FY2012-13 Partnerships for Change: Funded Partner Reporting Summary

Submitted: October 2013
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REPORT STRUCTURE

With regard to the result areas and strategies described below, this report\(^1\) summarizes information from partners that are primarily associated with:

**Strategy 2. Partnerships for Change**, and
**Result Area 1.** Marin Protects and Promotes the Health and Well-Being of All Children
**Result Area 2.** Marin Children are Ready for School and Schools Are Ready for All Children

Section 1 – Executive Summary
This section has selected highlights from the full report.

Section 2 – Background & Overview
Section 2 outlines Core elements of First 5 Marin Children and Families Commission’s strategic plan and provides an orientation to the report structure and data sources.

Section 3 – System-wide Data
Client demographic and service delivery information is aggregated across funded projects in Section 3. Additionally, geographic distribution of funding and client types is provided.

Section 4 – Funded Partner Reporting Highlights
First 5 Marin’s priority results guide Funded Partners about how best to affect the lives of children ages 0-5 and their families. Section 4 has a summary of highlights, both quantitative and qualitative, from reporting partners with a focus on the performance measures identified in evaluation plans. Quotes or stories, as well as the identified challenges, are also included.

\(^1\) Additional information on Result Area 2. Children are Ready for School and Schools are Ready for Children, is available in First 5 Marin’s most recent Summer Bridge Evaluation Report available at [http://first5marin.org/evaluation.html](http://first5marin.org/evaluation.html)
Executive Summary

This report presents a summary of First 5 Marin’s funded partner reporting for FY2012-13. This information is used to inform programmatic and policy actions, evaluation refinements, the Commission’s ongoing reflection, and Strategic Plan implementation. Following are select highlights from the full report.

COMMISSION RESULT AREA 1

Marin Protects and Promotes the Health and Well-Being of all Children

- Approximately 15,000 children were newly enrolled in or maintained their health insurance.
- 100% of children receiving mental health services were retained in child care settings.

COMMISSION RESULT AREA 2

Marin Children are Ready for School and Schools Are ready for All Children

- Children participating in Summer Bridge, a 5-week transition program for incoming Kindergarten students with little or no preschool experience, demonstrated statistically significant gains in skills associated with readiness for school.

COMMISSION RESULT AREA 3

Marin Values and invests in all Children

- A ballot measure to create a children’s fund for Marin to fund universal access to preschool, health insurance for uninsured children, and other key levers of change in Marin is moving forward.

SYSTEM-WIDE DATA

- More than 5,000 clients were reached through First 5 Marin’s initiatives, programs, and efforts. Of those, 38% were parent/caregivers and 62% were children 0-5 years old.

- Approximately 74% of clients served are Latino, 11% White, 3% African American, and 2% Asian.

- Clients are located throughout Marin with the following distribution: 38% from the Canal neighborhood, 18% from North Marin, 28% from Central Marin, 6% in South Marin, and 4% in West Marin and 6% from other areas.
Background & Overview

Since its initial strategic plan in 2004, First 5 Marin has articulated a commitment to the health and well-being of children ages 0-5 and their families in Marin County. As a consequence, its priorities and strategies reflect a combination of focus on the most marginalized in Marin County, as well as improving the overall quality and accessibility of information and services for providers, parents, families, and others involved in the systems of care which support children ages 0-5. A set of priority results and priority outcomes serve as the frameworks for implementation, accountability, and evaluation. Additional information about the frameworks that describe First 5 Marin’s purpose and implementation are provided in the Appendix beginning on page 24.

PRIORITY RESULTS

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

PRIORITY OUTCOMES

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

STRATEGIES

To achieve these outcomes, First 5 Marin’s most recent Strategic Plan identified four core strategies.

1. Public Education
2. Partnerships for Change
3. Grassroots Capacity Building
4. Public Policy/Advocacy
DATA SOURCES

Quantitative and qualitative data sources were reviewed in compiling this report. Following is a summary of the purpose and the information provided by each data source:

- **Quarterly Reporting Forms** — The data from this form, which includes client demographic and service unit data, is submitted quarterly by funded projects. It is used to compile a segment of First 5 Marin’s annual report submission to First 5 California Children and Families Commission. All projects submit data quarterly as part of contract compliance. This data is entered quarterly into Persimmony, a web-based data system.

- **Project Performance Measures** — Most projects have performance measures (process and outcome) incorporated into their contracts for which they are held accountable. These measures link a project’s efforts to the broader Commission goals and priority outcomes. They are also entered into the Persimmony system. First 5 Marin staff review data entered into Persimmony on a regular basis and discuss it with funded partners.

- **Year-End Evaluation Reports** — This report includes narrative questions focused on project progress towards objectives and performance measures — as well as highlights and challenges. The annual report also includes a story guided by a series of questions aligning strategies, outcomes, and changes to the system.
System-Wide Data

AGGREGATE VIEW

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

MARIN COUNTY DEMOGRAPHICS 2012

<table>
<thead>
<tr>
<th>Population</th>
<th>256,609</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approx Population Under 5 years</td>
<td>13,316</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Demographic Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, non-Hispanic</td>
<td>73%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>16%</td>
</tr>
<tr>
<td>Asian</td>
<td>6%</td>
</tr>
<tr>
<td>Black</td>
<td>3%</td>
</tr>
<tr>
<td>Alaska Native/Native American</td>
<td>1%</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Multi-Racial</td>
<td>4%</td>
</tr>
</tbody>
</table>

CLIENT DEMOGRAPHICS

_Funded partners served a total of 4988 clients in FY 2012-13._

Just over one-third of clients were parents/caregivers, including pre-natal parents (38%). Among the remaining 62% of clients who were children ages 0-5, approximately 12% were infants, 21% were ages 3-5 years, and exact ages were not reported for an additional 29%.

