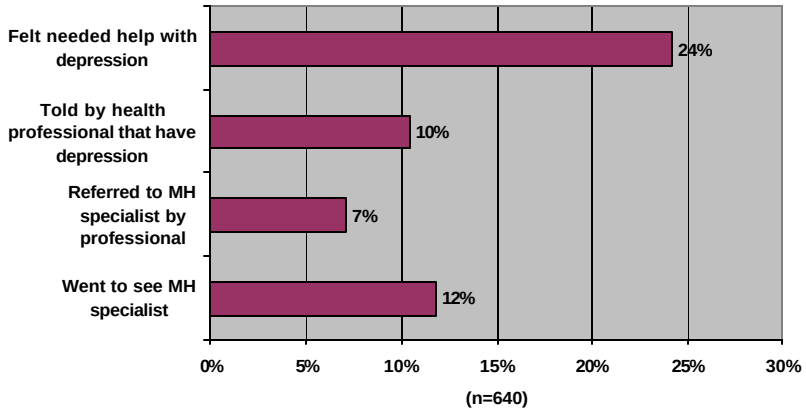
Please see the Health & Developmental Section of this report for local and national data relating to the prevalence of children ages 0-5 at risk for and diagnosed with special needs.

CHILD AND FAMILY RISK FACTOR DATA:

Poverty

- A family of four needs an income of $82,600 per year to be self-sufficient in San Mateo County *(*2008 Community Assessment: Health & Quality of Life in San Mateo County, p.19). The median income for families with children 0-5 is $90,000 in San Mateo County (in other words, half of families with children 0-5 make less than $90k/year); 36% of families with children 0-5 have incomes less than $50,000/year (F5SMC 2006 Family Survey).
    - 12% of children 0-5 in SMC live below the federal poverty line (2006 American Community Survey). **The number of children 0-5 living in poverty in San Mateo County has more than doubled since 2000** from 3,382 to 7,011 children in 2006 (2007 California Child Care Portfolio).
    - The number of children 0-5 **in single parent households increased by 77**% from 2000 to 2006 (2007 California Child Care Portfolio).
    - 7.2% of parents utilized unemployment benefits in 2006 (F5SMC 2006 Family Survey); and 25% of parents utilized WIC in 2006 (F5SMC 2006 Family Survey).

Figure 7: Mothers' Need for and Entrance into Mental Health Care Post-Partum
(Source: 2006 Family Survey)



Maternal Depression

- 24% of primary caregivers of children 0-5 report needing help with sadness or depression since their child was born. 8% of primary caregivers of children 0-5 in SMC show clinical symptoms of depression, according to the Edinburgh depression scale. Low-income mothers are more likely to be depressed than other income groups. Mothers of children with special needs are more than twice as likely to be depressed than mothers of children without special needs (F5SMC 2006 Family Survey).

- Almost half (49%) of parents who felt they needed help with depression received services, indicating the remaining half have symptoms that go unaddressed. Further, only 33% of parents with actual, clinical signs of depression have sought treatment. When caregivers have sought treatment, 75% report treatment as helping 'a lot' (F5SMC 2006 Family Survey).

Family Violence

- There were 2,704 domestic violence calls to law enforcement in 2005 in San Mateo County. From 1998 to 2005, the rate of domestic violence calls decreased by 14% (2008 Community Assessment: Health & Quality of Life in San Mateo County). No data are available on the number of children 0-5 living in affected households.

Life Stressors & Social Isolation

- 74% of parents of young children in San Mateo County say there is someone they can turn to for day-to-day emotional help with parenting, while 22% of parents do not have someone to turn to (F5SMC 2006 Family Survey).
    - Parents who report 'unsatisfactory' levels of empathy toward their child are also much less likely to report access to day-to-day emotional help with parenting.

- 46% of parents of children ages 0-5 in San Mateo County are worried about money (F5SMC 2006 Family Survey).
- 42.3% of parents feel some, most, or all of the time that they have given up too much of their lives to meet their children's needs (F5SMC 2006 Family Survey).

☑Impact of F5SMC Investments☑

- ☑ 100% of children served by **Healthy Homes** received a social-emotional developmental screening (Ages & Stages-Social Emotional Questionnaire). 39% of children had scores in the at-risk range on the ASQ-SE at pre-test, while 17% had scores in the at-risk range at follow-up ($p<.01$). In FY 2007-08, Healthy Homes will replace the ASQ-SE with the Functional Emotional Assessment Scale and Greenspan Social-Emotional Growth Chart and explore implementing a more general developmental screening tool.

- ☑ 100% of children participating in the **School Readiness Initiative** received a developmental screening in FY 06-07.

- ☑ 95.6% of all mothers served by **Pre-3 home visitation services** between FY 04-05 – FY 05-06 were screened for depression using the Edinburgh Postnatal Depression Scale (n=723).
    - In 05-06, 20% of Pre-3 mothers screened had symptoms of clinical depression, compared to 8.1% of mothers countywide (F5SMC 2006 Family Survey).
    - Pre-3 mothers who were depressed had fewer parent-child interactions and lower parent functioning than Pre-3 mothers who were not depressed.
    - Pre-3 mothers who were depressed were much more likely to drop out of services (Pre-3 October 2006 Evaluation Report).

- ☑ The percentage of **Pre-3** clients classified as high-risk increased from 22.5% to 37% between 2003 and 2006.

- ☑ *To Be Developed – Watch Me Grow Evaluation: 100% of children served in the demonstration site community by Watch Me Grow are anticipated to receive comprehensive developmental and family screening, including the Ages & Stages and Ages & Stages: Social-Emotional Questionnaires, the Parenting Stress Index, and a Health Survey. Preliminary data on actual screening rates will be available in the Fall of 2008.*

Warm, Nurturing, Developmentally Appropriate and Stimulating Parent-Child Relationships

🕮Rationale🕮

Nurturing, Responsive Caregiving
Nurturing, warm, responsive parenting is critical to secure attachment between children and caregivers and to feelings of safety and stability for the child, which in turn influences a host of developmental outcomes (e.g., ability to regulate emotions, ability to form relationships with others, academic outcomes, ability to cope with stress, and many others). Disturbed attachment between children and their primary caregivers is considered to be one of the most significant risk factors for poor outcomes later in life. Secure relationships with caregivers can also act as a buffer against other family risk factors (Schorr & Marchand, 2007).

Stimulating Parent-Child Interactions

Home influences account for as much as one-half of the gap in achievement scores between low- and high-income children (Duncan & Magnuson, 2002). Children who live in stimulating and linguistically rich home learning environments have better emergent literacy and social skills, more positive approaches to learning, lower levels of behavior problems, and better sensory concept activation (Fatuzzo, McWayne, Perry & Childs, 2004; Foster, Lambert, McCarty & France, 2005). Stimulating environments are characterized by parent-child activities that are reciprocal, child-centered, encouraging and by environments with low levels of strictness and aggravation. Play with primary caregivers and peers, in particular, is the key vehicle through which children develop social, emotional, and cognitive competencies (Fantuzzo & McWayne, 2002; Harvard Family Research Project, 2006; Parker, Boak, Griffin, Ripple & Peay, 1999).

Community Indicators

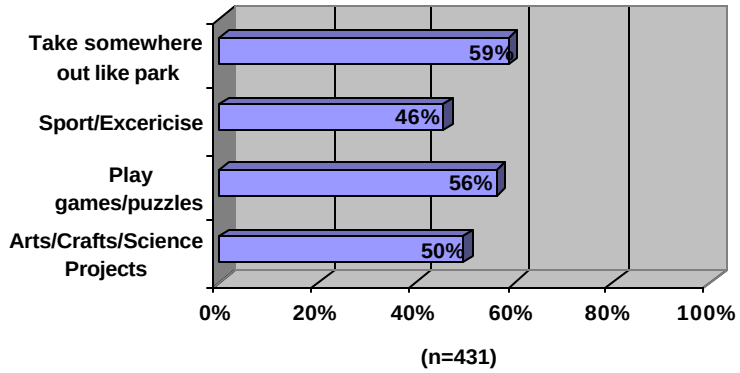
Healthy, Nurturing, Empathetic Parenting Attitudes

- Parents in families with incomes below $30K/year are less likely to express appropriate levels of empathy than parents of higher income groups, according to the Family Survey. 73% of parents with family incomes over $30,000/year expressed appropriate levels of parental empathy, compared to only 23% of parents with family incomes below $30,000/year (F5SMC 2006 Family Survey).
- Parents with higher levels of education tend to express more empathetic attitudes toward their children ($p<.0005$) (F5SMC 2006 Family Survey).

