



Promoting Healthy Early Child Development for Berkeley Children

A System for Prevention, Screening,
Assessment, Referral and Treatment

WINTER 2009



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EXECUTIVE SUMMARY

This report summarizes key programs and services available to Berkeley families that support and promote healthy early child development. It describes services ranging from prevention education to early identification and intervention services for children birth to five with cognitive, physical, and/or social/emotional concerns or delays. Information was gathered through: a scientific literature review; reports from public health agencies on healthy childhood development; analysis of meeting minutes of community groups working on early childhood development issues; in-person and phone interviews with key provider informants; review of local health and demographic data; and focus groups with parents of young children. The Gap Analysis was initiated and supported by First 5 Alameda County, in order to inform the planning and creation of a continuum of coordinated support to promote healthy development for Berkeley's young children.

There is increasing recognition that the first five years of a child's life are a particularly sensitive period in the process of development, laying a foundation for cognitive functioning, physical health and behavioral, social and self-regulatory capacity. Many children face stressors during these years that can impair their healthy development. Exposure to negative childhood environments contributes to lifelong disparities on a wide range of issues, including reduced educational attainment, improper social development, lower labor/employment rates, poor health outcomes, and greater likelihood of criminality in adulthood. Research shows that risk factors for developmental delays include having a mother in poor physical or mental health or with a history of substance abuse, having a teen parent, living in poverty, and being born pre-term. Evidence shows that, while negative childhood experiences hinder development, positive experiences promote resiliency in children exposed to multiple risk factors.

The research conducted for this report indicates that many children in Berkeley are confronted with serious challenges in achieving optimal health and productivity. Certain communities experience disproportionate levels of poverty, intergenerational racial inequality in health and education outcomes, and lack of stable and affordable housing. Families living in South and West Berkeley are particularly vulnerable.

While early identification and intervention services have been shown to reduce costly interventions later in life and result in positive long-term impacts on multiple levels, current screening, assessment, referral and treatment services in Berkeley are inadequate. Most children with emotional, developmental, and behavioral problems are not identified until they enter elementary school, with a disproportionate number subsequently placed in special education. Even when early identification occurs, it is not always clear where these children should be referred.

A variety of referral and treatment services exist for young children in Berkeley. However, the majority of these are directed at screening, assessment and treatment for children with severe delays and who meet specific eligibility standards. Few programs offer support to families to prevent developmental delays and to identify mild problems that may respond to relatively simple and inexpensive interventions.

In assessing the gaps in services, the most frequently cited problems were the lack of:

- Universal, periodic assessment and screening for children aged birth to five
- Proactive screening and assessment services during the prenatal and post-partum stages that is linked with assessment and services for young children
- A comprehensive, accessible and coordinated system for prevention education and referral to early intervention and treatment services
- Prevention programs to support parents and promote healthy child development
- Affordable quality childcare, particularly for infants
- Accessible and affordable prevention and treatment options, especially for those children who are ineligible for covered services due to income, residency status, no treatment diagnosis, or other factors
- An integrated baseline data and tracking system and effective tools for evaluating the impact of applied interventions
- Transitional support from early care and education settings to kindergarten

Berkeley's de-centralized system helps perpetuate a tradition of agencies operating in silos. In addition, each must comply with unique state and federal eligibility requirements and regulations that prohibit them from sharing information with other agencies. This lack of coordination can result in families not getting what they need, or sometimes duplication of efforts when more than one agency is working with the family. At the same time, the City has a strong network of early childhood development (ECD) advocates and providers who have worked together for many years to promote healthy children. The advent of the City's 20/20 Vision presents a unique opportunity to engage these ECD leaders, as well key City, school district and other institutions and systems to collaborate to establish the earliest possible foundation for children to succeed in school.

The report outlines the following recommendations to strengthen the existing system and capitalize on the momentum being built through the 20/20 Vision Initiative:

- Conduct an awareness campaign to educate the broader community on the importance of early childhood development, the value of developmental screening and the role of parents in supporting their child's development
- Expand services to support healthy parenting, including community playgroups, therapeutic developmental playgroups and parent education and support groups
- Implement screening at additional pediatric practices in Berkeley, and in non-pediatric settings such as childcare centers
- Establish a parent peer navigator program to assist families to get needed services
- Extend public health and mental health consultation for pediatric and childcare center providers, through establishment of multi-disciplinary case review teams
- Build and integrate health and social services databases that are inter-operable with Alameda County Children's SART (Screening, Assessment, Referral and Treatment) system
- Advocate for organizational practices and citywide policies that support healthy child development through improved social and environmental conditions, including educational, housing, and justice system policies
- Effectively transition children from home or childcare settings into kindergarten by creating formal links for sharing of information between parents, pre-school teachers and kindergarten teachers.

STATEMENT OF PUBLIC HEALTH PROBLEM

This report focuses on the public health response to prevent and mitigate cognitive and physical developmental delays and social emotional concerns in very young children living in Berkeley, California.

BACKGROUND: IMPORTANCE OF THE ISSUE

There is increasing recognition that the first five years of a child's life are particularly sensitive in the process of development, laying a foundation in childhood and beyond for cognitive functioning, physical health and behavioral, social and self-regulatory capacities. Positive social, economic and physical environments play a major role in supporting the healthy development and resilience of the brain, while threats to development during these years may create a risk for abnormal brain development. Yet many children face various stressors during these years that can impair their healthy development.

Atypical development can result in a wide variety of health conditions, ranging from severe physical or mental health conditions, such as autism or cerebral palsy, to more subtle physical and developmental delays and social/emotional concerns. The latter conditions are often more difficult to detect. As a result, they are frequently overlooked, leading to harmful delays in intervention or no intervention at all. Research has shown that development delays and social/emotional concerns strongly correlate with the following risk factors:^{1 2 3 4}

- Having a mother who is less than 20 years old or has less than 12 years of education or has used alcohol or other drugs during the pregnancy
- Being born pre-term or at low birth weight
- Exposure to lead or second hand smoke
- Being a victim of abuse or neglect, including emotional neglect
- Living in or transitioning out of foster care
- Having poor maternal physical or mental health and/or a history of domestic violence
- Living in poverty

Evidence shows that negative childhood experiences hinder healthy child development, while positive experiences promote resiliency in children who are exposed to multiple risk factors⁵. Negative experiences contribute to reduced educational attainment, improper social development, lower labor market/employment rates, poorer health outcomes and likelihood of criminality in adulthood⁶. Children who suffered both birth complications and early childhood rejection are most likely to become violent offenders in adulthood⁷. Intergenerational cycles may result because

¹ Ogilvie et al, 2008.

² Olds, DL Henderson CR Jr. & Tatelbaum, Perry, 1994.

³ Robeck TM et al, 1999 MMWR.

⁴ MMWR, *Community Interventions to Promote Healthy Social Environments*, 2002.

⁵ *For Our Children Summary Report*, 2000.

⁶ Johnson & Schoeni, 2007.