Figure 1. Total Number of Clients Served by Client Type: FY2012-13

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Of those served, the majority (76%) of clients are Hispanic/Latino, followed by White (11%), African American (3%) and Asian (2%). Approximately 9% of participants were of other ethnicities (5%), multiracial (1%), or were individuals for whom this information was not available (3%). Spanish is the reported primary language for approximately three-fourths (74%) of clients.

Table 1. Total Number of Clients Served by Ethnicity: FY 2012-13

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>AFRICAN AMERICAN</th>
<th>ALASKA NATIVE/AMERICAN INDIAN</th>
<th>ASIAN</th>
<th>PACIFIC ISLANDER</th>
<th>HISPANIC</th>
<th>WHITE</th>
<th>MULTI-RACIAL</th>
<th>OTHER</th>
<th>UNKNOWN</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-13</td>
<td>143</td>
<td>0</td>
<td>90</td>
<td>0</td>
<td>3,769</td>
<td>541</td>
<td>29</td>
<td>256</td>
<td>160</td>
<td>4988</td>
</tr>
</tbody>
</table>

Table 2. Total Number of Clients Served by Language: FY 2012-13

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>CANTONESE</th>
<th>ENGLISH</th>
<th>SPANISH</th>
<th>VIETNAMESE</th>
<th>OTHER LANGUAGE</th>
<th>UNKNOWN</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-13</td>
<td>0</td>
<td>816</td>
<td>3,693</td>
<td>2</td>
<td>192</td>
<td>285</td>
<td>4988</td>
</tr>
</tbody>
</table>
SERVICE GEOGRAPHIC DESCRIPTION

In 2012-13, just over one-third of clients served were from the Canal Neighborhood (38%), followed by Central (28%) and North Marin (18%). For several years, Canal Neighborhood and North Marin made up the majority of those served; however, the percentage of clients from Central Marin has continued to grow.

*Figure 2. Clients Served by Funded Partners by Geographic Location*
SERVICE DELIVERY DESCRIPTION

Funded Partners were asked to identify the primary services they delivered. The primary activities reflect First 5 Marin’s priority outcomes and successful integration of programs such as Summer Bridge and cross-agency coordination, reflected here in screenings/assessments, resources and referrals, and health insurance enrollment.

![Figure 3. Direct Service Contacts by Type of Funded Partner Activity](image)

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Number of Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community resource and referral</td>
<td>1400</td>
</tr>
<tr>
<td>Kindergarten transition</td>
<td>1200</td>
</tr>
<tr>
<td>Family literacy programs</td>
<td>1200</td>
</tr>
<tr>
<td>Mental health assessment</td>
<td>1000</td>
</tr>
<tr>
<td>Early education program</td>
<td>900</td>
</tr>
<tr>
<td>ECE Child care resource and referral</td>
<td>800</td>
</tr>
<tr>
<td>Nutrition education and assessment</td>
<td>700</td>
</tr>
<tr>
<td>Safety education and injury prevention</td>
<td>600</td>
</tr>
<tr>
<td>Health insurance enrollment</td>
<td>600</td>
</tr>
<tr>
<td>Developmental screenings</td>
<td>600</td>
</tr>
<tr>
<td>Recreation or physical activity</td>
<td>600</td>
</tr>
<tr>
<td>Parenting caregiver support</td>
<td>600</td>
</tr>
<tr>
<td>Other family support, education</td>
<td>600</td>
</tr>
<tr>
<td>Prenatal and birth care</td>
<td>600</td>
</tr>
<tr>
<td>Health screenings</td>
<td>600</td>
</tr>
<tr>
<td>Other child development services</td>
<td>400</td>
</tr>
<tr>
<td>Oral health treatment, screening</td>
<td>400</td>
</tr>
<tr>
<td>Service coordination</td>
<td>200</td>
</tr>
</tbody>
</table>

Figure 3 shows the number of contacts for each service area, with the highest number being community resource and referral at 1400 contacts.
FISCAL ANALYSIS

A total of $748,104.31 was dispersed in FY2012-2013 to projects funded as part of First 5 Marin’s Partnerships for Change. Table 3 presents the annual reimbursements per funded project.