Parent Knowledge of Child Development

- 76% of parents correctly believe that a parent can begin to significantly impact a child's brain development pre-natally or at birth (F5SMC 2006 Family Survey).
- 63.4% of parents do not understand when children begin to take in and react to the world around them (F5SMC 2006 Family Survey).
- 47.9% of parents incorrectly believe that a baby/young child must be at least 3-months-old or older before he/she can sense if a parent is depressed (2006 F5SMC Family Survey)
- 73% of parents correctly believe that picking up a 3-month-old every time she cries will not spoil that child (F5SMC 2006 Family Survey).
- *Families who make less than $50,000/year are less likely to hold accurate knowledge about basic child development on all the questions listed above (F5SMC 2006 Family Survey).*

Figure 8: Percent of Parents with Children 3 or older who Participate in Parent-Child Activities 4 or more times/week
(Source: 2006 Family Survey)



Parenting Practices to Promote Child Development

- 66% of parents of children 0-5 in SMC read to their children daily (F5SMC 2006 Family Survey).
- o Parents of children 0-5 in SMC who express higher levels of empathy for their children engage in more frequent positive activities with their children (e.g., arts/crafts/science projects, outings, singing songs, games), are more knowledgeable about appropriate child development, and have children who watch less television and videos, *even after controlling for income and education* (F5SMC 2006 Family Survey).

- Parents of children 0-5 with special needs participate in parent-child activities with the same or higher frequency as parents of children without special needs (F5SMC 2006 Family Survey)

☑Impact of F5SMC Investments☑

- ☑ 90% of parents served by **Shelter Network** reported they had developed better parenting skills three months after exiting program.
  - Parents reported that they were more active listeners with their children, improved their communication with their children, and were actively engaged in their children's learning.
  - The majority of parents who completed the exit and follow-up evaluations commonly reported that healthy parenting skills such as patience and communication have helped them improve their ability to cope with their children.

- ☑ Parents/caregivers of children 0-5 who participated in **Pre-3** parenting classes experienced statistically significant changes in parenting attitudes from pre to post according to the Parenting Sense of Competence scale (there was a 7 point average improvement) (October 2006 Evaluation Report).

- ☑ 96.8% of parents who participated in **Pre-3** Touchpoints classes said they had more confidence in their parenting as a result of attending groups (October 2006 Evaluation Report).

- ☑ Quantitative and qualitative data demonstrate that parents of children 0-5 participating in **Our Second Home** programs have improved their parenting skills – including improved communication with children, increased time and involvement with their children, and increased ability to handle stress – which are reflected in higher functioning families.
  - In 2007, participants described how they have changed the way they talk with their children, including finding ways to exercise better discipline, using clear communication, and spending more time with children.
  - 100% of families participating in the 2007 "Setting Limits with Love" series agreed that the workshop taught them new ways to talk to their children, and they were able to describe specific parenting strategies that they started using with their children.

SYSTEM OF CARE FAMILY SUPPORT INTERVENTION STRATEGIES

- **Improve family functioning** to enable parents to help children grow, learn, and develop more to reach their maximum potential**.**
- Provide **comprehensive, integrated services** to promote family functioning and optimal child development (School Readiness Centers of Excellence).
- Provide **resources and referrals to meet the comprehensive, individualized needs** of children 0-5 and their families (e.g., basic needs, job development, ESL instruction, legal assistance, housing assistance, etc).
- Help families **support the emerging literacy skills** of their children 0-5 (family literacy programs).
- **Promote the social-emotional health and well-being** of children 0-5 and their primary caregivers, with particular attention to children who have experienced trauma and to primary caregivers with depression (therapeutic interventions for children and parents).

Family Functioning: Improve Family Functioning; Provide Comprehensive, Integrated Services; and Provide Resources and Referrals.

🕮Rationale🕮

High-risk families dealing with multiple stressors require programs capable of responding to their complex needs in holistic, individualized and family-friendly ways. The major challenge confronting families attempting to access community supports and services is fragmented systems and the narrowly focused funding sources behind them. Research demonstrates that programs that target children's comprehensive developmental needs (physical well-being and motor development, social and emotional development, approaches to learning, language development, and cognition and general knowledge) *and* the multiple layers of children's environments (parents, providers, schools, and communities) are the most likely to improve long-term outcomes for high-risk children and families. In particular, research points to the critical importance of involving children's primary caregivers in any intervention effort.

Some of the most successful examples of multi-pronged interventions are high quality early childhood/preschool programs that also have family support components (see for example: Chicago Parent Child Centers, Perry Preschool project, Abecedarian Project). Conversely, parent interventions have demonstrated a mixed track record, with many parent-only interventions failing to demonstrate improved outcomes for families (St. Pierre, Layzer & Barnes, 1996; St Pierre, Layzer, Goodson, & Bernstein, 1997; Gomby, 1999). When offered together and with sufficient intensity, high quality early childhood education and family support results in more positive benefits for kids and improved family functioning (Gomby, 2003; Yoshikawa, 1995).

💻Community Indicators💻

The following community data includes groundbreaking analysis of F5SMC 2006 Family Survey data[17] that actually helps to identify some of the specific characteristics of the most vulnerable families with young children in San Mateo County. These data are presented here alongside other family risk factor data to further underscore the multiple stressors and challenges that high-risk families in SMC face.

Vulnerable Families

- According to the First 5 San Mateo County 2006 Family Survey, 33% or one-third of families with children 0-5 live in environments which may pose significant threats to children's development. An additional 18% of families demonstrate signs of being somewhat disconnected from their children:
  - **11% of families are highly vulnerable and at-risk** on a number of indicators, according to the 2006 First 5 San Mateo County Family Survey. These families are characterized by primary caregivers who are depressed, have less emotional connection with children, have poor knowledge of child development, experience significant stress, have low levels of social support and confidence in their parenting and have children who watch a significant amount of TV.
  - **22% of families are depressed and struggling.** Many of these families exhibit clinical levels of depression, express anger toward their children, express less confidence in parenting, and do not interact as frequently with their children. On the positive side, primary caregivers in these families are apt to seek treatment for their depression and feel empathy toward their children.
  - **18% of families** exhibit behaviors that can be characterized as "**disengaged**". They have strengths in the areas of confidence in parenting, report coping well, and have access to social support. However, they do not know a lot about child development and demonstrate a

[17] F5SMC would like to acknowledge the work of Applied Survey Research, who completed the majority of the multi-variate analysis of 2006 Family Survey data highlighted in this report.

lack of empathy toward their children. In addition, they don't read, play music, or tell stories much to their children and their children tend to watch a lot of TV. [18]

Depression & Its Relationship to Family Practices

- F5SMC 2006 Family Survey data show that symptoms of depression are strongly related to:
  - Lack of empathy toward children
  - Frequent, negative feelings toward children
  - Lack of social support
  - Feelings of not coping with parenthood
  - Diminished parent-child interactions
  - More television watching
  - Fewer books in the home[19]

Child Abuse and Risk for Child Abuse

- 337 children ages 0-5 in San Mateo County, or 0.58% of the 0-5 population, experienced substantiated child abuse in FY 2006-07 (Needell et al, 2007).
  - 25% of all FY 06-07 referrals for children ages 0-5 to Child Protective Services were substantiated. 1,404 children ages 0-5 in San Mateo County, or 2.4% of the 0-5 population, were referred to CPS.
  - The rate of substantiated child abuse cases decreased by 25% for the general 0-18 year old population between 1998 and 2005 (2008 Community Assessment: Health & Quality of Life in San Mateo County).
  - 35% of substantiated cases were for general neglect, followed by substantial risk (31.5%), caretaker absence/incapacity (10.1%), severe neglect (8.3%), emotional abuse (5.3%), physical abuse (4.7%), sexual abuse (2.7%), and at-risk/sibling abused (2.4%).

School Readiness

The ultimate goal of comprehensive, integrated services for vulnerable families is to promote the optimal development of children ages 0-5 and ensure they enter kindergarten ready to succeed.