⁷ Raine et al, 1994.

children who have poor health and economic status in adulthood are more likely to have children with poor health.

Early childhood intervention programs are designed to mitigate the factors that place children at risk for poor outcomes. Studies also indicate that the parents of participating children can benefit from early intervention programs, particularly when they are specifically targeted by the intervention. Early childhood prevention and intervention programs yield benefits in children's improved academic achievement, behavior, educational progress and attainment, reductions in delinquency and crime, and ultimately greater labor market success and productivity as adults.

While public health alone may have limited ability to directly reduce adverse risk factors, social trends, and housing, education and income inequalities, it is nonetheless important to recognize the impact of the environment and to engage in partnerships with other sectors to address risk factors beyond our scope of influence. For example, the 20/20 Vision for Berkeley's Children and Youth offers a unique opportunity for the City of Berkeley (including public health and mental health divisions and other city departments), the school district, academic community and parents to collaborate to achieve educational success for all Berkeley children. Early childhood development is a cornerstone to this effort.

PROMOTING HEALTHY EARLY CHILDHOOD DEVELOPMENT IN BERKELEY: A PUBLIC HEALTH FRAMEWORK

The New Spectrum of Prevention

The environment has an important role in supporting families and children. To effectively promote healthy early child development, a conceptual framework is needed that will take into account the multiple determinants of community health and will address a wide range of strategies and interventions. The *New Spectrum of Prevention*, developed by Contra Costa Health Services in 2004 and adapted by many public health departments, is one tool that provides such a framework for addressing complex public health issues in a comprehensive way.

The seven strategies outlined in the Spectrum are:

- ☞ Strengthening Individual Knowledge and Skills
- ☞ Educating Providers
- ☞ Promoting Community Education
- ☞ Mobilizing Communities and Neighborhoods
- ☞ Fostering Coalitions and Networks
- ☞ Changing Organizational Practices
- ☞ Influencing Policy and Legislation

The *Spectrum* can be used to plan public health interventions and coordinate the activities of multiple groups, agencies and systems that are working on the same issue. In producing this report, the Spectrum was used as a lens for assessing the strengths and limitations of the local early childhood development system, and for developing recommendations to address gaps.

Primary vs. Secondary Prevention

A public health approach focuses on addressing the root causes of a particular health problem. In the case of early childhood development, delays are exacerbated by poverty, inadequate educational systems, ineffective identification of problems, lack of resolution of child maltreatment or witnessing of violence, and other social and institutional factors. A *primary prevention approach* for promoting early childhood development tackles the social trends, environmental and social risk factors and societal inequalities that predispose young children to developmental delays. However, such changes are difficult to accomplish and long-term in nature. The Berkeley 20/20 Vision for Children and Youth includes strategies for primary prevention for young children and their families, as do many city, school district and community agency/community groups.

Secondary prevention approaches augment the long-term approach by focusing on the immediate needs of children at risk of developmental delays, through identification and referral to public health and other needed services. Two essential components to a secondary prevention approach to early childhood development are: 1) Standardized and routine developmental screenings; and 2) Comprehensive, coordinated and accessible referral systems. Although gross developmental delays such as cerebral palsy and Down Syndrome are likely to be more easily identified and referred to early intervention, the vast majority of delayed children have more subtle deficits which are unlikely to be picked up on without a standardized screening process. The Ages and Stages Questionnaire (ASQ) is a scientifically validated and culturally tested instrument that is considered a “gold standard” as a screening tool to use with parents.

City of Berkeley’s Response

The City of Berkeley (COB) has laid the groundwork to establish a coordinated system for prevention education, screening, assessment, referral and treatment for young children birth to five in Berkeley. In the fall of 2008, the City’s Public Health Division launched the planning phase for its local initiative, the Behavioral, Emotional, Assessment, Screening, Treatment and Referral program (BE A STAR).

The Public Health Division’s long-term goal is to proactively identify and intervene with children at risk for developmental, behavioral, or emotional problems, and their families. The City has adopted the ASQ as the standardized tool of choice for early developmental screening. BE A STAR is developing the foundation for identification of children with mild delays or condition, and an integrated assessment and referral system that includes community-based support and therapeutic interventions. The BE A STAR program is working with other city and community partners to achieve this goal, including the COB Mental Health Division, the Berkeley Integrated Resource Initiative’s Birth to Five Action Team, the Berkeley 20/20 Vision for Berkeley’s Children and Youth, and the Alameda County Children’s SART (Screening, Assessment, Referral and Treatment). This Gap Analysis Report was initiated and supported by Every Child Counts First 5 Alameda County, in order to inform the planning for Berkeley’s local system.

INFORMATION COLLECTION METHODS

The information for this report was drawn from a wide array of sources. A review of the scientific literature was conducted, including best practice articles, reports on child development, local and national assessments, strategic plans and local grant proposals. Internet searches were utilized to research other approaches and services available to address this public health problem (see Appendix A for references). An analysis was carried out of minutes from key coalitions, task forces and collaborative groups, including the Berkeley Integrated Resources Initiative, its Birth to Five Action Team, the 20/20 Vision for Berkeley's Children and Youth, School-Mental Health Partnerships, and Alameda County Children's SART Steering Committee. Key informant interviews and parent focus groups were conducted. A survey of local services was carried out for the *Birth to Five Early Childhood Resources Guide*, and the information gathered on program services and eligibility information was analyzed to produce the chart and graphs in Appendix B-D.

Key Informant Interviews

Key informant interviews were conducted with over 40 Berkeley and Alameda County public agencies, pediatric and other health and mental health providers, childcare providers, and community based organizations. Most interviews were conducted in person on-site. Questions explored the currently available resources in Berkeley for young children, strengths and gaps in the system, potential funding sources and constraints for programs addressing early childhood development (see Appendix E for Key Informant Interview List).

Parent Focus Groups

In order to get a parent perspective, focus groups were conducted in April and May 2009 with Berkeley parents of young children through the Vera Casey Teen Parenting Program, Black Infant Health Program and Berkeley/Albany YMCA Head Start Parent Group. Thirty parents participated, responding to a structured set of questions. They received gift card incentives in exchange for their time (see Appendix F for *Focus Group Process Description*).

Recognizing that these were parents who were already connected to services as a result of their affiliation with a program, it was no surprise that most had a good understanding of what early childhood development meant. While all participants received their information from families, participating programs, CBOs and school sites, the teens stated that the Internet was a primary information source. Topics of interest for additional education included nutrition, discipline, communication and socialization, father involvement and stress reduction as a key to effective parenting.

Differences in experiences were most evident in response to the questions about their experience with child developmental screening. The Black Infant Health group had the most negative experiences, citing concerns about being rushed and talked down to by the doctor, a tendency to focus on what their child cannot do and fears that their children would be over-diagnosed with delays. They expressed serious concerns about their ability to work with their providers if there were a diagnosis of developmental delay. The teen parent group participants had similar responses, feeling they were talked down to by providers and that the emphasis was on what they were doing wrong as parents, rather than seeing them as experts about their children. The Head Start Spanish

Speaking group felt generally positive about their interactions with the providers, stating that their doctors had a vested interest in their children, similar to what you'd expect from another parent.