Table 3. Partnerships for Change Funded Project and FY2012 – 2013 Reimbursements

<table>
<thead>
<tr>
<th>Project Names</th>
<th>Agency Housing/ Coordinating Project</th>
<th>Result Area Totals</th>
<th>Individual Contracts Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Result 2. Ready For School</td>
<td></td>
<td>$277,117.98</td>
<td>$85,040.00</td>
</tr>
<tr>
<td>Pickleweed Preschool Expansion:</td>
<td>City of San Rafael</td>
<td></td>
<td></td>
</tr>
<tr>
<td>childcare center in Canal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aprendiendo Juntos:</td>
<td>Parent Services Project</td>
<td></td>
<td>$20,000.00</td>
</tr>
<tr>
<td>playgroup</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>San Rafael School Readiness:</td>
<td>Marin HeadStart</td>
<td>$36,600.00</td>
<td></td>
</tr>
<tr>
<td>Summer Bridge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marin City/Sausalito School Readiness:</td>
<td>Marin HeadStart</td>
<td>$3,137.50</td>
<td></td>
</tr>
<tr>
<td>playgroup, Summer Bridge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoreline School Readiness:</td>
<td>First 5 Marin</td>
<td>$5,246.36</td>
<td></td>
</tr>
<tr>
<td>Summer Bridge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Novato School Readiness:</td>
<td>Novato Youth Center</td>
<td>$30,113.00</td>
<td></td>
</tr>
<tr>
<td>playgroup, Summer Bridge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>San Geronimo Valley School Readiness:</td>
<td>San Geronimo Community Center</td>
<td>$21,981.12</td>
<td></td>
</tr>
<tr>
<td>playgroup, Summer Bridge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLAGship: Mobile family literacy</td>
<td>Marin County Free Library</td>
<td>$75,000.00</td>
<td></td>
</tr>
<tr>
<td>Health Insurance Access:</td>
<td>Department of Health &amp; Human Services</td>
<td>$145,000.00</td>
<td></td>
</tr>
<tr>
<td>one-stop for all products; retention and utilization outreach</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Childhood Mental Health Project:</td>
<td>Jewish Family and Children's Services</td>
<td>$50,000.00</td>
<td></td>
</tr>
<tr>
<td>Social/emotional/behavioral assessments in child care settings; short-term counseling and support to providers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Premiums: Healthy Kids Health Premiums</td>
<td>Partnership Health Plan</td>
<td>$38,881.50</td>
<td></td>
</tr>
</tbody>
</table>

The Commission uses fund-based, or cost center, budgeting. The program areas, or cost centers, to which revenue and expenses are allocated, reflect the Strategic Priorities outlined in its Strategic Plan and activities (in a separate cost center) related to evaluation of these efforts. Staff time is allocated to each of the program areas based on actual time spent in implementing these programs. Indirect costs are also allocated to each program area based upon the percentage of the total annual budgeted expenditures that the direct program and contract activities represent. All costs that meet the definition for administrative expenses outlined above are reflected in the fund/cost center labeled “General Operations”.
<table>
<thead>
<tr>
<th>Project Names</th>
<th>Agency Housing/ Coordinating Project</th>
<th>Result Area Totals</th>
<th>Individual Contracts Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Result 3. Marin Values and Invests in All Children</strong>&lt;sup&gt;4&lt;/sup&gt;</td>
<td></td>
<td>$237,104.83</td>
<td></td>
</tr>
<tr>
<td>MarinKids: Advocating for the general welfare of all children and youth in Marin</td>
<td>10,000 Degrees</td>
<td></td>
<td>$122,003.02</td>
</tr>
<tr>
<td>Healthy Kids From Day 1: Early childhood obesity prevention</td>
<td>LIFT-Levántate</td>
<td></td>
<td>$85,101.81</td>
</tr>
<tr>
<td>Parent Voices: Developing and sustaining parent advocates</td>
<td>Marin County Childcare Council</td>
<td></td>
<td>$30,000.00</td>
</tr>
</tbody>
</table>

**Total Funded Partner Expenses FY12-13**

$748,104.31

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<sup>4</sup> Projects in this result area are funded through the following First 5 Marin Strategy Areas: Public Education (MarinKids), Partnerships for Change (MarinKids, Healthy Kids from Day 1), and Public Policy/Advocacy (MarinKids, Parent Voices).
Funded Partner Reporting Highlights\(^5\)

In fiscal year 2012-13, First 5 Marin Children and Families Commission funded 13 projects, 12 of which fell within its Partnerships for Change strategy and two of which were funded as part of its Public Policy/Advocacy strategy\(^6\). Following are highlights from project reporting with regard to select measures from project contracts and evaluation plans and stories of impact shared by partners.

**PARTNERSHIPS FOR CHANGE**

The highlights that follow reflect implementation of First 5 Marin’s Partnerships for Change strategy in service of Result Area 1. Marin Promotes and Protects the Health and Well-Being of All Children, Result Area 2. Marin Children Are Ready for School and Schools Are Ready for All Children, and Result Area 3. Marin Values and Invests in All Children. Project highlights are organized by result area.

\(^5\) For additional information about Summer Bridge programs included in Result Area 2, see the most recent evaluation report available at http://first5marin.org/evaluation.html

\(^6\) One project, MarinKids, was funded under three strategies: Public Education, Partnerships for Change, and Public Policy/Advocacy; and Parent Voices was funded under Public Policy/Advocacy.
RESULT AREA 1. MARIN PROMOTES AND PROTECTS THE HEALTH AND WELL-BEING OF ALL CHILDREN

CHILDREN’S HEALTH INITIATIVE (CHI)

Outreach, Enrollment, Retention and Utilization, and Insurance Premiums for Children Ages 0-5

First 5 Marin funds the County-wide outreach, enrollment, and utilization effort, including positions in the County of Marin Department of Health & Human Services, which have created a “one-stop” enrollment structure for children and their families. Additionally, premiums for insurance coverage for 0-5 year-olds who do not qualify for existing publicly funded programs are also funded.