- 53% of kindergartners in San Mateo County were nearly proficient on all measures of school readiness in 2005; in other words, about half of children were fully ready for their kindergarten experience (2005 School Readiness Assessment).
- 7% of San Mateo County kindergartners had not mastered any of the 20 school readiness skills assessed in Fall 2005 (2005 School Readiness Assessment).
- Children with lower school readiness scores were more likely to be English language learners, to come from low-income families, and were less likely to have mothers with some college education (2005 School Readiness Assessment).
- One in five children in San Mateo County did not meet teacher expectations for *self-care and motor skills,* the dimension that teachers rate as most important for successful kindergarten participation (2005 School Readiness Assessment).

☑Impact of F5SMC Investments☑

The grantees listed below work primarily with parents/primary caregivers while also attempting to link or provide children with high quality early childhood experiences (or address other important domains of family functioning such as mental health or children's special needs), giving these programs a more comprehensive focus. Pre-3 and Healthy Homes are not listed below because of their primary emphasis

[18] These findings are based on a cluster analysis of F5SMC 2006 Family Survey data completed by Applied Survey Research. Cluster analysis is a statistical technique that helps to define and identify family portraits using advanced quantitative analysis.
[19] All findings are statistically significant at least the $p<.05$ level.

on health/development and social-emotional health respectively. However, these programs also address multiple domains of children's and parents' functioning.

- ☑ Families participating in **School Readiness Initiative** comprehensive home visiting services improved their parenting skills and children experienced improved health and other outcomes:
    - o 20% more parents responded to children's verbalizations at follow-up than at intake (91% vs. 71%). 29% more parents encouraged their children to learn patterned speech at follow-up.
    - o 29% more parents encouraged their children to play with items at home at follow-up as compared to intake (97% vs. 68%).
    - o 26% more parents encouraged their children to learn colors at follow-up as compared to intake (91% vs. 65%).
    - o 15% more parents read to their children 3 or more times a week at follow-up as compared to intake (78% vs. 63%).
    - o 100% of children received a comprehensive developmental screening
    - o There was a 9% increase in the recommended number of well-baby and child check-ups for children under the age of 2.

- ☑ 90% of parents participating in **Shelter Network's** comprehensive children's program report they have developed better parenting skills 3 months after exiting the program (follow-up survey).
    - o Parents report that they are being more active listeners with their children, improving their communication with their children, and are actively engaged in their children's learning.
    - o The majority of parents who completed the exit and follow-up evaluations most commonly report that healthy parenting skills such as patience and communication have helped them improve their ability to cope with their children.
    - o 89% of parents agree or strongly agree that they are more aware of how to access community resources (n=17).
    - o 83% of parents report learning a lot or some about conflict resolution strategies (n=41). Parents most commonly noted communication as a strategy for resolving conflicts.
    - o 100% of children have maintained or improved their development.

- ☑ Case study data demonstrate that parents participating in **Our Second Home** family resource center services have improved their parenting skills – including improved communication with children, increased time and involvement with their children, and increased ability to handle stress – which are reflected in higher functioning families.

Support Emerging Literacy Skills

🕮Rationale🕮

Reading to and with children helps develop their imagination, creativity and motivation to read. Early exposure of children to reading and writing increases children's likelihood of being successful readers in school. Pre-literacy skills in early childhood are directly related to later reading proficiency (Shorr & Marchand, 2007). The frequency of shared book reading and the provision of books in the home is correlated with children's future language and literacy competence and helps establish the foundation for future school success (Brown, Weitzman, et al., 2004; Payne, Whitehurst, & Angell, 1994).

💻Community Indicators💻

- 💻 66% of parents of children 0-5 in San Mateo County read to their children daily (F5SMC 2006 Family Survey).
- 💻 Children entering kindergarten in San Mateo County are the least likely to be ready for kindergarten on a number of skills relating to emerging literacy (2005 San Mateo School Readiness Assessment):

- 53% of children are not yet or just beginning to recognize rhyming words.
- 34% have not yet or have just started to recognize all letters of the alphabet.
- 34% have not yet or have just started to engage with books.
- 10% of children can not write one's own name.

☑Impact of F5SMC Investments☑

☑ 78% of parents served by the **School Readiness Initiative** reported reading or showing picture books to their children 3 or more times a week at follow-up, compared to 63% of parents at intake.

☑ 18% of participants in **Pre-3** Touchpoints classes in FY 04-05 obtained a library card as a result of attending these groups.

☑ Service data show that 82% of children and their families (for whom data is available) in **Preschool for All** classrooms participated in Raising a Reader in the Fall of 2007 and received weekly book bags for use at home. *In Fall of 2008, data will be available on the frequency of PFA parents reading to their children through the School Readiness Assessment.*

Promote the Social-Emotional Health and Well-Being of Children 0-5 and Their Primary Caregivers

🕮Rationale🕮

Social-emotional problems and behavior disorders often go undetected in young children, later manifesting themselves more seriously in K-12 educational settings when it is more difficult to treat them (Raver & Knitzer, 2002). Poor mental health in young children, in turn, is linked to a host of future problems, including cognitive difficulties, less acceptance by peers and teachers, and poor and disengaged school performance (Raver, 2002; Raver & Knitzer, 2002). Social, emotional, and behavioral competence actually predicts academic performance in first grade more than cognitive skills and family background (Raver & Knitzer, 2002).

Children's early mental health issues are closely tied to relationships with caregivers and influenced by parenting style (Raver, 2002). The quality of the caregiving environment, in particular the presence of a warm, responsive relationship with at least one primary caregiver, is regarded by many researchers as the single most important contributor to children's social-emotional health (Lakes, 2006). Another significant predictor of children's early social-emotional and behavior problems is maternal depression. Children of depressed mothers are more likely to experience the following adverse outcomes: insecure attachment, impaired cognitive and motor functioning, lower rates of age-appropriate health maintenance visits, lower rates of immunizations, poor adaptation to school environments, and externalizing behavior problems (Murray, Fiori-Cowley, & Hoper, 1996; Petterson & Albers, 2001; Write, George, Burke, Gelfand, & Teti, 2000).

Because of the overwhelming research identifying relationships as integral to early mental health, it is critical that approaches to treating mental health problems in children 0-5 and/or their caregivers focus on the family unit as a whole.

💻Community Indicators💻

💻 27% of poor and low-income children nationally are estimated to suffer from emotional and behavioral difficulties as compared to 10% of the general population of young children. About 4-6% of preschoolers have serious emotional and behavioral disorders, and between 16-30% pose on-going problems to teachers *(No local data are available)* (Raver & Knitzer, 2002).

- As noted above, F5SMC 2006 Family Survey data show that 8% of primary caregivers of children 0-5 in SMC show clinical symptoms of depression, according to the Edinburgh depression scale. 24% of primary caregivers report needing help with sadness or depression since their child was born.

☑Impact of F5SMC Investments☑

- ☑ **Pre-3** mothers who were depressed and who participated in Pre-3 mental health groups experienced statistically significant decreases in measures of depression and anxiety (Beck Depression and Anxiety Inventories). On average, depression scores decreased by 10.4 points and anxiety scores decreased by 7.4 points (October 2006 Evaluation Report).
    - Pre-3 mothers who were depressed and who participated in individual therapy did not experience a significant overall reduction in depression symptoms.

- ☑ Primary caregivers and children 0-5 impacted by domestic violence who were served by **Healthy Homes** experienced significant improvements in social-emotional health and family functioning:
    - 73% of children served over the past three years showed improved social-emotional health from intake to follow-up, as measured by scores on the ASQ-SE.
    - The percent of children with social-emotional/behavioral concerns decreased from 44% to 16% from intake to follow-up (as measured by the ASQ-SE) ($p<.01$).
    - 79% of parents showed improved functioning in areas such as feeling isolated, feeling satisfied with life, feeling hopeless, and feeling fear or anxiety as measured by the Parent Level of Functioning Questionnaire.
        - When analysis was restricted to the parents functioning the poorest (at or above median), 85% of parents showed improvement.

- ☑ 100% of parents served by the **Early Childhood Mental Health Collaborative** reported that the consultant was "very effective" or "effective" in the following areas (please note that only 11 parents returned surveys):
    - Supporting their relationship with their child;
    - Increasing their understanding of their child's behaviors and needs;
    - Thinking about their child's experience in daycare/preschool; and
    - Assisting the teachers to adapt and/or respond to their child's needs.

- ☑ Parents of children enrolled in **Preschool for All** who received early childhood mental health consultation services cited many concrete examples of how they changed their behavior to better respond to their children's needs, for example by employing positive behavior management strategies and communicating with their children's teachers. Parents also described the impact of the program in personal terms, citing increased communication within their family, a greater sense of self-esteem and confidence, and the benefits of facilitated access to needed community services.