HEALTH AND DEMOGRAPHIC PROFILE OF FAMILIES WITH CHILDREN BIRTH TO FIVE

According to the COB *Health Status Report 2007*, 4,907 children residing in Berkeley were aged birth to five, which is 33% of children overall. Of these, 16.8% are African American, 17.2 % Latino and 47.5% are Caucasian. It is estimated that over 700 of these young children live in “stressed family situations”, defined as living in poverty, involved in the welfare system, exposed to family or community violence, and/or with parents suffering from post-partum depression or substance abuse.

The health of mothers and their infants is critical to healthy early childhood development. Prenatal care, teen birth, premature birth, maternal depression, and breastfeeding have all been shown to have significant impact on subsequent child development. Local statistics, several of which highlight the unequal exposure among population groups to these risk and protective factors, include:

- **Rates of prenatal care** are high for Berkeley overall, with 90% of all women receiving care in the first trimester. There is no statistical difference between ethnic groups
- **Teen birth rates** in Berkeley are some of the lowest in California, yet teen births among African American residents are higher than in other groups
- **Low birth weight and premature birth rates** for African Americans is 18.9% compared to only 7.2% rates for Berkeley births overall (based on 2005-2006 health statistic)
- **Maternal depression** was identified in approximately 18% of new mothers contacted and screened by Public Health Nurses (Public Health Nursing records 2006-07)
- **Breast feeding** rates for African American mothers at two months post-partum are considerably lower than for their Caucasian and Latino counterparts, at 28% vs. 80% and 60% respectively (WIC program 2008)
- **Of children living in stressed family situations**, 39% are African American, 22% are Latino and 14% are Caucasian
- **Domestic violence** police reports indicate that about 120 incidents each year involve a victim or suspect who have a child under age 18 in common. (average for 2000-2006)
- **Mental health services** are provided to 29 Berkeley children age four or younger annually (Alameda County Mental Health Services data, 2000-2006)

SUMMARY OF EXISTING SERVICES

A variety of prevention, screening, referral and treatment services were identified in the research conducted for this report. Over 60 programs in the Berkeley area were identified that offer some level of healthy child development services for children birth to five. Of these, twenty-five are highlighted briefly below because of their excellent reputation among providers interviewed. A small number are included that most providers were unaware of, because they offer a unique service to the community. More detailed information about these and the other programs can be found in the *Providers Resource Guide*, available through the BE A STAR program website: <http://www.ci.berkeley.ca.us/ContentDisplay.aspx?id=44990>

Programs and services were organized according to the categories of service provided (see Appendix B):

- Parent education, support groups and respite
- Developmental screening/assessment, referral and treatment (including case management)
- Childcare and support services for children with delays
- Provider training and consultation
- Advocacy and policy efforts, including through local coalitions

Parent Education and Support Programs

Three programs described below offer parent education, support groups and playgroups for the general public at low or no cost. Several additional programs offer parent education for their own clients only.

- 1) *BANANAS Inc.* is a key information and referral resource for parents and childcare providers. They staff a parent WARM Line, provide information on childcare options, offer some mental health consultation to families in their service area, including Berkeley, host a variety of parent education classes, and offer information on weekly neighborhood play groups. Many services are available in Spanish, Chinese and Vietnamese. While not located in Berkeley, *BANANAS Inc.* is located in North Oakland and is relatively accessible by bus.
- 2) The *COB Parks and Recreation* offers socialization, motor skill development, and play-based music and arts and crafts classes for children age 19 months to five years at their sites throughout the city. Fees vary year to year, with some sliding scale and scholarships available for low-income families. Some classes are offered in Spanish.
- 3) *The COB Mental Health Family, Youth and Children's Services* offers Spanish-speaking support groups and parent education workshops, stressing a multi-cultural approach to addressing parent-child issues. At times, they have organized parent groups for Asian families as well.
- 4) The *Berkeley/Albany YMCA Early Childhood Services* provides excellent parent support to families enrolled in Head Start and Early Head Start sites throughout the city, and some services to families on their waiting list. The YMCA also offers monthly workshops open to the general public, entitled Time-Out with Pediatricians (TOPS), where parents can hear from pediatricians about common behavioral issues in early childhood.

- 5) *The COB Public Health* offers parent education and support to clients served through its Women, Infants and Children (WIC), Black Infant Health, and Vera Casey Teenage Parenting Program. WIC provides parent education workshops on health-related issues, while Black Infant Health and Vera Casey conduct workshops that include parenting skills and other early childhood development topics.

Two agencies provide emergency childcare to families in crisis or with sick children who cannot attend their regular childcare. *Wheezles and Sneezles*, located in Berkeley offers childcare for sick children, either center or home based. Families must meet income guidelines and services are offered on a sliding scale fee. The *Bay Area Crisis Nursery*, located in Concord, is the only organization in the East Bay that offers 24-hour short-term care for children birth to five, at no charge, when their families are in crisis. *Family Paths* (formerly *Parental Stress Services*) also offers help to foster families in crisis, including a hotline, with waiting lists for services.

Routine Developmental Screening

The American Academy of Pediatrics recommends that developmental screening be performed for all children at least three times between the ages of 9-30 months, using validated screening tools.⁸ Research has shown that while only 30% of children with developmental delays are identified through provider observation alone, when actual screening is performed 70-80% of children with delays are correctly identified. The Alameda County Best Primary Care Physician /ABCD Project and Berkeley Public Health have adopted the Ages and Stages Questionnaire (ASQ) as the preferred instrument for assessing young children's developmental progress. The tool has been nationally tested for cross-cultural applicability, and is administered in conjunction with the parent.

Pediatricians and childcare providers are among the most trusted resources for families with small children, and often serve as gateways for reaching low-income families and their children. Of the 9 CHDP practices in Berkeley, only *Kiwi Pediatrics* presently administers the ASQ to their children, and does so only at 18 months. The Lucile Packard Children's Hospital/Alameda County *Medical Homes Project* and BE A STAR are working together to identify, recruit, train and support additional CHDP medical providers/practices to begin offering ASQs in the coming year. In addition to pediatric providers, COB Public Health Nurses (PHN) can administer the tool during home visits as appropriate and resources permit.

Of Berkeley's seven state-subsidized childcare programs, only the *Berkeley-Albany Head Start* program screens children using the ASQ tool, administering it within 45 days of entrance into their program per Head Start performance standards.

Developmental Assessment, Referral and Treatment Services

More than a dozen agencies in the Berkeley area offer fairly comprehensive developmental screenings, assessments and treatment; however, services are generally limited to children who are already clients of the program, have a delay or disability diagnosis or are in foster care or in the process of being adopted. A few local agencies are highlighted below that offer a comprehensive range of assessment and treatment services to eligible families:

⁸ Schonwald, Huntington, Chan, Risko, and Bridgemohan, 2009.