A total of 15,069 families were enrolled or retained in FY2012-13. This included:

- Healthy Kids: 757
- Kaiser Child Health Plan: 1,050
- Healthy Families: 2,826
- Medi-Cal: 10,436

As part of the Affordable Care Act, Statewide Healthy Families (HF) program began transitioning members to Medi-Cal in January of 2013. Marin Healthy Family transitioned in two stages:

- **Stage 1**: 1173 children transition from Healthy Families Kaiser to Medi-Cal Kaiser (April 1, 2013)
- **Stage 2**: 1324 children transition from Healthy Families Anthem Blue Cross to Medi-Cal (August 1, 2013)

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**CHI Outreach**

- Marin School Nurses
- Marin Community Clinic
- Marin City Health and Wellness Center Clinic
- College of Marin Single Stop
- Marin Employment Youth Council

- Children’s Mental Health Services
- Perinatal Services Network
- Canal Alliance
- Novato Human Needs
- Novato Unified School District DELAC
EARLY CHILDHOOD MENTAL HEALTH CONSULTATION (ECMH)

Retaining Children in Child Care Settings
Consultation and support to child care providers and families is provided to buoy inclusion of children with identified social, emotional, or behavioral concerns in natural settings. ECMH works closely with its partners to provide comprehensive services and support to children 0-5 and their families through an active system of referral and case management.

Table 4. Early Childhood Mental Health Consultation Performance Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>Actual</th>
<th>Met</th>
<th>Exceeded</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of children and their families receiving series that have a consultation treatment plan</td>
<td>90</td>
<td>90</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>% of families of identified children who complete the Parent Questionnaire and report increased knowledge of issues and behaviors</td>
<td>90</td>
<td>100</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>% of children retained in child care program</td>
<td>98</td>
<td>98</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>% of directors and teachers surveyed they were helped to communicate more effectively with parents</td>
<td></td>
<td></td>
<td>96</td>
<td></td>
</tr>
<tr>
<td>% of directors and teachers surveyed reporting consultation contributed to a willingness to care for a challenging child</td>
<td></td>
<td></td>
<td>95</td>
<td></td>
</tr>
</tbody>
</table>

Continuity and Commitment in Consultative Engagement

Joseph was 20 months old when consultation began. Aside from beginning to wonder about his speech, the staff had no concerns until he was 19 months old and experienced the trauma of being taken from his father’s arms at the county fair by a plainclothes police officer. Following this incident, Joseph began biting and hitting other children, moving constantly, and was unable to focus and unable to sleep well. The childcare staff and administration was at the point of expelling Joseph because of his injurious behavior toward the other children.

With the consultant’s support, Mom followed through on referrals and the consultant coordinated care and interventions in the classroom and at home, including facilitating Joseph’s transition to preschool at the same site. When the family became homeless and Mom was diagnosed with thyroid cancer, the consultant helped center staff and administration advocate for Mom with several community agencies to guarantee appropriate and timely medical treatment as well as an extension to her homeless shelter stay.

Throughout these changes and challenges, the staff reported very little regression and a significant decrease in previously expressed fears. The current work with the staff involves helping Joseph to gain the play skills that were deferred as he was helped to cope with the trauma in his life, and helping teachers sustain their empathy for Joseph and Mom and increase their awareness of his continued need for reassurance and security.

Topics included in training for 158 child care providers

- Social and Emotional Foundations of Early Learning
- Powerful Interactions – Being Present with a Child, Connecting and Enhancing Learning
- Understanding Sensory Processing
- Social Emotional Needs of Young Children
- Managing Challenging Behaviors
- Kindergarten Transition
RESULT AREA 2. MARIN CHILDREN ARE READY FOR SCHOOL AND SCHOOLS ARE READY FOR ALL CHILDREN

APRENDIENDO JUNTOS

Parents and Children Learning Together

Aprendiendo Juntos ("Learning Together") provides child development services to young children without access to preschool as well as education and support services for parents through a free, drop-in weekly playgroup to families in the Canal Neighborhood in Marin. The playgroup includes developmentally appropriate parent/child activities in English and Spanish and coordinated parent programming developed in discussion with a group of parent advisors. Partnerships with local government agencies, service providers, and volunteers are leveraged to connect families to additional resources, such as nutrition information and snacks and early literacy supports. This group was initially started by a group of parents who identified a lack of activities for young children and their families, and spoke with Parent Services Project about the need.

Table 5. Aprendiendo Juntos Performance Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>Actual</th>
<th>Met</th>
<th>Exceeded</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of parents report increased knowledge of community resources</td>
<td>75</td>
<td>86</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of parents report increased connection with other parents</td>
<td>75</td>
<td>93</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of parents report increase in child’s school readiness</td>
<td>75</td>
<td>87</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Growing Demand

- In FY 2012-13, participation in Aprendiendo Juntos doubled, with approximately 80 children attending each week.

Supporting Families and Developing Emerging Advocates

A young mother whose four-year-old daughter was on the waiting list for subsidized childcare came to Aprendiendo Juntos consistently hoping her daughter could learn the basics before kindergarten. In time the mom decided to be a part of the advisory group were she became a valuable voice to many important changes in the playgroup.