- ☑ 75% of parents/primary caregivers receiving mental health services from **Our Second Home** demonstrated progress toward stated goals from beginning to end.
    - 100% of client files reviewed (n=10) demonstrated progress toward stated goals. Most made progress toward multiple goals.

SYSTEM OF CARE FAMILY SUPPORT PROVIDER CAPACITY BUILDING STRATEGIES

- Provide **training & technical assistance to family support providers** to improve the quality of family support programs.

Training & Technical Assistance to Family Support Providers

🕮Rationale🕮

Given the complex interplay of family dynamics and their impact on children's functioning, the need for specialized expertise in early childhood development among family support professionals is high. Guidelines developed by First 5 California emphasize the importance of clinical competency and specific training in early childhood development for family support professionals, especially mental health professionals working with children 0-5 and their families. Existing therapeutic services are often narrow in their approach and lack a comprehensive focus on the family as a unit.

💻Community Indicators💻

- 💻 There are no local data available on the competencies of family support professionals or their knowledge related to early childhood development issues.

☑Impact of F5SMC Investments☑

- ☑ 80.7% of **Shelter Network** staff who participated in special needs training learned 'a lot' or 'some' about assessing special needs.
- ☑ 80% of **Shelter Network** staff who participated in child development training felt that the workshop helped them 'a lot' or 'some' with their work with children at Shelter Network.

- ☑ *To Be Developed: The evaluation of Watch Me Grow will explore the impact of funded interventions on family support providers' ability to effectively identify and work with young children with social-emotional/behavioral/mental health concerns.*

CONCLUSIONS

First 5 San Mateo County benefits from a wide array of information on community needs, evidence-based practice, and grantee impact in the community. This report has provided an overview of the major challenges and opportunities faced by children 0-5 in San Mateo County using these data sources. The ultimate purpose of this information is to inform strategic planning, policy and service delivery for First 5 San Mateo County. This concluding section of the report provides a summary of the community data reviewed, followed by a discussion of their implications for strategic planning, program improvement and the future evaluation of F5SMC investments.

Summary of Findings

It is impossible to distill the large amount of data presented in this report into a short, concise statement about the strengths and needs of children 0-5 and their families in San Mateo County. To do so betrays both the complex and inter-related nature of family needs as well as the complex pathways and access points for intervention (child, family, neighborhood, providers, systems). This conclusion attempts to highlight some of the most striking findings revealed by the community data, but reminds the reader to consult the body of the report and the Executive Summary for a more complete discussion of these data in the context of available research and how F5SMC funding has impacted each area.

Summary of San Mateo County Strengths

- Some publicly subsidized early care and education programs conduct universal screening of children for developmental delays using standardized tools.

- There is enough preschool supply for approximately two-thirds of 3- and 4-year olds in San Mateo County; however, access varies greatly by socio-economic status and the quality of care in many environments is uncertain (see below).

- 53% of kindergartners in San Mateo County were nearly proficient on all measures of school readiness in 2005. Children who attended preschool in San Mateo County were more ready for school than children who did not attend preschool.

- 90% of mothers receive early prenatal care in San Mateo County, which meets the Healthy People 2010 goal; however disparities still exist across racial/ethnic groups.

- 98% of children 0-5 in San Mateo County have health insurance, and 98.5% have a medical home.

- 82.5% of children are fully immunized by 2 years of age in SMC, compared to 71.8% statewide (the Healthy People 2010 goal is 90%)

Summary of San Mateo County Needs

- According to the First 5 San Mateo County 2006 Family Survey, 33% or one-third of families with children 0-5 live in environments which may pose significant threats to children's development. An additional 18% of families demonstrate signs of being somewhat disconnected to their children.
    - **11% of families are highly vulnerable and at-risk** on a number of indicators, according to the 2006 First 5 San Mateo County Family Survey. These families are characterized by primary caregivers who are depressed, have less emotional connection with children, have poor knowledge of child development, experience significant stress, have low levels of social

support and confidence in their parenting and have children who watch a significant amount of TV.

- **22% of families are depressed and struggling.** Many of these families exhibit clinical levels of depression, express anger toward their children, express less confidence in parenting, and do not interact as frequently with their children. On the positive side, primary caregivers in these families are apt to seek treatment for their depression and feel empathy toward their children.
- **18% of families** exhibit behaviors that can be characterized as "**disengaged". They** have strengths in the areas of confidence in parenting, report coping well, and have access to social support. However, they do not know a lot about child development and demonstrate a lack of empathy toward their children. In addition, they don't read, play music, or tell stories much to their children and their children tend to watch a lot of TV. [20]

- 27% of poor and low-income children nationally are estimated to suffer from emotional and behavioral difficulties as compared to 10% of the general population of young children *(no local data are available)* (Raver & Knitzer, 2002).

- The number of children 0-5 living in poverty (100% of the Federal Poverty Level or less) in San Mateo County has more than doubled since 2000 from 3,382 to 7,011 in 2006. The number of children in single parent households increased by 77% during that same time period. 36% of families with children 0-5 have incomes less than $50,000/year ($82,600/year is a self-sufficiency income).

- About 8% of mothers of children 0-5 in SMC suffer from clinical symptoms of depression; only one-third of them have sought treatment. Mothers of children 0-5 in San Mateo County who are depressed are more likely to lack appropriate levels of empathy toward their children, express frequent negative feelings toward children, lack social support, express feelings of not coping with parenthood, have diminished parent-child interactions, allow more television watching by children, and have fewer books in the home.

- 41% of children 0-5 in San Mateo County have never received a developmental screening, and the vast majority of pediatric practices and licensed child care centers do not routinely screen for developmental delays using standardized tools. About 51% of pediatricians are unfamiliar with developmental screening instruments for children ages 0-5. As a result of these and other factors, approximately 5,800 children 0-5 in SMC may suffer from undetected special needs.

- A substantial portion of pediatricians in SMC do not understand and/or refer children to early intervention and special education services. About 42% of children 0-5 with special needs have unmet service needs, and this rate jumps to about 66% for children with special needs who are on MediCal/MediCaid.

- The cost of child care remains prohibitive for many families. Over 5,000 low-income families – whose children can benefit the most from early childhood education experiences - are on the waitlist for subsidized child care in San Mateo County.

- Publicly subsidized preschool is only available for 32% of eligible 3-year-olds statewide (Karoly, Reeardon, & Cho, 2007). Children who are low-income, English Language Learners, and who come from less educated families are much less likely to have preschool experiences.

- The quality of infant toddler and preschool age child care experiences for the majority of children served is uncertain. National data suggests that the quality of care in most early care and education

[20] These findings are based on a cluster analysis of F5SMC 2006 Family Survey data completed by Applied Survey Research. Cluster analysis is a statistical analysis that helps to define and identify family portraits using advanced quantitative analysis.

settings is poor or average at best. In 2004, only 11% of child care centers and 10% of familiy child care homes in San Mateo County were accredited. Statewide data forthcoming from RAND will provide additional insight into the quality of care in California.

- 7% of San Mateo County kindergartners have not mastered any of the 20 school readiness skills assessed in Fall 2005. There are significant disparities in academic achievement in San Mateo County, with English Language Learners and economically disadvantaged children performing much lower on standardized tests than other children. 32% of San Mateo County kindergartners need help with self-regulation, and 17% are significantly below teachers' expectations in this domain.

- Exclusive breastfeeding at birth declined from 72.5% to 59.2% between 2000 and 2006, or by 13.3%. Just under half of Hispanic and Asian mothers exclusively breastfed at birth, compared to 75% of white mothers.

- 24.8% of parents of children 0-5 in SMC are concerned about their children's weight.

- Only 17% of 1-year-olds, 30% of 2-year-olds, and 63% of 3-year olds have ever been to the dentist in San Mateo County.

Additional Findings

Please see Appendix B for GIS maps showing where families with key population characteristics live. The following population characteristics are mapped at the zip code level: population of children 0-5, individuals with bachelor's degrees, median family income, the population of Hispanic/Latinos, and Average Daily Attendance (K-12 education) funding by Academic Performance Index rank. This information can be used to help identify where at-risk families live in San Mateo County. These maps were prepared in July, 2006 through a partnership between First 5 San Mateo County and the San Mateo County Human Services Agency.

Limitations of Report

There are several limitations to this report. First, as stated previously, Client Data analysis reported earlier relies on data that are duplicated (up to approximately 11% of cases), preventing a precise analysis of who has been served with F5SMC funds. The quality of data should improve over time as more grantees are able to submit data with confidential identifiers.