The Children's Hospital and Research Center Early Intervention Services has been a leader in early childhood development for many years, although recent budget cuts have reduced their capacity to provide services. They provide assessments and mental health intervention for children up to age five who have been referred for possible mental health issues. They also offer therapeutic playgroups (with waiting lists) and parent education and support. Children must have full scope Medi-Cal to qualify.

Jewish Family and Children's Services of the East Bay offers a multitude of services, including counseling, in-home therapy, case management and developmental playgroups. They were the only agency identified that will also conduct ASQs upon request by childcare centers concerned about a child's development. Some services have waiting lists and they offer sliding scale for low-income families who do not qualify for Medi-Cal.

Through the Looking Glass (TLG) is a major resource for families with children birth to five who have diagnosed developmental and mental health issues, with an emphasis on serving parents with developmental or other disabilities. They offer clients home-based services that include developmental assessments, therapy, parent education and advocacy. TLG also provides mental health consultation and assessment to specific Head Start Childcare Centers.

City of Berkeley Mental Health's Family, Youth and Children's Services offers a variety of assessment and intervention services to children and families, including individual and play therapy, play observation and intervention, family therapy, case management and crisis intervention and family navigation. They also provide assessment and consultation to childcare centers, such as Head Start. Many individual therapeutic services are limited to children or parents on full scope Medi-Cal or based on a sliding scale fee for service.

Four programs provide specialized services for specific groups of at-risk and/or developmentally delayed children:

A Better Way Adoption Services provides individual and family therapy, case management, developmental assessment and resources and referrals for children in the foster care system or in process of adoption. They have a waiting list.

The Center for Early Intervention on Deafness (CEID) is the only agency in Berkeley offering specialized services to infants and children that are deaf or hard of hearing and at risk for significant developmental delays. They provide a comprehensive program for children birth to five, with coordination of audiology screening, speech and occupational therapy, parent education and support, home visiting, and a full inclusion preschool. They often have waiting lists.

The Link to Children offers mental health consultation to partner childcare centers and their families. For parents, they will conduct 1-2 site visits at the center or family's home, focusing on assessing the needs of the child. They also provide parent support groups, education and family navigation to help access needed services.

Safe Passages, Another Road to Safety, and A Safe Place all provide services to specific groups of children birth to five whose families are in crisis. *Safe Passages* will conduct assessments and provide mental health counseling to children exposed to domestic violence. *A Safe Place* also works with battered women and their children, offering crisis referral, case management, counseling and

other services. *Another Road to Safety* provides assessment and in-home case management to families who have a child in Protective Services, but only those with full scope Medi-Cal.

Childcare and Support Services for Children with Identified Delays

A small number of childcare centers offer services for children with diagnosed developmental delays or disabilities. *Berkeley-Albany Head Start and Early Head Start* reserve 10% of their slots for children with disabilities per Head Start requirements. *Building Blocks Pre-School* and the *East Bay Agency for Children's Therapeutic Nursery School* accept children aged 2-6 with behavioral, emotional or learning challenges, with some Spanish speaking capacity. The *Center for Early Intervention on Deafness (CEID)* operates the *Sunshine Preschool Childcare Center*, a full inclusion program serving all children aged 2-5, including those with hearing loss. All three programs typically have waiting lists.

Family Resource Network (FRN) is a unique resource for families with children who have developmental delays and disabilities. They have particular expertise in providing parents with peer support, training, and advocacy skills. FRN also offers intensive case management and peer-delivered family navigation.

Provider Training and Consultation

Three major agencies offer training, consultation and other support to health care providers in Berkeley. *The Children's Hospital Early Intervention Services* offers intensive training for mental health professionals, and training for and consultation with community agencies that provide children's mental health services. The program offers the *Harris Early Childhood Mental Health Training Program*, an intensive yearlong training for new early childhood development professionals. In a partnership with Asian Community Mental Health Services, they host a monthly consultation group for bi-lingual, bi-cultural providers working with Asian families. The *California Childcare Health Program (CCHP)* offers workshops for health providers, produces health-related materials, staffs a health information line, and distributes a newsletter that includes health topics. The *Medical Home Project* works with pediatric practitioners to provide training and consultation in implementing ASQs within their practices.

More extensive resources are available that provide training, consultation and support to assist childcare providers around early childhood development issues. *BANANAS, Inc.* offers the most comprehensive services around mental health consultation to childcare centers, including some family daycare homes, as well as regularly offering classes on a variety of topics related to early childhood professional development. Classes are available in Spanish, Chinese and Vietnamese. *The Link to Children* program provides training for childcare providers on managing children's behavior in social settings, psychology of family and parenting, and maintaining professional relationships in early childhood environments. *CCHP* produces educational materials on relevant child care health issues, and provides telephone and email consultation for childcare providers. They recently developed a health consultation intervention to link local, trained health professionals with out-of-home childcare facilities serving children birth to five.

Coalitions and Policy Advocacy

The Berkeley community has a number of early childhood development (ECD) champions that have worked to raise awareness about the importance of ECD and to influence policies over the years. The Berkeley Integrated Resources Initiative's *Birth to Five Action Team*, comprised of over twenty organizations serving young children, has been working for several years to strengthen the local network and support efforts such as BE A STAR. The City's recently adopted *20/20 Vision for Children and Youth* brings together many sectors in the city to address issues of educational inequity, starting with children birth to five. The *Alameda County Children's SART* has also brought together city, county and community based agencies to promote early childhood developmental screening and support for providers and families. In addition, two individual organizations specifically focus on developing parent advocacy skills, *Family Resource Center* and the *Bay Area Parent Leadership Action Network (BAPLAN)*. BAPLAN is a regional organization that builds parent leadership by hosting forums and providing trainings to emerging parent leaders.

ANALYSIS OF BERKELEY'S SERVICE NETWORKS: STRENGTHS AND GAPS

Berkeley has a large number of agencies with demonstrated leadership, commitment and experience serving children birth to five. Nearly 50 programs offer services specifically for families with children birth to five, including eight COB Public Health Programs and the Mental Health Division's Family, Youth and Children's Services. The overall breakdown for type of service relative to early childhood development is illustrated below in Figure 1.