Due to her leadership and interest on issues affecting her neighborhood and community, she was invited to a house meeting on living conditions and safety issues in the Canal. Because of her personal connection to the issues, she decided to take action by getting involved. Soon enough, she became a Promotora with the Healthy Homes initiative that Parent Services Project is working on with the Canal Promotores. She is now advocating at the policy level. Her daughter will start Kindergarten this year and the mother tells us that since the playgroup, she has learned many important skills to help her succeed there.

In addition to her daughter becoming more active socially and more confident, our project provided a safe place for the mother to share and feel validated in bringing her voice to the playgroup. The mother has become a committed contributing and actively engaged member of the community.
**FLAGSHIP**

**Bringing Literacy and Community Health Information to Isolated Communities**

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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>Actual</th>
<th>Met</th>
<th>Exceeded</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td># sites receiving FLAGship services</td>
<td>12</td>
<td>14</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>% parents/caregivers duplicate and report hands-on activities in the home</td>
<td>40</td>
<td>90</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>% families report five new nutritional snacks regularly offered to children</td>
<td>50</td>
<td>53</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>% children will improve their fine motor skills through arts/activities</td>
<td>60</td>
<td>100</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Expanding Reach and Supporting Cross-Cultural Connections**

Although they might not be geographically isolated, for many years FLAGship has been serving a community of Armenian, Pakistani, and East Indian families who live in Mill Valley and Marin City. This tight-knit Muslim community is little known or understood by most residents of Marin County.

In attendance at our Marin City site, we have families speaking Spanish, English, five different Indian languages, Armenian, Urdu, and Arabic. Attendees are exposed to each other’s cultures and traditions, and benefit from hearing songs sung in other languages. Attending FLAGship offers these families a safe and interactive environment to practice their spoken and written English and encourages their children to learn the language as well.

FLAGship classes are a great time for the kids to learn to play together and to practice Kindergarten activities and skills; and for the parents to talk about what is going on in their lives as well as their goals for their children. We provide a safe learning environment for these children and their mothers or caregivers to explore the English language, American culture and traditions, and to learn school-related customs and expectations that might be very different than what they would have experienced in their native countries.

Many of our families have started taking their children to library story-times, playgroups, and other County-wide events. Two families have enrolled their children in Head Start programs as a result of FLAGship referrals, further extending their social and educational interactions within the community.
PICKLEWEED PRESCHOOL

Expanding Preschool Opportunity

This venue provides an additional 20 slots for children ages 3-5 in the Canal neighborhood with a curriculum that prepares them for a successful entry into kindergarten. Other projects currently or previously funded by First 5 in the area work closely with Pickleweed to connect children and families with other services and supports.

Table 7. Pickleweed Preschool Performance Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>Actual</th>
<th>Met</th>
<th>Exceeded</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>% parents from the preschool class who will have volunteered in the classroom</td>
<td>60</td>
<td>75</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% children who will use and respond to basic English phrases</td>
<td>100</td>
<td>100</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% children who will successfully join in teacher-directed activities and exhibit ability to take turns and socialize</td>
<td>100</td>
<td>100</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Linking Families to:

- Community Mental Health
- Elementary School Family Centers
- San Rafael School District Intervention Services
- Parent Services Project
- Al Boro Community Center
- Pickleweed Library

Connecting Families to Resources Important to Children’s Health and School Success

Our focus is the child and the family. As children enter and participate in our program, it is our mission to provide an experience that fosters thoughtfulness, independence, language acquisition and development, confidence, and teamwork. While their children are with us, we hope to also provide a parallel experience for parents where they can access practical resources and information to support their children’s growth and meet their individual family needs.

Not only does the program act as an institution of learning, but we are a hub within the Canal Community to support families, connecting them with resources as they enter into our society’s education system. Without these resources and without this school, many opportunities to make a difference would pass by. The young boy with a severe articulation impediment would not receive the speech services he needs and without such would probably encounter greater and greater anxiety in communicating as time passes. The family of a young girl who is selectively mute might not have the mental health support and subsequent strategies to help their daughter. The mom of a boy who is having a really very difficult time appropriately socializing would not have the parenting resources and associated support to make a difference in her child’s life so that he might get more out of preschool. It has been another great year at Pickleweed Preschool and we look forward to continuing to serve the children and families of the Canal Community.
NOVATO SCHOOL READINESS (NSR)

Supporting Families and Children’s Readiness for School
This project includes: Kinder Academy, a Summer Bridge transition program for entering Kindergarten students, with a focus on those with no or limited preschool experience, and a weekly playgroup. Staff are focused on engaging and collaborating with families, the school district, individual schools, and service providers; and they work hard to reach those families who are isolated and unconnected to any particular groups.

Table 8. Novato School Readiness Performance Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>Actual</th>
<th>Met</th>
<th>Exceeded</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td># families engaged in bilingual socialization and learning opportunities</td>
<td>20-25</td>
<td>27</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td># families per year provided 5-week intensive pre-K transition program for children with little or no preschool experience</td>
<td>80-100</td>
<td>81</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>% of children attending playgroup assessed for developmental delays</td>
<td>90</td>
<td>87</td>
<td></td>
<td></td>
<td>No children with developmental delays identified</td>
</tr>
</tbody>
</table>

Sustaining and Institutionalizing Critical Programs

- Collaborating with Novato Unified School District, additional funding for Kinder Academy from Marin Community Foundation has been obtained.