Second, community indicator data presented in this report are almost exclusively quantitative in nature. While a major strength of the indicators presented is that they are primarily population-based, and therefore generalizeable, data alone can not reveal a full picture of community need. Existing population-based studies may not track new or emerging issues and may not be capable of speaking to the more complicated struggles of families with young children. It is therefore recommended that these data be supplemented with community input from families with children ages 0-5 and from providers on the ground working directly with families.

The variability of grantee outcome information is a further limitation of this report. F5SMC staff have provided technical assistance to grantees that has greatly improved the quality of evaluation reporting over the past six years. However, many grantees still struggle to develop and implement valid and reliable measures of their desired results. Exacerbating this is the lack of common outcome measures across grantee efforts, which prevents meaningful comparisons of results. As will be recommended below, strategies to increase the strength of the overall F5SMC Evaluation Framework should be explored as part of the strategic planning process.

The final limitation is the inability of this report to address the issue of 'systems change'. Systems change is a major focus of the F5SMC System of Care framework. Due to time limitations, lack of data,

and lack of clarity regarding the specific aspects of systems change of greatest interest to the Commission, a discussion of systems change was beyond the scope of this report.

Implications of Findings for Strategic Planning

The picture that emerges from this report is a county with many strengths, but also one in which a significant portion of families with young children need additional supports. With one-third of families appearing to be highly vulnerable on a number of different risk factors, the data affirm the need for First 5 San Mateo County to promote 'comprehensive, coordinated, culturally/linguistically competent and family friendly' services (Objective 6 of Communications & Systems Change in the System of Care). Given limited resources, it is impossible for F5SMC to address the full universe of family needs detailed in this report. However, even in the absence of funding, there is a role for F5SMC to play in better integrating services in the community and ensuring that families served with First 5 funds receive the support they truly need to ensure the best possible health and development of their children.

In order to fully leverage this report for strategic planning purposes, the following additional data needs should be considered throughout the strategic planning process.

- Conduct a 'gaps analysis' of existing services. Ideally, this would involve a review of the current landscape of services for children 0-5 in San Mateo County (First 5 and non-First 5 funded) that address the needs described in this report. This would reveal the remaining areas of unmet need and help the Commission to prioritize its objectives.

- Obtain community input to help prioritize the areas of community need described in this report, and the strategies that are ultimately funded. Data can only tell you so much; professionals on the ground and the families they serve are most able to identify the support that would make the most difference in their lives.

- Use evidence-based practice to develop criteria for programs that will be funded. Research should be utilized to establish rigorous program quality standards in order to maximize the impact of F5SMC dollars in the community.

Implications of Findings for Program Improvement Opportunities

Regardless of the outcome of strategic planning and the direction of the Commission's policy and funding decisions, the findings of this report suggest a number of concrete ways in which existing and future F5SMC investments can be enhanced to improve services to families with minimal resources:

- Promote universal developmental and social-emotional screenings of children 0-5 across all F5SMC grantees who directly serve children. Currently, there are a number of grantees who serve children who do not conduct developmental and social-emotional screenings, reducing opportunities for early intervention. In addition, many grantees who do conduct screenings do not provide F5SMC with information about who was referred for further assessments, the outcomes of those assessments (e.g., IEPs, IFSPs, other services, or no services), and/or how these children's special needs were accommodated in their programs.

- Promote universal psychosocial risk assessment of families of children 0-5 across all F5SMC grantees who directly serve parents/primary caregivers, including specific screening for maternal depression. Currently, there are a number of grantees who serve parents/caregivers who do not conduct psychosocial screenings, reducing opportunities for resource, referral, and intervention.

- Require grantees who serve families to address opportunities of critical importance for parent education, as revealed by countywide data: nurturing, empathetic caregiving and the importance of attachment; knowledge of appropriate child development; the importance of early dental care; child

nutrition and physical activity; stimulating parent-child interactions that promote school readiness; how to promote children's social-emotional health; and breastfeeding.

- ❖ Better integrate programs to address gaps in services, for example explore the integration of Watch Me Grow with Preschool for All to help address barriers to serving children with special needs cited by teachers in PFA settings.

Implications of Findings for the F5SMC Evaluation Framework

The limitations of the data provided in this report suggest many areas of improvement for the First 5 San Mateo County Evaluation Framework. The current Evaluation Framework relies on three major strategies that are disconnected from each other:

1. Decentralized Collection of Individual Level Client Data: Grantees develop their own mechanisms and databases for collecting F5SMC individual level Client Data and report the required elements to F5SMC in individual data sets. F5SMC staff then have the task of cleaning and merging the data into one data set for each F5SMC client type (children, families, providers, child care sites). As a result of the varying capacity of grantees and the variety of data collection strategies used by grantees, the quality of data is often poor with significant amounts of missing data. In addition, the current required fields provide a minimal amount of information on clients served, leaving many questions unanswered, including important information on family characteristics and on services received.

2. Individual Grantee Outcome-Based Evaluation: One of the strengths of the F5SMC Evaluation Design is that it has required grantees to develop high quality, individual outcome-based evaluations from its inception. This has resulted in a wealth of evaluation related information that has been used by F5SMC staff to monitor programs and by grantees to improve their programs. These evaluations have also served as best practice models for other counties statewide (e.g., Preschool for All, Preemie Project, School Readiness Initiative). However, the challenge of current grantee outcome-based evaluations is that they are not linked together into an overall evaluation strategy in any meaningful way. Common measures of impact are not being utilized across grantees, diminishing the Commission's ability to assess the success of programs.

3. Population-Based Research: Another major strength of evaluation at F5SMC is the sponsoring of innovative population-based research such as the Family Survey, the Early Screening Survey, and the School Readiness Assessment. Similar to the above, however, indicators measured in population-based studies are not tied to indicators measured in grantee evaluation efforts.

The following should be considered when reviewing and modifying the Evaluation Framework as part of strategic planning:

- ❖ Strategies to improve client level data collection, including centralized data entry by grantees that also includes more information on family characteristics, client level service data, and client level outcome data.

- ❖ The development of common measures of impact by grantees focusing on similar areas. Only measures that can be based on data sources that are empirically valid and reliable should be considered. In addition, to the extent possible, measures should include indicators tracked in larger population-based studies sponsored by First 5 San Mateo County.

- ❖ Addressing the data development needs raised by the report. Currently, there are no or limited available data on the following (this list is not comprehensive and all of F5SMC's information needs should be assessed when its evaluation framework is revisited):

Population-based data:

- Prevalence of social-emotional/behavioral health concerns in the general 0-5 population.
- Quality of child care/early care and education environments.
- The qualifications of the early care and education workforce (the most recent population-based data is now four years old).
- The training and qualifications of family support professionals.
- The extent to which family support programs conduct developmental screenings.

Grantee impact data:

- The kindergarten transition practices of F5SMC grantees.
- Complete information on what happens to children who demonstrate concerns on developmental screenings administered by F5SMC grantees (other than Watch Me Grow) – more comprehensive information is needed on the outcomes of referrals, assessments, and how programs accommodate children's special needs.

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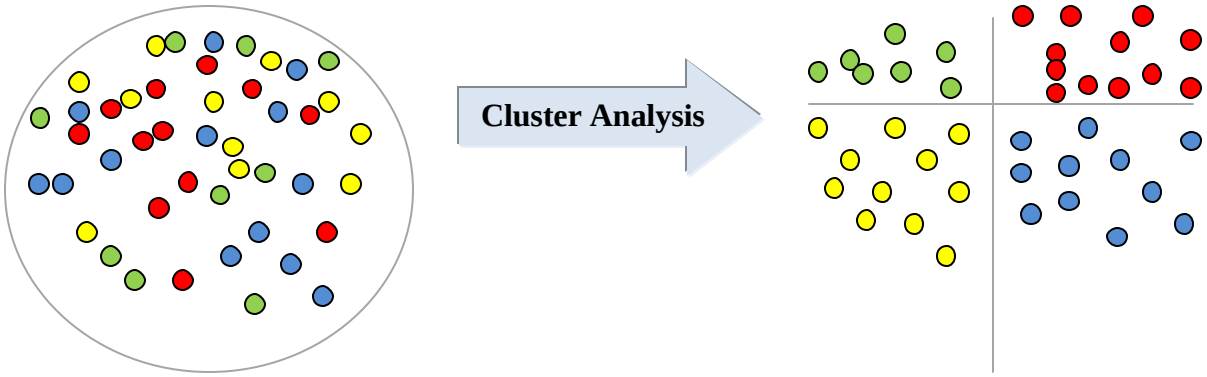
Appendix A: 2006 First 5 San Mateo County Family Portrait Data - ***DRAFT***

An Introduction to Cluster Analysis

Cluster analysis can help us define and identify family portraits that go way beyond simple demographics. Cluster analysis organizes our heterogeneous data into a few, more homogenous groups.