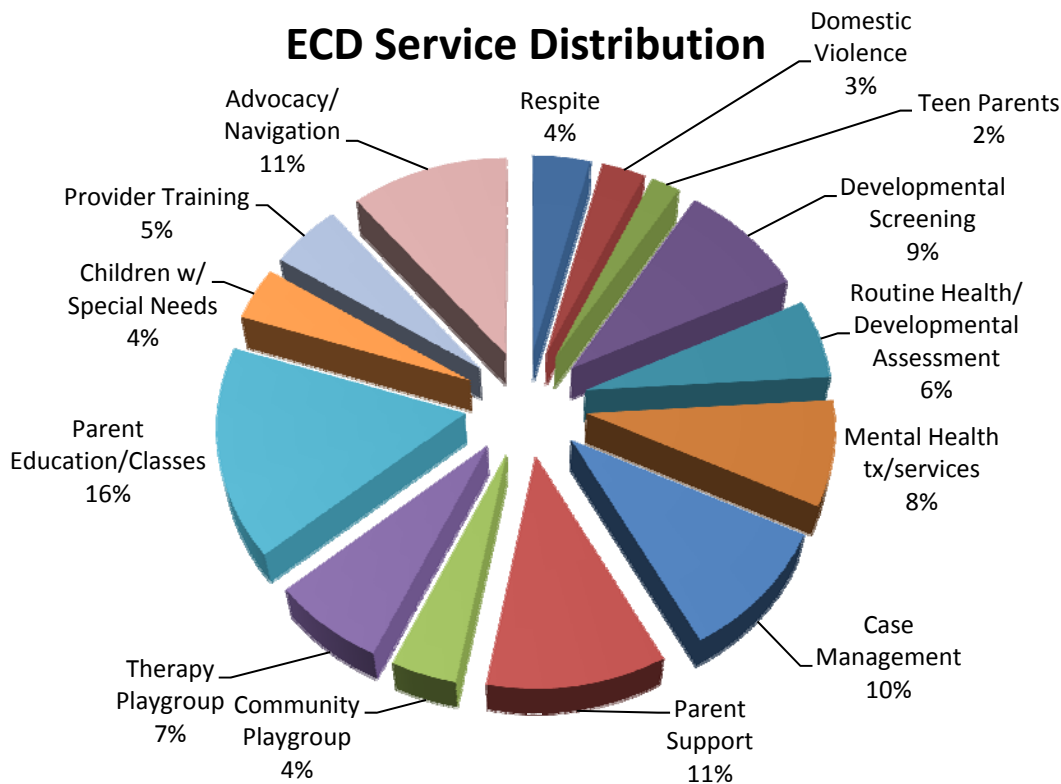


Figure 1: Distribution of Early Childhood Development Resources in Berkeley by Category of Service, 2009

Despite having a relatively large number of programs for Berkeley families, participation is generally restricted due to program eligibility requirements that often include full scope Medi-Cal and a diagnosis of developmental delay, (as illustrated in Appendix B). A limited number of programs support the broader parent community with prevention education and programs that will identify mild problems that are more likely to respond to early intervention services. Programs that offer prevention, education and parental support usually require that the parent or child is already a client of the agency.

The largest gaps in services are in:

- programs for teen parents
- domestic violence prevention
- routine health/developmental assessment for young children
- training for health providers in early childhood development and local resources
- community developmental playgroups for children birth to five and their families

Several organizations offer specialty services not available elsewhere for children with delays or disabilities. While the number of agencies serving children with identified disability is not large, the Berkeley service network is strong at the treatment end. The most significant gaps in services related to more in-depth developmental screening and treatment are for respite during family crisis, childcare for children with special needs, and case management. (See Appendix B-D for services and eligibility requirements chart and graphs).

Analysis of Services in Specific Intervention Areas

Parent-Focused Education and Other Support

The Bay Area is resource-rich in materials and information about positive parenting, but most organizations charge fees that are out of reach of low-income families. Several agencies carry out extensive parenting activities, but targeted to specialized groups or clients of their program. Very few organizations focus on broad community education or prevention services to the general low-income population of families. These include services such as parent education and support groups, and early intervention and support for children with subtle and mild developmental delays. In terms of navigation to access services, there are virtually no programs offering this for families that are not already clients of a specific agency. Even when there is a case manager or family navigator working with a family through an agency, there is minimal feedback and communication between providers, referral agencies and families, allowing children to “fall through the cracks.”

Routine Early Childhood Health and Developmental Screening

The current system in Berkeley is not effective in identifying, referring and treating children with developmental delays and social/emotional concerns. Although pediatricians and subsidized childcare providers are primary gatekeepers for reaching low-income families, only one pediatric practice and one subsidized childcare program in Berkeley offers ASQ for children in their practice. Both offer the ASQ only once during the child’s time with them, rather than the three times recommended by the AAP. While COB Public Health Nurses (PHN) can administer the ASQ during home visits, because the first ASQ screening is offered at four months of age, many PHN post-partum cases are closed before the infant reaches that age. Of those cases that remain open due to other follow-up needs, ASQs can be performed during infancy and later. Availability of follow-up health screening related to developmental delays is also extremely limited. Getting dental, vision and

hearing screening for any family frequently involves long waiting times. Families also have difficulty getting and staying on health insurance that would pay for tests or treatment their children need. Undocumented families have the fewest options of all.

Services for Children At-Risk for Severe Developmental Delay

Berkeley has some outstanding agency resources that offer high quality services for seriously at-risk children. However, many require full scope Medi-Cal to qualify for services and waiting lists are common. Most of these non-profit agencies have complex eligibility requirements that may include a diagnosis of developmental delay or disability and full scope Medi-Cal to qualify for receipt of services. Only three are able to offer subsidized treatment for children who don't otherwise qualify. So while a number of these agencies indicated they don't have waiting lists, it is difficult for many families, particularly those whose parents are undocumented, to access their programs. Further, these agencies tend to operate in silos. They are often prohibited from sharing information with other providers who may be working with the same family. This lack of coordination can result in families not getting comprehensive screenings and services, or sometimes leads to duplication of efforts.

Provider Training and Support

Several organizations provide support and consult to childcare providers, to increase their knowledge about early childhood development issues and assist them in evaluating children's needs. Only three of these work specifically with health providers, and one restricts the providers it will work with. Both health care and childcare providers interviewed stated that they are often unsure of where to refer children for further assessment and treatment and frequently confused about eligibility criteria for services. Links between health providers and childcare providers don't exist.

Identified System Gaps

In summary, the most frequently cited gaps in the service network were the lack of:

- Accessible, affordable and culturally relevant education, support groups, community developmental playgroups and respite services for parents
- Affordable, quality childcare, especially for infants and teen parents
- Universal, periodic screening for children aged birth to five, and a comprehensive referral network for services
- Pre-natal and post-partum screening and assessment services that links with assessment and services for young children
- Early intervention services for children with mild delays or social/emotional difficulties, to prevent problems continuing into kindergarten and beyond
- Flexible program eligibility requirements to meet the complex needs of diverse families and family configurations
- Accessible, affordable treatment options, particularly for those children who are ineligible due to income, residency status, no treatment diagnosis, or other factors
- An integrated, baseline data system allowing measurement of services across health, mental health, education and housing sectors, and effective tools for tracking and evaluating the impact of applied interventions
- Training, consultation and support services for health care providers
- Transitional support from early care and education settings to kindergarten, including transfer of developmental information from childcare providers to teachers

CHALLENGES TO UNIVERSAL SCREENING

According to research, barriers to successful referrals for children who are identified with a problem include: lack of knowledge of services by screener; fragmented services; and limited patient access, due to eligibility or other factors. Local interviews reflected similar concerns, with providers indicating that the most significant challenge to achieving universal screening is provider concerns that there will be no intervention or treatment resources available to children identified with potential delays. Informants interviewed pointed out that we need to document the need and gaps in the current system in order to effectively advocate for needed services. Even when services are available, providers reported that they have difficulty obtaining timely feedback from other providers to whom they refer their families.