Leveraging Community Connections

In December of 2012, a playgroup member with a 4-year old son approached the facilitator with some dire and overwhelming news that she had been evicted from her home and was given three months to move. The motel that they called home was being shut down by the City of Novato. She needed a new place to live, and one that would also be safe for her son.

With the approval of our client, NSR began to network with other leaders (Promotoras and Community Liaisons) of Novato with hopes that a family in the area could help. Quickly the word got out and graciously a family did surface and offered a bedroom in a nearby condominium where they could stay during the winter months until they could find a place to rent.

The smooth transition allowed this playgroup member and her son to continue to attend the weekly playgroup without much interruption. Her son continued to thrive in our playgroup setting, as this was a place of comfort, safety and familiarity. In addition, the son is also now attending the 2013-2014 Kinder Academy program and can positively report that he is doing well in the classroom.
SUMMER BRIDGE

Supporting Families and Children’s Readiness for School in Five Communities

Summer Bridge is a transition program for entering Kindergarten students, focusing on those with no or limited preschool experience. It began in the summer of 2003 with three classrooms in the San Rafael Canal community. It expanded in 2005 with the development of a standardized curriculum through funding from a Federal Early Learning Opportunities Act grant. Most recently, during the summer of 2012, 12 Summer Bridge classrooms ran County-wide and served children and families in the five communities.

The Summer Bridge curriculum was designed to ensure consistent and high-quality instruction across all classrooms. The curriculum centers around four developmental areas: Social-Emotional Development, Physical Development, Cognitive Development, and Language Development.

<table>
<thead>
<tr>
<th>Reaching Families in...</th>
</tr>
</thead>
<tbody>
<tr>
<td>• San Rafael (Canal)</td>
</tr>
<tr>
<td>• Novato</td>
</tr>
<tr>
<td>• San Geronimo Valley</td>
</tr>
<tr>
<td>• Shoreline / West Marin</td>
</tr>
</tbody>
</table>

The scale used in this assessment (1 = Never, 2 = Some of the Time, 3 = Most of the Time, 4 = All of the Time) reflects the average ratings for teachers’ observation of how often an individual student demonstrates skills and competencies associated with each domain.

Table 9. Average³ Pre- and Post-Scores for Summer Bridge Students for Four Developmental Domains
(4-Point Scale: 1 = Never, 2 = Some of the Time, 3 = Most of the Time, 4 = All of the Time)

<table>
<thead>
<tr>
<th>Summer Bridge Student Assessment Development Domains</th>
<th>Pre</th>
<th>Post</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social-Emotional Development</td>
<td>2.88</td>
<td>3.47</td>
<td>.59</td>
</tr>
<tr>
<td>Physical Development</td>
<td>2.82</td>
<td>3.41</td>
<td>.59</td>
</tr>
<tr>
<td>Cognitive Development</td>
<td>2.72</td>
<td>3.26</td>
<td>.54</td>
</tr>
<tr>
<td>Language Development</td>
<td>2.98</td>
<td>3.36</td>
<td>.38</td>
</tr>
</tbody>
</table>

In keeping with First 5 Marin’s efforts to support collaborative systems-level changes that are community-based, families are connected to the Summer Bridge program through multiple points of entry. These include: registration for kindergarten, outreach during the year by family advocates/promotores in the community, referrals from the FLAGship (mobile literacy/parent education/health outreach van funded by First 5 Marin), and referrals from the Marin Community Clinics. Beyond their participation in this five-week program, families are connected with other resources/ agencies within their communities, such as ESL classes, health and dental care providers, family counseling, developmental screening and intervention services, and basic needs providers.

³ For additional information about Summer Bridge programs included in Result Area 2, see the most recent evaluation report available at http://first5marin.org/evaluation.html

⁴ The scale used in this assessment (1 = Never, 2 = Some of the Time, 3 = Most of the Time, 4 = All of the Time) reflects the average ratings for teachers’ observation of how often an individual student demonstrates skills and competencies associated with each domain.
RESULT AREA 3. MARIN VALUES AND INVESTS IN ALL CHILDREN

MARINKIDS

Advocating for All Children and Youth in Marin

The overarching aim of MarinKids is to build a community that has at its heart a belief that caring for all the children is our collective responsibility, and that acts to realize that belief. Through its presence and resources online as well as active engagement of a leadership committee, MarinKids, is a gathering place for the community that informs and energizes the action of individuals, organizations, voters, and policymakers.