Dimensions That Fueled the San Mateo Cluster Analysis

General Category	Survey Item
Mental health	Edinburgh scores
Parental knowledge and attitudes	• Raw Bavolek Parents-Lacking-Empathy scores • Knowledge of child development • How much of the time have you felt that child does things that bother you? • How much have you felt angry with child? • In general, how confident do you feel about your ability to be a good parent?
Family activities	• Number of times families read, play music and tell stories per week • Hours/day watches television or videos?
Additive index of life stress	• Worries about food, housing, health care, transportation • Money worries • Problems related to spouse/partner • Recent loss of loved one • Sexual, emotional, or physical abuse • Problems with alcohol or drugs • Work related problems
Coping and social support	• How are you coping with being a parent? • Is there someone that you can turn to for day-to-day emotional help with parenting? • Is there someone you can count on to watch child f you need a

	break? • How easy/difficult is it to find someone you can talk to when you need advice?
Physical health	• Eats at least 5 servings of fruits/veggies a day • Been to dentist in last year? • Do you have a regular doctor or clinic child's checkups? • Covered by medical insurance? • Did baby get at least some breast milk?

To better understand the portraits, we examined their standing on a number of demographic variables, as well.

Overview of the Strengths and Challenges of Each Portrait

The table on the next page provides a general description of each portrait. Page 4 provides an overview of the strengths and needs of each portrait, according to the legend below. A more detailed look at each portrait's standing on all cluster analysis items and key demographic items can be found beginning on page 5.

Portrait has strengths in the specified area	●
Portrait is mixed	☐
Portrait has needs in the specified area	●

Disengaged	Depressed & At-Risk	Healthiest	Blue & Struggling
PREVALENCE			
18%	**11%**	**49%**	**22%**
A BRIEF DESCRIPTION OF THE PORTRAITS			
These parents seem a bit disconnected. They have some strengths – they are not depressed, they feel confident about their parenting, they report coping well, have access to social support, and are not under much stress. However, they don't know much about knowledge development and have low Parents Lacking Empathy scores. They don't read, play music, or tell stories much, and their children tend to watch a fair amount of TV.	A high % of these parents are depressed, and very few have sought treatment. They don't know much about child development and interpret children's behavior in a negative light. These families are under a lot of stress and have few coping resources.	These families appear healthy all around. Their outlook is positive, they express very appropriate levels of empathy with their children, and they feel very confident about being a good parent. They interact with their children frequently and have plenty of coping resources.	These parents are apt to be blue – a fair portion meets criteria for depression. They <u>are</u> apt to seek treatment, however. Their outlook on their children is mixed – they express appropriate levels of empathy, but they also express some anger toward their children. They express less confidence in parenting and don't interact as frequently with their kids. These families are under a lot of stress, but they do report access to social support.
AN OVERVIEW OF STRENGTHS			
Mental health Parenting confidence Low stress Coping well Physical health is strong	Do read, etc. with kids Physical health is strong	Mental health Favorable attitudes & knowledge Strong on activities Low stress Good coping & support Physical health is strong	Have sought mental health treatment Good empathy scores Access to social support Physical health is strong
AN OVERVIEW OF CHALLENGES			
Less favorable attitudes and knowledge Little reading/music/stories Fairly low on social support	Depression Less emotional connection w/children Low parenting confidence Lots of TV Low social support Lots of stress	Needs to eat more fruits and veggies	Depression Somewhat bothered by kids Lots of stress Mediocre reading/stories
DEMOGRAPHICS			
Lots of teen moms Middling income 1:4 US-born parents 1:2 Hispanic	Lots of teen moms Low income 1:4 US-born parents 1:2 Hispanic	Higher income Mostly US-born parents 2:3 Caucasian	Higher income 1:2 US-born parents Mostly Caucasian, but Hispanic & Asian, too
WHO POSES THE GREATEST CONCERN?			
			

	Disengaged	Depressed & At-Risk	Healthiest	Blue & Struggling
MENTAL HEALTH				
Edinburgh scores	●	●	●	●
Percent who are depressed *	●	●	●	●
Felt like you needed help w/sadness *	●	●	●	●
Sought treatment for depression *	n/a	●	n/a	●
PARENT KNOWLEDGE AND ATTITUDES				
Raw score for Bavolek Parents Lacking Empathy	●	●	●	●
Knowledge of child development	●	●	●	☐
• How much of the time have you felt that child does things that bother you? • How much have you felt angry with child?	●	●	●	●
In general, how confident do you feel about your ability to be a good parent?	●	☐	●	☐
FAMILY ACTIVITIES				
Number of times families read, play music and tell stories per week	●	●	●	☐
Hours/day watches television or videos?	☐	●	●	☐
LIFE STRESS				
Additive index of life stressors	●	●	●	●
COPING AND SOCIAL SUPPORT				
How are you coping with being a parent?	●	☐	●	☐
Additive index of social support • Is there someone that you can turn to for day-to-day emotional help with parenting? • Is there someone you can count on to watch child f you need a break? • How easy/difficult is it to find someone you can talk to when you need advice?	☐	●	●	☐
PHYSICAL HEALTH				
Eats at least 5 servings of fruits/veggies a day	●	☐	●	☐
Been to dentist in last year?	☐	●	●	●
Do you have a regular doctor or clinic child's checkups?	●	●	●	●
Covered by medical insurance?	●	●	●	●
Did baby get at least some breast milk?	●	☐	●	●

A more detailed look at the portraits is provided on the following pages.

	Disengaged	Depressed & At-Risk	Healthiest	Blue & Struggling
MENTAL HEALTH				
Edinburgh scores (range 0-27, with 13+ qualifying as depressed)	4.20	11.32	2.30	7.57
Percent who are depressed *	2%	44%	0%	16%
Felt like you needed help w/sadness *	10%	29%	15%	39%
Sought treatment for depression *	3%	9%	8%	19%
PARENT KNOWLEDGE AND ATTITUDES				
Raw score for Bavolek Parents Lacking Empathy scale (25+ qualifies as "appropriate")	18.97 Below average	14.40 Unsatisfactory	27.29 Very appropriate	26.21 Appropriate
Knowledge of child development (ranges 0-3 for number correct)	1.03	1.11	1.95	1.57
• How much of the time have you felt that child does things that bother you? • How much have you felt angry with child? (Range 0-6 for frequency)	0.94 Little anger	1.59 Relatively more anger	1.09 Little anger	1.41 Fair amount of anger
In general, how confident do you feel about your ability to be a good parent? (3=very confident, 1=could use help)	2.44 Confident	2.28 S/w confident	2.62 Very confident	2.21 S/w confident
FAMILY ACTIVITIES				
Number of times families read, play music and tell stories per week	7.48 Once a day	14.61 Twice a day	17.58 2-3 times a day	12.82 < twice a day
Hours/day watches television or videos? (1=Less than 1/none → 5=4+ hours)	2.34	2.85	2.02	2.36
LIFE STRESS				
Additive index of life stressors	2.48 Little stress	7.33 A lot of stress	2.35 Little stress	7.02 A lot of stress
COPING AND SOCIAL SUPPORT				
How are you coping with being a parent? (1=not very well at all; 4=very well)	3.44	3.21	3.58	3.31
Additive index of social support: • Is there someone that you can turn to for day-to-day emotional help with parenting? • Is there someone you can count on to watch child if you need a break? • How easy/difficult is it to find someone you can talk to when you need advice?	2.10	1.71	2.74	2.29