Local state-subsidized providers also expressed extreme hesitation about adding the ASQ to an already over-burdensome set of state requirements, including the administration of the Desired Results Developmental Profile (DRPR). While very extensive, this tool is intended for use in assessing classroom management issues and lacks specific questions about other aspects of developmental health.

Despite these well founded concerns, the argument that early identification of children with delays- who would respond positively to a low-level intervention and avoid more costly and less effective intervention later- is compelling. In one well-documented example, if children with hearing loss are identified before age 6 months, they can usually catch up in language development with their peers. Children who are not identified until age two have a much slower response to treatment. Without any intervention, a child will enter kindergarten two years behind her classmates (interview with Jill Ellis, CEID, 2008).

Additional identified barriers and challenges to implementing developmental screening included:

- Getting buy-in from parents and the community, and addressing their concerns about potential labeling of children. This issue was particularly of concern to African American parents who participated in the focus groups.
- Lack of time or reimbursement to cover the screening activity. Time is particularly an issue in busy pediatric practices and with childcare centers whose staff are already overburdened with administrative requirements.
- Language and cultural issues that make administration and interpretation of the ASQ findings difficult

RECOMMENDATIONS FOR SYSTEM ENHANCEMENT

The COB Public Health Division's vision is that all Berkeley children birth-five are supported to reach their optimal health, development and learning potential. This vision can only be achieved through a strong partnership with local leaders, providers and coalitions already engaged in early childhood development work, including the 20/20 Vision for Berkeley Children and Youth initiative. Working together, these partners can help establish a continuum of inter-connected systems to promote healthy childhood development, support parents to develop appropriate skills and knowledge to be effective parents, promote early identification of developmental concerns, and develop a flexible and culturally sensitive system to help families with complex and severe challenges. This system could be offered through a de-centralized network with strong coordination among systems, or through development of a "one-stop" center where families could access all needed programs and support in one location.

Based on the strengths and gaps identified in this report, the following recommendations are made that will enhance the existing system. Several are priorities identified in the Berkeley 20/20 Vision Action Plan Recommendations Draft 2009, as indicated by a **. The recommendations are organized according to which Band of the New Spectrum of Prevention they address:

- **Expand services to support healthy parenting**, through partnerships with Berkeley Albany YMCA Early Head Start, COB Parks and Recreation, and other community partners to offer community playgroups, home visiting, and parent education and support groups (*Individual Behavior Change*)**
- **Recruit and train providers to implement routine developmental screening** at additional pediatric practices in Berkeley, and in non-pediatric settings such as childcare centers (*Educating Providers*)**
- **Conduct an awareness campaign** to educate the broader community on the importance of early childhood development, the value of developmental screening and the role of parents in supporting child development (*Promoting Community Education*)
- **Establish a program for trained peer navigators** to assist families to get needed services and support (*Mobilizing Communities*)
- **Support partnerships with the Berkeley 20/20 Vision for Children and Youth**, local ECD leaders, advocates and service providers to strengthen and more fully integrate the existing system network with the goals of the 20/20 Vision. Key partners in this effort will include: Berkeley/Albany YMCA Head Start; COB Parks & Recreation; DHS Mental Health Division; BUSD Early Childhood Education program; Berkeley Alliance; pediatric provider practices; and the West Berkeley Family Practice/LifeLong Medical Care. (*Fostering Coalitions and Networks*)
- **Extend public health and mental health consultation** for pediatric and childcare center providers, through establishment of a multi-disciplinary case review team (*Changing Organizational Practices*)
- **Enhance and integrate services supporting parent caregivers**, particularly in the areas of substance abuse, peri-and post-natal depression and domestic violence (*Changing Organizational Practices*)
- **Create formal links for transition to kindergarten** from home or childcare settings that allow sharing of developmental progress information between parents, pre-school teachers and kindergarten teachers. (*Changing Organizational Practices*)**

- **Build and integrate health and social services databases** that are inter-operable with Alameda County Children’s SART system (*Changing Organizational Practices*)
- **Advocate for organizational practices and citywide policies** that support healthy child development through improved social and environmental conditions, including educational, housing, and justice system policies (*Influencing Policy and Legislation*)

IMPLEMENTATION STRATEGY

The City of Berkeley proposes to be a local hub for the Alameda County Children’s SART, to facilitate access to assessment, programs, and services for Berkeley families with children birth to five. The City’s BE A STAR program will focus on health care providers and childcare centers which serve as gateways through which virtually all low-income pregnant women and young children pass. The program hopes eventually to address not just the needs of young children, but the substance abuse, domestic violence and maternal depression of their parents. Specific steps to fully implement BE A STAR include:

1. **Secure funding and align existing resources and programs.** In securing ongoing funding and other resources to support BE A STAR, the key will be to braid and maximize existing funding streams, rather than to identify a single outside funding agency. Potential funding streams to consider include: California Children’s Services, CHDP, Early Periodic Screening, Diagnostic, and Treatment (EPSDT), Medi-Cal, and public health’s MAA funding. The recent award of the multi-year Proposition 63 Mental Health Services Act Prevention and Early Intervention funds is one step toward this goal. The City of Berkeley Public Health Division also has the ability to draw down federal money to match relevant BE A STAR activities through its state MCAH grant. City of Berkeley staff should consult with Alameda County Behavioral and Public Health Divisions on how to maximize CHDP and EPSDT funds to coordinate with health care providers and to creatively access mental health treatment dollars. Another strategy for accessing additional resources is to strengthen the ability of existing programs serving at-risk communities to address early childhood development prevention and education issues. Staff in public health’s WIC, Vera Casey Teenage Parenting, Black Infant Health, Childhood Lead Poisoning and Public Health Nursing should all receive additional training in this topic and incorporate ECD education in existing services for their clients.
2. **Hire and maintain staff in public health to oversee activities related to young children’s developmental and social emotional problems.** A review of best practices indicated that successful screening programs required a dedicated staff solely devoted to early childhood development and planning, implementation and coordination between stakeholders and agencies.
3. **Coordinate planning and implementation with COB 20/20 Vision for Children and Youth.** BE A STAR priority activities will support and contribute to the 20/20 goal of kindergarten readiness through parent engagement, early childhood development education, ASQ developmental screening, and home and pre-school to kindergarten transition efforts. Project staff will serve on the proposed 20/20 Vision Pre-birth to Five Committee.