Table 10. MarinKids Objectives and Highlights of Progress

<table>
<thead>
<tr>
<th>Objective</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase community awareness and engagement with MarinKids as demonstrated through having 1500 Facebook friends and 1,000 newsletter subscribers.</td>
<td>• A social media network has developed bridging individuals, organizations, businesses, policymakers, coalitions, and associations concerned about children.</td>
</tr>
<tr>
<td></td>
<td>• 3 newsletters, each reaching approximately 2000</td>
</tr>
<tr>
<td></td>
<td>• Approximately 85K fans and friends of fans were reached through Facebook likes.</td>
</tr>
<tr>
<td>Increase voter knowledge about issues affecting children in Marin and participation in moving children to the top of the agenda in Marin.</td>
<td>• Co-sponsored candidate debate: attended by 200, broadcast on local access TV, streamed by CBS affiliate.</td>
</tr>
<tr>
<td></td>
<td>• Hosted online candidate forum re: children’s issues.</td>
</tr>
<tr>
<td>Utilize data and best practice research to promote policymaker and elected officials’ willingness to support policies and programs that improve equal opportunity for all children in Marin.</td>
<td>• Released and distributed 1500 copies 2012 Data &amp; Action Guide, including presentation to Board of Supervisors. “Education” now included in Board of Supervisors’ priorities.</td>
</tr>
<tr>
<td></td>
<td>• Local media regularly seek MarinKids input on issues impacting children.</td>
</tr>
<tr>
<td>Develop infrastructure to support collective action.</td>
<td>• Expanded leadership committee.</td>
</tr>
<tr>
<td></td>
<td>• Partnerships and Alliances with:</td>
</tr>
<tr>
<td></td>
<td>• Healthy Eating and Active Living Partnerships</td>
</tr>
<tr>
<td></td>
<td>• Healthy Kids from Day 1</td>
</tr>
<tr>
<td></td>
<td>• California’s Children’s Movement</td>
</tr>
<tr>
<td></td>
<td>• Marin Promise</td>
</tr>
<tr>
<td>Increase resources to promote equity of opportunity for all children in Marin related to MarinKids goal areas.</td>
<td>• Facilitating the Children’s Investment Initiative coalition, which is moving forward a ballot measure to create a children’s fund for Marin to fund universal access to preschool, health insurance for uninsured children, and other key levers of change in Marin.</td>
</tr>
</tbody>
</table>

9 http://www.marinkids.org/about/
PARENT VOICES

Developing and Supporting Parent Advocates
Marin Child Care Council and Parent Voices Marin are developing new parent leaders and keeping existing leaders invested. In addition to a day-long workshop to learn the basics of community organizing and leadership development, ten (10) Marin parents committed to a six-month program where they learned how to organize other parents and become leaders in their community to further the cause of quality, affordable, and accessible child care in Marin County. Participants chose from a variety of learn-by-doing activities, resulting in a final group project. Participants also attended Parent Voices’ statewide leadership retreat.

Events, Policy Makers, Agencies, Initiatives where Parent Leaders Engaged

- Stand for Children Day in Sacramento
- Voter education events & voter registration drives
- State Assemblyperson Huffman
- State Senator Leno
- Community Initiative Investment
- Women’s Commission
- Marin Childcare Commission
- Subsidized Childcare Directors
- Marin Promise (Collective Impact)
HEALTHY KIDS FROM DAY 1

Addressing Early Childhood Obesity
The Early Childhood Wellness Collaborative is composed of a diverse group of experienced experts in the fields of community health, nutrition, physical activity, medicine, and child development, as well as businesses and funders, who have come together with a shared vision to address the issue of early childhood obesity. The goal of this project is to address health, wellness, risk of overweight, obesity, and chronic disease in children from birth to age 5 and their families and caregivers by creating real, measureable, and sustainable change in early education and care settings. This project, called Healthy Kids from Day 1, includes the active involvement of public and private partners in order to form a multi-pronged intervention to impact the epidemic of early childhood obesity in Marin.

The first year of this project included the development of the collaborative mission and principles and the launch of a pilot program—including design and development of mission, principles, processes, materials, and evaluation—with five (5) childcare sites in Marin County. These sites include family- and center-based sites and are located in west, central, south, and north Marin. Having completed an asset analysis and developing a work-plan, sites are now being engaged in coaching, technical assistance, and professional development activities (including family engagement sessions) to support and sustain policy, practices, environment, and education associated with the prevention of early childhood obesity. Additionally, an advisory board has been recruited and the collaborative is exploring and clarifying partnerships with other agencies in Marin to continue to refine and expand its model.

| Focus Areas for Childcare Center Policy, Practices, Environment, and Education |
|-------------------------|-------------------------|
| Movement & Physical Activity |  Breast Feeding |
| Food & Beverages         |  Gardens               |
| Nap & Rest Time          |  Staff Wellness        |
| Screen Time              |                         |
APPENDIX

Since its initial strategic plan in 2004, First 5 Marin has articulated a commitment to the health and well-being of children ages 0-5 and their families in Marin County. As a consequence, its priorities and strategies reflect a combination of focus on the most marginalized in Marin County, as well as improving the overall quality and accessibility of information and services for providers, parents, families, and others involved in the systems of care which support children ages 0-5. A set of priority results and priority outcomes serve as the frameworks for implementation, accountability, and evaluation.

PRIORITY RESULTS

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

PRIORITY OUTCOMES

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

The Commission’s 2012-2016 strategic plan both affirmed a strategic direction as well as explicitly grounded its role and focus. With the Theory of Change (link) serving as foundational framework, First 5 Marin articulated a Theory of Action that served to more formally and intentionally place their public education, advocacy and public policy work as a primary area of focus. Grantmaking and capacity building sit with this framework by both informing the work of First 5 Marin and serving as effective strategies for strengthening the ability of the community (in the broadest sense) to engage in dialogue and debate. The community also makes decisions regarding public policies that best support the health and well-being of children and families.