	Disengaged	Depressed & At-Risk	Healthiest	Blue & Struggling
PHYSICAL HEALTH				
Eats at least 5 servings of fruits/veggies a day	61%	47%	35%	45%
Been to dentist in last year?	85%	92%	96%	99%
Do you have a regular doctor or clinic for child's check-ups?	98%	97%	100%	97%
Is your child covered by medical insurance?	96%	96%	99%	95%
Did baby get at least some breast milk?	86%	75%	92%	88%
DEMOGRAPHICS*				
Mother's age at first birth	23	23	30	27
Percent teen moms	20%	25%	5%	11%
Number of kids	2-3 kids	2-3 kids	1-2 kids	1-2 kids
Percent at median income or above	31%	6%	66%	43%
Parent born in the US	23%	25%	72%	57%
Child is not a citizen	8%	3%	1%	3%
Married or marriage-like relationship	87%	88%	95%	89%
Percent Hispanic	58%	50%	11%	30%
Percent Asian	15%	18%	21%	21%
Percent Native American	1%	3%	1%	0%
Percent African American	0%	7%	1%	3%
Percent White	22%	15%	66%	44%
USE OF SERVICES*				
Received home visits	23%	38%	15%	23%
Attended parenting classes	16%	26%	28%	21%
Received a parenting kit	43%	45%	47%	46%

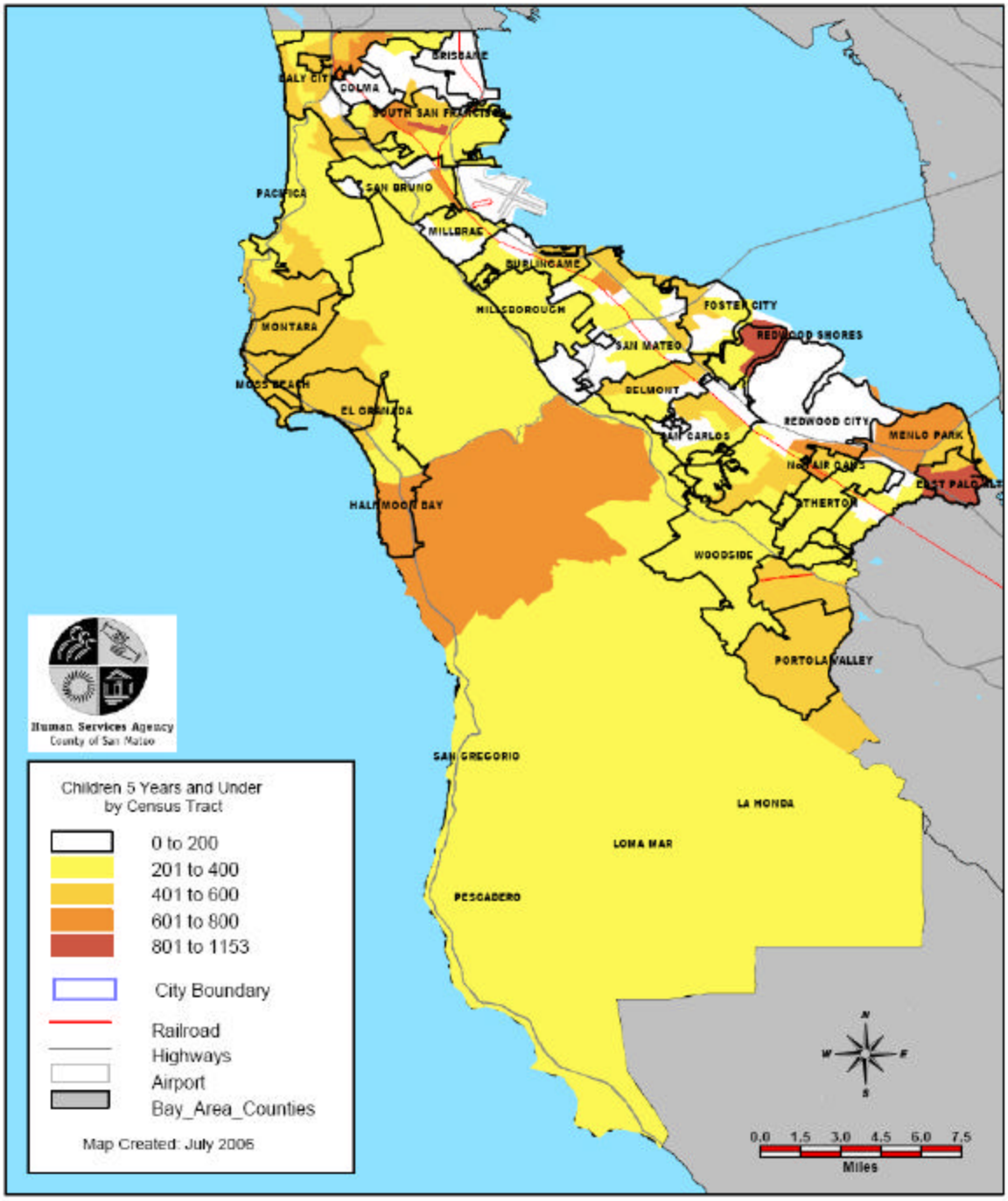
* These variables were not included in the cluster analysis.

Appendix B: GIS Maps of Family Risk Factors and First 5 San Mateo County Client Data

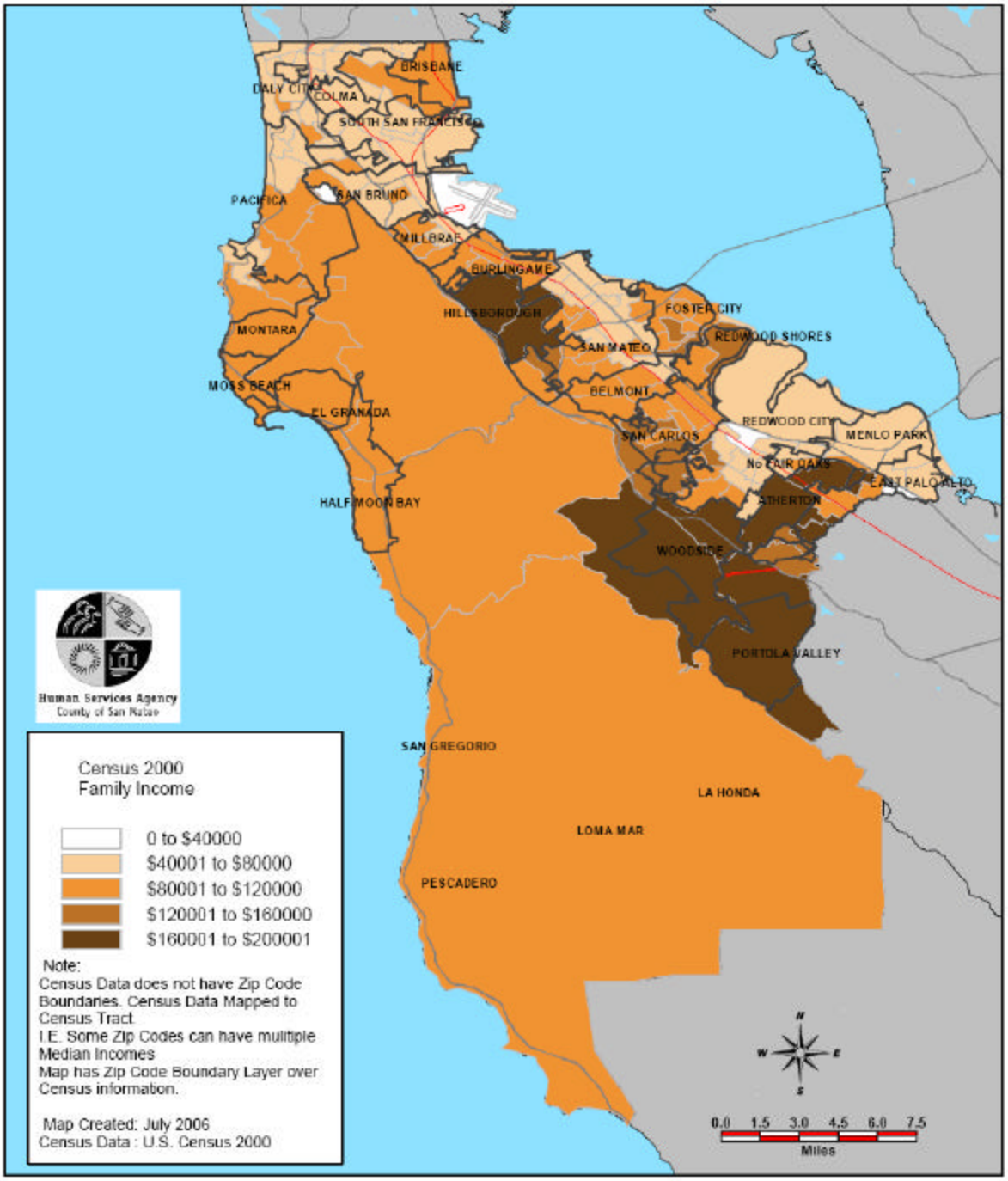
The following maps are included:

- Children 5 Years and Under, Census 2000
- Median Family Income, Census 2000
- Education, Bachelor's Degree or Above, Census 2000
- Hispanic Latino Greater than 30%, Census 2000
- K-12 Average Daily Attendance Funding by School Districtwith API Ranking

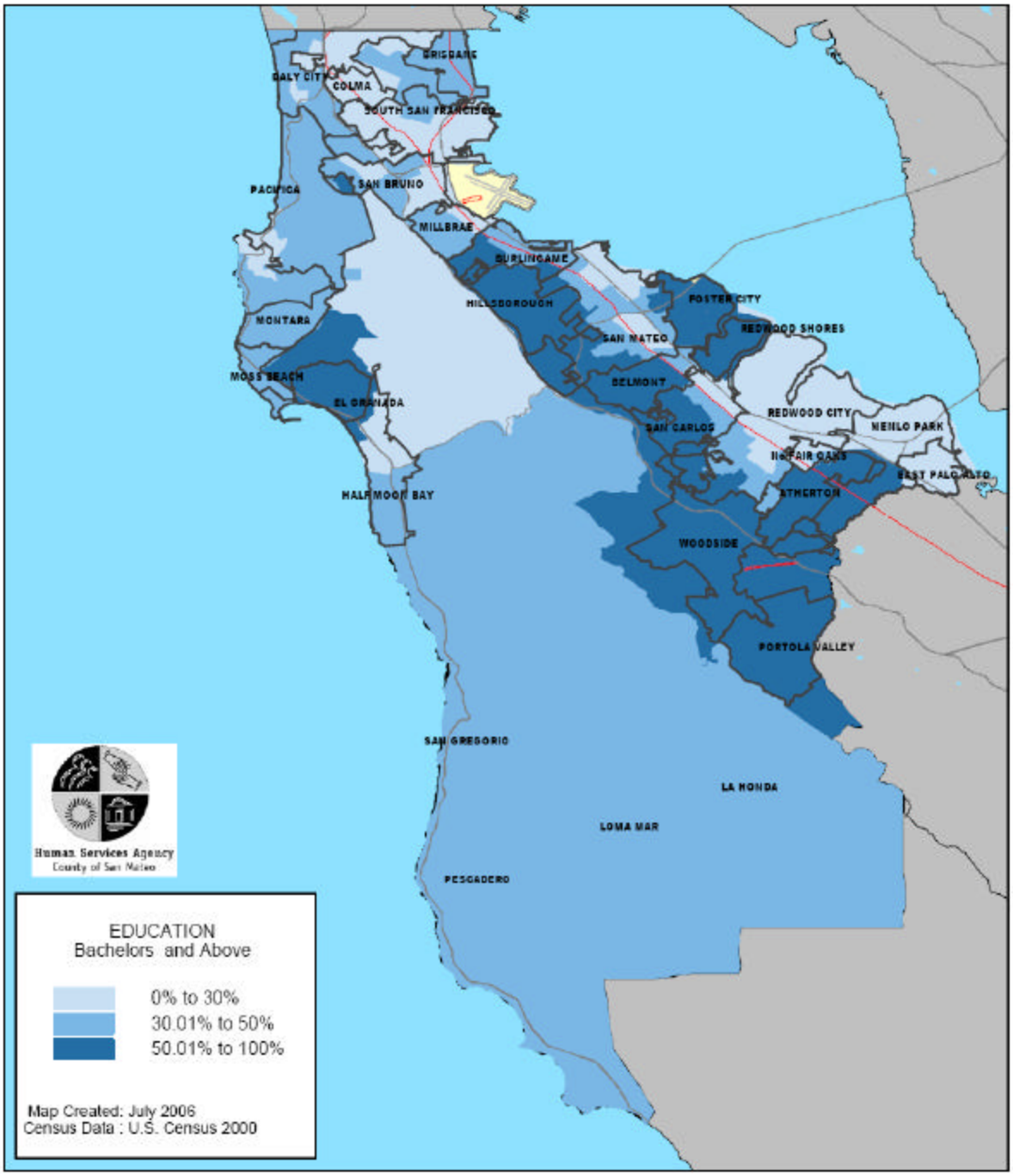
Children 5 Years and Under
Census 2000



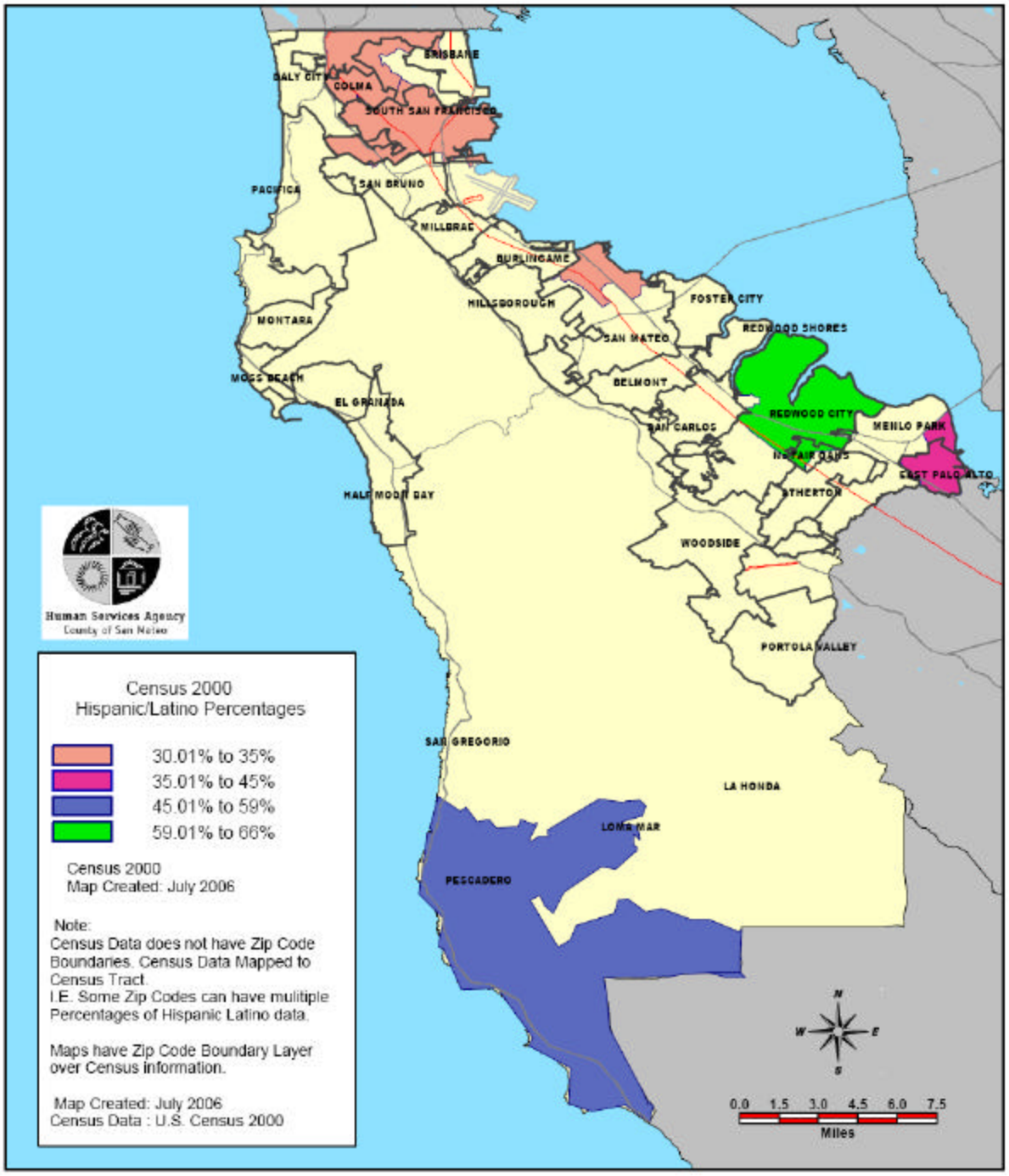
Median Family Income
Census 2000



Education Bachelors Degree or Above
Census 2000



Hispanic Latino Greater than 30% by Zip Code
Census 2000



K-12 Average Daily Attendance Funding by School District with API Ranking