4. **Recruit and train providers in use of the ASQ.** Work with the Medical Home Project and the Alameda County Children’s SART to identify, recruit and train pediatric and subsidized childcare center providers to use the ASQ tool. Provide participating providers with the *Healthy Child Development from Birth to Five Provider Resource Guide*, which contains a detailed list of referral resources ranging from prevention to intensive treatment
5. **Develop a Family Navigation component** to train local leaders to assist families with accessing needed programs and services.
6. **Coordinate with COB and Alameda County Health and Social Services to develop data systems** and MOUs to create baseline information about children birth to five and to track participation in prevention, screening and referral to treatment.
7. **Develop evaluation criteria and tools to assess the effectiveness of the BE A STAR program** in supporting children to reach kindergarten healthy and prepared to learn. Work with COB epidemiologist, Alameda County Children’s SART, the Berkeley Birth to Five Action team, and the 20/20 Vision for Children and Families to create an evaluation plan and measures. Set specific targets for improvements in child development, based on baseline information and projected estimates of children with developmental delays.
8. **Identify and advocate for specific local and state policies that support improved healthy early childhood development.** Track and share information about proposed policies that will prevent developmental delays and encourage expanded services for children at risk of such problems.

CONCLUSION

Early childhood development programs have been shown to be essential to setting a strong foundation for children to be healthy and reach kindergarten prepared to learn and succeed in school. Studies indicate that the parents of participating children can benefit from early intervention programs, particularly when they are specifically targeted by the intervention. Public health alone may have limited ability to directly reduce adverse risk factors, social trends, and housing, education and income inequalities associated with adverse early childhood development. It is imperative that public health engage in partnerships with other sectors to address risk factors beyond its scope of influence.

The City of Berkeley has a strong network of early childhood development (ECD) advocates and providers who have worked together for many years to promote healthy children. The advent of the City’s 20/20 Vision presents a unique opportunity to engage these ECD leaders, as well key city, school district and other institutions and systems to collaborate to establish the earliest possible foundation for children to succeed in school. The 20/20 planning process has led to a common vision and shared goals across many stakeholder groups that are committed to eliminating educational inequity in Berkeley. The momentum being built has the potential to galvanize the parents of young children to engage early in their children’s lives and to help prepare them for kindergarten and beyond. The BE A STAR program can be an important cornerstone to Berkeley’s effort to prepare all its children for academic success and ultimately, to be healthy and productive adults.

APPENDICES

Appendix A References

Appendix B Network of ECD Services in Berkeley

Appendix C Number of Agencies Providing Intervention Services by Eligibility, 2009

Appendix D Number of Agencies Providing Prevention Services by Eligibility, 2009

Appendix E List of Organizations Interviewed

Appendix F Parent Focus Group Process

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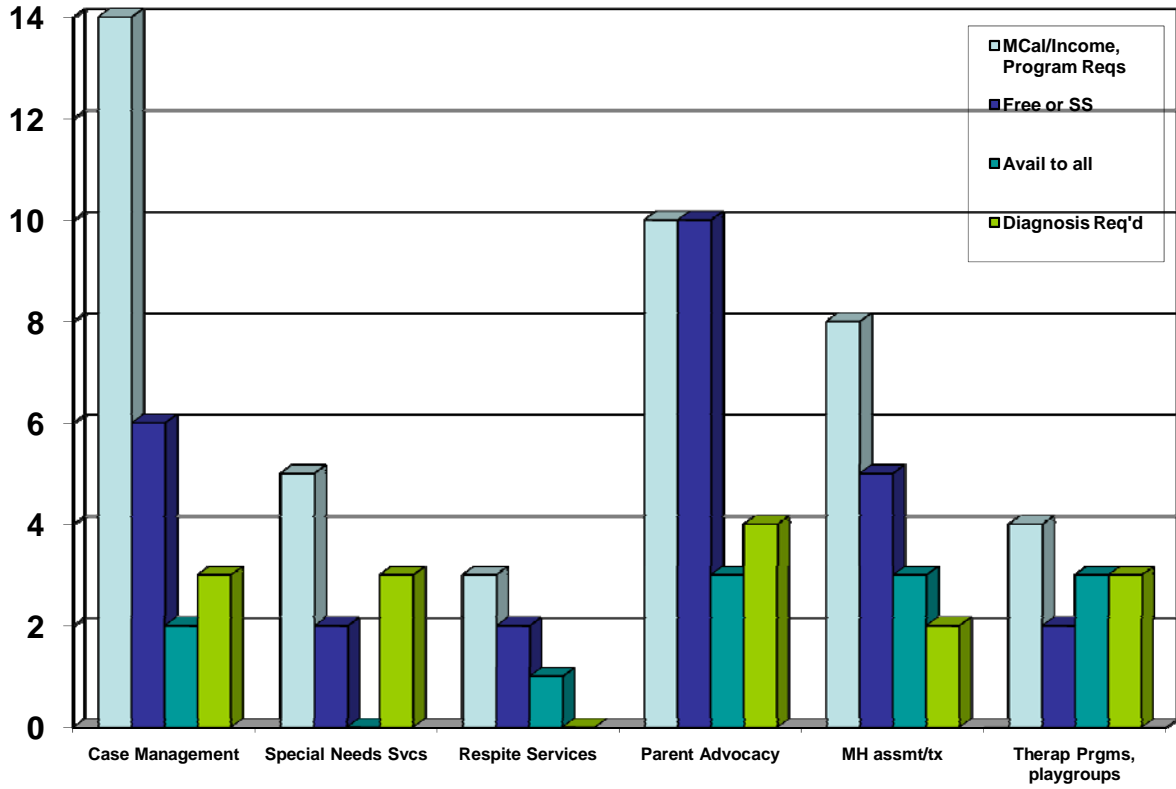
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**APPENDIX B:
NETWORK OF ECD SERVICES IN BERKELEY**