Figures 1A and 2A illustrate how these various elements are designed to work together and reflect the Commission’s re-affirmation of the Marin Values priority result.
Figure 1A. Theory of Change

THEORY OF Change

1. ISSUES ADDRESSED
   a. Children’s health
   b. Parenting skills and available resources
   c. Children’s ability to learn

2. GUIDING VALUES “We believe…”
   a. That families have the primary responsibility for their children’s physical, intellectual, mental, social and moral development.
   b. That the entire community shares the responsibility with families to ensure that every child thrives.
   c. That what we do to in create the potential of less advantaged children improves the potential for all children.
   d. We respect and value the diversity of families, races and cultures in Marin.
   e. That our resources must be directed toward catalyzing sustainable improvements in the health and well-being and development of all children in Marin.
   f. Our highest and best use is working to prevent problems before they begin.

3. EVIDENCE SUPPORTING STRATEGIES
   a. Initial and recent strategic planning process.
   b. Data collected through CHS Survey, Healthy Marin Partnerships and other sources.
   c. Community engagement processes.
   d. Research findings on early child development and family support.
   e. Research and evaluation findings on community empowerment and engagement strategies and results.

4. EXPECTED CHANGE
   a. Children have optimal health and well-being
      Children have access to affordable comprehensive health insurance.
      Families and caregivers have access to information and support to protect and promote the health, safety and well-being of their children.
      Children have access to preventive oral health, mental health and specialty medical services.
   b. Children are ready for school
      Children with social/behavioral issues and special needs are identified early and receive support.
      Families have access to information, quality early education opportunities, and support to protect and promote the social/behavioral development and school readiness of their children.
      Schools are prepared for children and linked with the community.
   c. Public policies support children
      Public policies promote the optimal social/emotional development and school readiness of all children.
      Public policies support the development of quality early education and child-ready school environments that promote success in life.
      Public policies promote the optimal health, safety and well-being of all children.

5. CONTEXTUAL FACTORS
   a. Other funding and planning efforts in the County.
   b. Strong community interest and involvement.
   c. Proposition 10 legislative mandate.
   d. Federal, State and local policies and budgets.

6. STRATEGIES
   a. Children’s Health Initiative
   b. Comprehensive Health Insurance Coverage
   c. Health Insurance Infrastructure
   d. Preventive Oral Health Services
   e. Health Advocates/Health Literacy Services
   f. Mental Health/Child Safety/Special Needs Consultation
   g. School Readiness initiatives “Prek 4 All”
   h. Early Education Workforce Development
   i. New Parent Education
   j. Healthy LifeStyles and Child Friendly Communities Promotion
   k. Policy Development, Public Education and Advocacy
   l. Emerging Issues and Special Projects

(Reviewed August 10, 2010)
Complementing the Implementation Framework is a Sustainable Community Structural Change (SCSC) model developed during FY2008-2009 as part of the pre-work for the Strategic Planning process. SCSC was developed based on extensive literature and the guiding values, operating principles, and the implicit and explicit intentions of First 5 Marin to support the development of a more integrated, inclusive, and adaptive system of services and support for children ages 0-5 (Marin Values and Invests in All Children).

The SCSC framework describes key factors (referred to as “levers”) affecting change within systems (comprised of people, organizations, and communities). Its applicability to the work of First 5 Marin was tested and validated through interviews, focus groups, and qualitative analysis of funded partners’ reports.

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10 Originally titled the Sustainable Community System Change model, it was renamed in 2012 after reflection and acknowledgment that the framework was designed to change the rules and practices that create and sustain systems and thus worked at a deeper structural level.
Figure 3A below is a graphical application of the SCSC framework referenced in later sections of this report as a way to visualize the status of various efforts. Additionally, a working definition of Sustainable Community Structural Change emerged:

Human and community service systems include multiple organizations that may or may not be connected to one another. Meaningful sustainable change within these systems requires:

A clear and shared vision of overall purpose and related goals
Intentional fostering of linkages and relationships
Organizations working in concert—leveraging resources to build knowledge, partnership, and processes

Figure 3A. Sustainable Community Structural Change Model – Stages and Levers of Change: The Continuum

Based on "Using a Systems Change Approach to Building Communities" by Beverly Parsons, InSites, Boulder Co.

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11 Sustainable Community Structural Change, First 5 Marin, jdcPartnerships 2008.
In FY2011-12 First 5 Marin engaged in strategic planning that articulated the strategic focus of the Commission’s leadership and resources to build and support institutional and grassroots policy and advocacy infrastructures\textsuperscript{12}. While Figure 3A describes the stages and levers of change for structural change, writ-large, Figure 4A below more explicitly identifies the role of First 5 Marin in advancing this change. Adopted in FY2011-12 as part of First 5 Marin’s strategic planning, this theory of action makes explicit the actions that F5M will engage in to influence policy and partnerships that promote sustained changes in children’s access to affordable health care, opportunity for success in school, and lives lived in families and communities that provide for their optimal health, safety, and well-being.

\textit{Figure 4A. First 5 Marin Theory of Action}

\textbf{First 5 Marin Theory of Action}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{first5marin_theory_of_action.png}
\end{figure}

\begin{itemize}
\item 1. Public will, policies and investments will:
\begin{itemize}
\item A) Promote the optimal health, safety and well-being of all children.
\item B) Support the development of quality early education and child-ready school environments that promote success in life.
\item C) Advance the optimal social/emotional development and school readiness of all children.
\end{itemize}
\item 2. Partnerships will work together with shared aims and leveraged resources to promote increased equity for all children.
\end{itemize}

\footnote{http://first5marin.org/pdfs/strategic_plan/F5M_StrategicPlan2012Summary_FINAL.pdf}