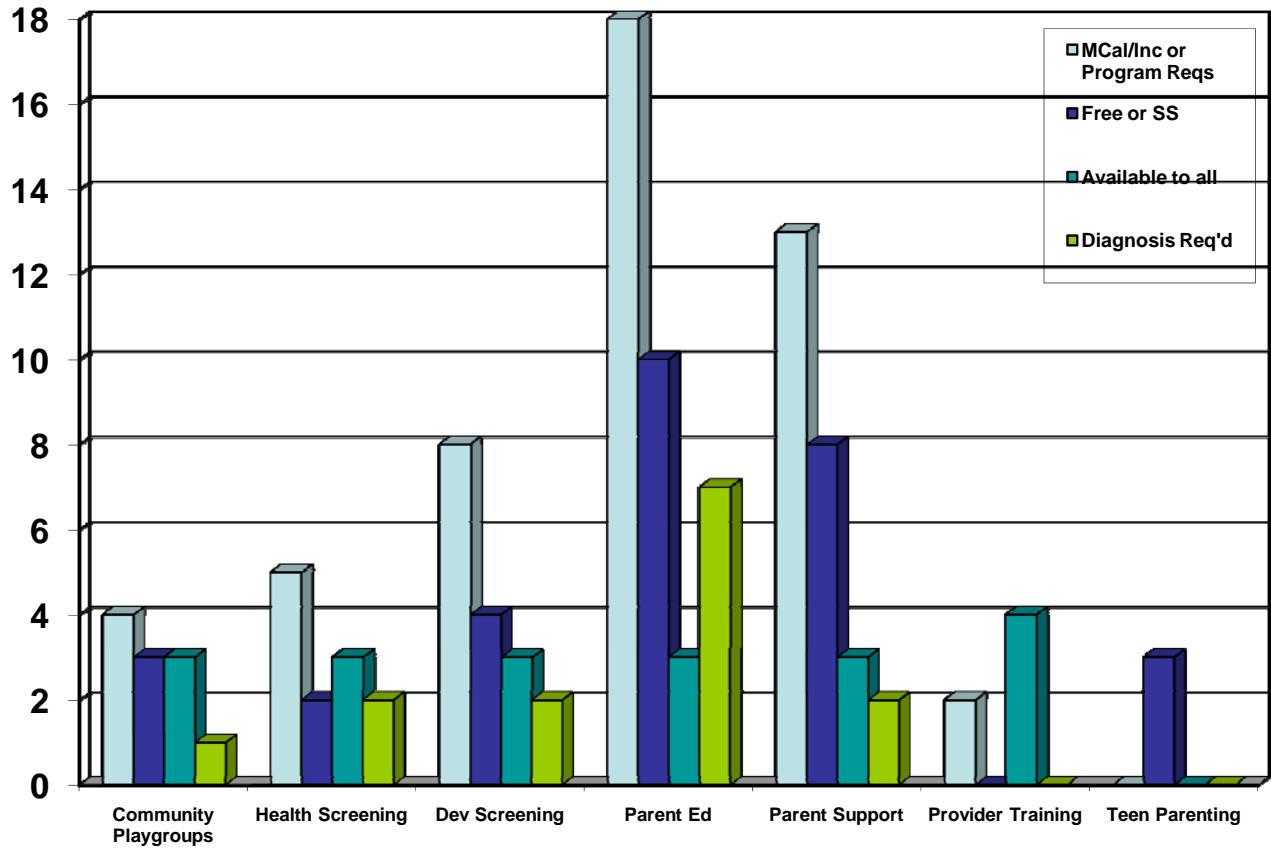
Early Child Development Services in Berkeley 2009

# of Agencies Offering Service	Service	M-Cal, Income, Program Eligibility Required	Free/SS	Open To All Families	Diagnosis Required	Intervention	Prevention
16	Case Management	14	6	2	3	x	
7	Childcare for Children w/ Special Needs	5	2	0	3	x	
6	Community Playgroups	3	3	3	1		x
11	Health/Developmental Screening	5	2	4	2		x
11	Mental Health Assessment and Services	8	5	3	2	x	
16	Parent Advocacy and Family Navigation	10	10	3	4	x	
23	Parent Education and Classes	18	10	3	6		x
17	Parenting Support Groups	14	8	3	2		x
9	Provider Training and Consultation	2	not available	4	not applicable		x
4	Respite Services	3	2	1	0		x
13	Developmental Screening/ Assessment	8	4	3	2	x	
3	Teen Focused	0	3	not applicable	0		x
10	Therapeutic Programs and Playgroups	4	2	3	3	x	

**APPENDIX C:
NUMBER OF AGENCIES PROVIDING
INTERVENTION SERVICES BY ELIGIBILITY,
2009**



**APPENDIX D:
NUMBER OF AGENCIES PROVIDING
PREVENTION SERVICES BY ELIGIBILITY,
2009**



APPENDIX E: LIST OF ORGANIZATIONS INTERVIEWED

Organization	Position Title of Interviewee
Alameda County Maternal and Child Health Division	Interim Director
Alameda County Behavioral Health Division	Interim Director of Family Health Services
ABCD Program, Riverside California	Former Project Director
BAHIA	Executive Director
BANANAS, Inc.	Parenting Services Specialist
Bay Area Pediatrics	Health Care Provider
Berkeley Albany YMCA Head Start/Early Head Start	Executive Director, Head Start; Executive Director, YMCA; Health Coordinator
Berkeley Alliance/Berkeley Integrated Resource Initiative	Executive Director
Berkeley Mental Health Division	Division Director; Deputy Director of Family and Children's Services; Mental Health Supervisor; Mental Health Cultural Competency Coordinator
Berkeley Unified School District	Superintendent; Principal, Early Childhood Education
Berkeley Youth Alternatives	Director of Development and Policy
Black Infant Health	Interim Acting Coordinator
California Childcare Health Partnership	Director
Center for (CEID)	Executive Director
Childcare Planning Council, Alameda County	Childcare Council Coordinator
Child Health and Disability Prevention	Director; Assistant Director
Children's Hospital	Director, Early Intervention Services Div. of Developmental & Behavioral Pediatrics
City of Berkeley Mayor's Office	Chief of Staff
City of Fremont	Administrator, Human Services, Youth & Family Services
City of Oakland	Director of Human Services
First 5 Alameda County, Every Child Counts	SART Project Coordinator; Family Support Services Director
KIWI Pediatrics	2 Pediatricians
Public Health Division, City of Berkeley	Maternal, Child and Adolescent Health Director
Public Health Division, City of Berkeley	Health Officer
Public Health Nursing, Berkeley Public Health Division	Foster Care Coordinator; Regional Center Liaison; Director of PHN
School- Linked Health Services	Project Coordinator
Through the Looking Glass	OTR Specialist
Vera Case Teenage Parenting Program	Student Services Coordinator, Advisory Board members
Women, Infants and Children (WIC)	Program Manager; Breast Feeding Coordinator

APPENDIX F: PARENT FOCUS GROUP PROCESS

Purpose

1. Build relationships with parents in the community, and establish BE A STAR staff as resources to them
2. Inform potential parent education strategies
3. Obtain information about perceptions about developmental screenings
4. Identify supports in the community, including strengths and assets that help parents

Format

The focus groups lasted about 1 and ½- 2 hours. A sign-in sheet allowed for anonymous collection of demographic data on participants. Two facilitators were used at each session. In the Spanish-speaking group, the discussion took place in Spanish and responses were later translated. A brief overview was given at the beginning, describing the BE A STAR project and purpose of the focus group. Confidentiality of responses was emphasized and participants were given the option of signing up to receive the results.

Questions

1. When you hear the phrase “early childhood development” what do you think it means?
2. Where do you go to get information and resources for your young children?
3. What topics or skills would you like to gain to help you support your child’s development?
4. What are some of the developmental challenges your child faces as s/he is growing from birth to five?
5. Has your child ever received a developmental screening? If yes, what was the experience like and how helpful was it?
6. How would you feel about a doctor or childcare provider asking you questions about your child’s developmental progress? What would be important to you in this situation to feel comfortable and supported?
7. What concerns would you have if your doctor or childcare provider told you that your child might have a developmental challenge or delay?

Participants

A total of 30 parents of young children participated in 3 focus groups. Four fathers participated, six teen/young adults, eleven Latinos and 14 African Americans. Discussions were held with the following groups:

- Parents from Berkeley-Albany Head Start parent support group (conducted in Spanish)
- Clients from the Black Infant Health Program
- Clients from Vera Casey Teenage Parenting programs